

Southwest Health and Human Services
Board Agenda
Wednesday, July 17, 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 6/19/19 board minutes
- D. Introduce New Staff:
- E. Employee Recognition:
 - Julie Schuelke, 20 years, Social Worker, Marshall

HUMAN SERVICES (cont.)

- F. Financial
- G. Caseload

	<u>6/19</u>	<u>6/18</u>	<u>5/19</u>	<u>4/19</u>
Social Services	3,692	3,780	3,696	3,707
Licensing	442	450	447	453
Out-of-Home Placements	170	168	173	168
Income Maintenance	11,850	12,008	11,806	11,841
Child Support Cases	3,252	3,303	3,263	3,256
Child Support Collections	\$743,427	\$810,131	\$826,184	\$930,045
Non IV-D Collections	\$210,190	\$61,343	\$118,264	\$129,427

- H. Discussion/Information
 - 1. Closed file destruction and imaging project- Marlene Erickson
- I. Decision Items

10

COMMUNITY HEALTH

- J. Call to order
- K. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 6/19/19 board minutes
- L. Financial

COMMUNITY HEALTH (cont.)

M. Caseload

	<u>6/19</u>	<u>5/19</u>	<u>4/19</u>
WIC	N/A	2008	2032
Family Home Visiting	40	26	43
PCA Assessments	8	13	15
Managed Care	305	283	234
Dental Varnishing	26	11	43
Refugee Health	10	16	2
Latent TB Medication Distribution	13	8	6
Water Tests	165	139	115
FPL Inspections	69	45	39
Immunizations	69	79	69
Car Seats	23	17	16

N. Discussion/Information

1.

O. Decision Items

1. ServSafe Course Fee

GOVERNING BOARD

P. Call to order

- Q. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 6/19/19 board minutes

R. Financial

GOVERNING BOARD (cont.)

S. Human Resources Statistics

	<u>6/19</u>	<u>6/18</u>	<u>5/19</u>	<u>4/19</u>
Number of Employees	232	239	233	231
Separations	2		3	0

- T. Discussion/Information
 - 1. Notice of Pay Equity Compliance
- U. Decision Items
 - 1. Request for Child Support Officer
 - 2. Personnel Policy 5 Use of Vehicles for Agency Business
 - 3. Personnel Policy 26 Phased Retirement Option
 - 4. Notice of Desire to Negotiate AFSCME Council 65
 - 5. Social Services Policy 26 Fees for 24-Hour Out-Of-Home Care
 - 6. Memory Upgrade Request
 - 7. Survey Systems invoice
 - 8. Contracts

V. Adjournment

Next Meeting Dates:

- Wednesday, August 21, 2019 Marshall
- Wednesday, September 18, 2019 Marshall
- Wednesday, October 16, 2019 Marshall

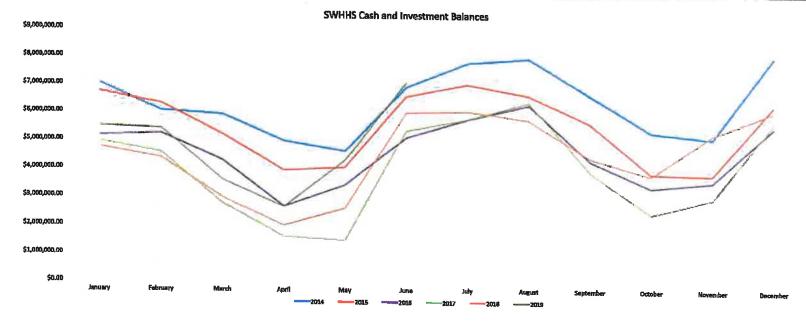
RECEIPTS Monthly Receipts 1,436 County Contribution 4,155	al Services * Information Te th Running Balance \$2,803,653	
Description Mont BEGINNING BALANCE RECEIPTS Monthly Receipts 1,436 County Contribution 4,155	th Running Balance \$2,803,653	
BEGINNING BALANCE RECEIPTS Monthly Receipts 1,436 County Contribution 4,155	\$2,803,653	
Monthly Receipts 1,436 County Contribution 4,155		
County Contribution 4,155	413	
-) 413	
to a company of the decision of the company of the	, 9 71	
interest on Savings 2	,816	
TOTAL MONTHLY RECEIPTS	5,595,200	
DISBURSEMENTS		
Monthly Disbursements 5,305,		
TOTAL MONTHLY DISBURSEMENTS	5,305,409	
ENDING BALANCE	\$3,093,445	
REVENUE		
Checking/Money Market \$3,093,		
SS Benefits Checking \$11,0 Bremer Savings \$1,860,0		
	.167	
overstments - AlAGIC Fund 52.022		June 2018 Ending Balance
ENDING BALANCE	\$7,062,815	\$5,977,407
DESIGNATED/RESTRICTED FUNDS	41,002,020	June 2018 Ending Balance
	\$1,046,008	\$688,218
Agency Health Insurance	\$1,046,008	\$000,210
LCTS Lyon Murray Collaborative		
LCTS Rock Pipestone Collaborative	\$63,837	
LCTS Redwood Collaborative	\$12,093	
Local Advisory Council	\$1,155	June 2018 Ending Balance
VAILABLE CASH BALANCE	\$5,822,998	\$5,124,133

SWHHS

Total Cash and Investment Balance by Month - All Funds

	January	February	March	April	Mey	June	July	August				
2014	\$6,961,225,27	\$8,024,758.16	\$5,889,424,32	SA 054 009 40	PA COD CAR OF	20 000 000 04	July	August	September	October	November	Decamber
2015	\$6,981,225.27 \$6,677,478.44	PO 000 P4 4 00	An Arm con	GLYCON'I CONLD	₽4,090,010.20	40,893,382,81	\$7,769,372.24	\$7,943,228.69	\$6,629,326.28	\$5,325,638.85	\$5,113,269,32	\$8,050,538,20
2018	\$5,132,902.00 \$4,926,902.34	\$5,204,953.26	\$4,246,693,55	\$2,626,629,20	\$3,394,917,21	\$5 088 707 DB	\$5.750 DOE OO	40 GTC 40 4 BT	04.000.044.4	40,040,012,02	40,000,400.22	30,311,344,20
2017	\$4,928,902,94	\$4 524 088 02	\$2 727 784 OR	\$4 678 479 07	84 404 555 54	40,000,101.50	441, AAI AOO TOR	40,210,434.81	\$4,290,910,19	\$3,346,309.75	\$3,580,416.88	\$5,633,701.83
2018												
	4.1	4 Aleganian	derinaria (A. 18	41,000,778,02	34,370,080,71	365.977.4U7.40	36.033 32R 24	\$5,731,639.62	\$4 901 817 44	\$9.775 100 66	DE ACT DOS OR	00,000,000
2019	\$5,468,300.08	\$5,390,753.05	\$3,560,027,40	\$2,614,293,54	\$4,269 080 80	\$7.082.514.00		and a denotion	4-10-110-11-1-1	4011101198100	90,202,396.30	80,085,908.40

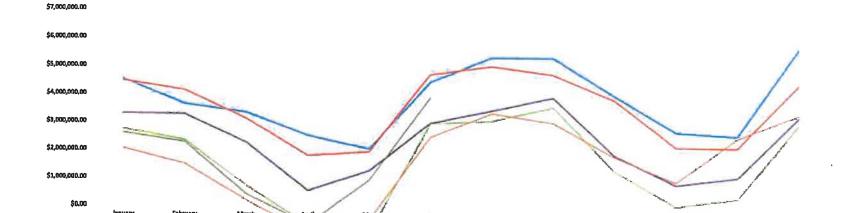
Average	Average for
for Year	Jan-Mar
\$8,347,314.41	\$6,298,469.25
\$5,485,155.71	\$6,046,230.96
\$4,537,719.39	\$4,861,516,27
\$3,968,778.58	\$4,059,573.21
\$4,481,140.24	\$3,998,917,84
\$4,727,544.88	\$4,808,380.18



SWHHS
Total Cash and Investment Balance by Month - Human Services

	January	February	March	April	May	June	July	August	September	October	-	
2014	\$4,524,112,48	\$3,829,825,88	\$3 337 200 04	\$2 518 148 02	\$2,040,022.02	£4 440 044 00	8c 000 000 44	Ludan	September	OCTODEL	November	December
2015	\$4,524,112.48 \$4,483.244.58	\$4 400 000 or	*******	94010,140.02	φε,υτο,υ/ Δ. 3.Z.	94/400/044/08	30,363,273.11	35,365,874.16	54,025,227,41	\$2,740,775.93	\$2,617,746,10	\$5,780,212,52
	A LINE OF THE PARTY OF THE PART	44,120,000,00	99' 1 14'800000	●1,000,042.70	\$1,948,748.17	\$4,743,405.88	\$5,052,792,79	\$4,776,068,68	\$3,868,016,53	\$2.208 OR2 RE	\$2 102 110 18	\$4.407 CD4.40
2016	\$3,281,407.50	\$3,282,674.15	\$2,255,798,09	\$544,625,71	\$1,271,340.11	\$2 001 921 20	99 AFA 955 EA	69 044 440 00	** *** *** **	44444	92, 102, 110, 10	94,407,004.13
2017	\$2,721,514.18	\$2 337 060 47	\$710,988,71	-\$878,584.48	464E 445 45	1001,021,20	90,707,000,01	40'8th't ta'ch	11,668,075,07	\$854,465.1 4	\$1,125,561,79	\$3,301,841.92
				4-1-4	40 (0) (0)	\$2,872,035.68	\$3,096,420,77	\$3,593,641.96	\$1,322,585.71	\$84,999,25	\$377,552.55	\$3,035,263,05
2018	\$2,027,812.69	\$1,484,259.33	\$191,366.90	-\$96 5,731.97	-\$501,975.29	\$2,490,788,49	\$3,357,738,65	\$3,035,839 30	\$1 899 134 99	AN CON GROP	\$0 E40 D47 T0	\$5 567 655 66
2019	\$2,581,063.09	\$2,265,158.91	\$405,973.82	-\$661,408.65	\$934,705.49	\$3,904,218,27	10,00.1.00.00	40100010000000	41/000/10-000	\$948,482.40	\$2,342,U41.76	\$3,397,083,22

Average	Average for
for Year	Jan-Mar
\$3,868,341.79	\$3,830,343.10
\$3,563,943.81	\$3,902,288.90
\$2,347,793.02	\$2,933,293,25
\$1,652,382.72	\$1,923,187,79
\$1,653,402,17	\$1,234,479,71
\$1,571,618.46	\$1,750,731.94



2014 -2015 -2016 -2017 -2018 -2019

\$1,000,000,00

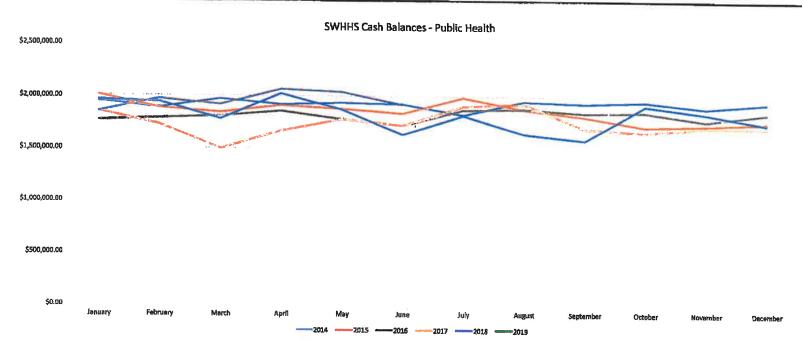
-\$2,000,000.00

SWHHS Cash Balances - Human Services

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

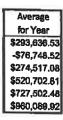
	January	February	March	April	May	June	July	August	September	October	- N	
2014	\$1,952,348.46 \$2,005,574,71	\$1,889,115,47	\$1,972,829,09	\$1,919,040,73	\$1 935 810 7B	\$1 029 120 00	\$4 022 000 A2	CI OFO DOLL OD	Coptember	October	November	December
2015	\$2,005,574,71	\$1 882 884 80	\$1 841 44D 62	\$4 000 W4 00	#1,000,010,10	41,023,100.00	\$1,022,009.93	\$1,903,897,09	\$1,934,989.18	\$1,954,398.64	\$1,894,110.16	\$1,942,821.40
2016	\$2,005,574.71 \$1,787,143,49	\$1,002,001.00	\$1,041,148.0Z	9,1'800'104'80	\$1,876,427.45	\$1,832,808.45	\$1,987,157.33	\$1,874,490.47	\$1,806,827.22	\$1,714,863.10	\$1,730,380,53	\$1,755,482,75
	\$1,r0r,110.4a	\$1,100,000.0U	₱1,007,700.3 4	\$1,004,949.75	\$1,779,529.16	51.719.935.64	\$1,869,440.04	\$1 890 585 92	CF CFG LLG 12	\$4 054 200 DA	94 YYA 866 ma	
2017	\$ 1,071,000 PM	φ1,120,403.13	₹1,454,823,81	\$1,007,703,90	\$1,778,696,76	51.720.044.88	\$1,903,354,74	\$1 030 740 27	94 DOE ONE EN	P4 PP9 894 46	84 7/00 000	A
2018	\$1,982,214,72	\$1,943,637,75	\$1,780 622 98	\$2 023 315 58	\$1 970 399 57	\$4 622 244 DB	\$4 B46 400 4F	\$4.040.0T	41,080,000,00	41,003,001.40	\$1,709,265.13	\$1,709,425.15
2010	\$4 9K4 237 PA	és ous uéa sa	\$1,000,002.00	40.000,000,000	ψ1,010,002.01	# 1,033,394.UQ	₹1,010,127.45	\$1,643,850,72	\$1,584,218.99	\$1,914,793.23	\$1,842,417.33	\$1,743,836,48
2019	\$1,982,214,72 \$1,851,277.80	CI. TCO, GP-O, I W	#1,70U,QZZ,80	₽ 2,023,310.00	\$1,870,382.67	\$1,633,344.DB	\$1.816.127.45	\$1,643,850.72	\$1,584,218.99	\$1,914,793.23	\$1,842,417.93	\$1,

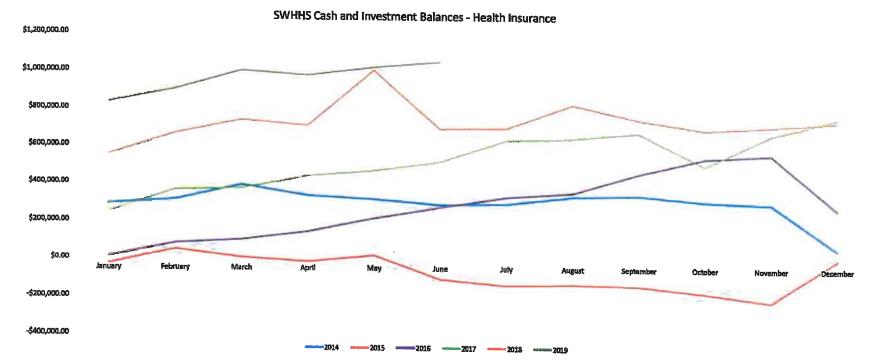
Average for Year \$1,924,597.82 \$1,851,214.87 \$1,815,214.11 \$1,737,349.16 \$1,813,230.15 \$1,960,747.01



SWHHS
Total Cash Balance by Month - Health Insurance

	January	February	March	April	May	June	July	August	September	October	News	
2014	\$285,358.82	\$308,046,30	\$387 989 AR	\$330 278 67	\$212 752 NO	6202 525 70	6000 151 00	rioguot	Офинис	OCIDIEL	November	December
2015	-\$33,351.13	£42 700 00	6000.00	\$40.00,E70.07	\$012,702.00	\$203,035.7B	\$290,484.9U	\$330,401.57	\$338,696,39	\$307,534.98	\$295,838.26	\$52,721,5
	-903,391.13	\$40,782.88	\$620.08	-\$19,686.02	\$13,868.59	-\$109,949.59	-\$141,430,74	-\$134,243,27	-\$141.678 9R	-\$178 110 22	-\$224 N22 0A	the e
2016	\$4,998.43	\$75,942.80	\$95,153.51	\$139,472.05	\$210,786,36	\$270,693.34	\$325 843 77	\$350 734 02	\$455 D22 46	FE20 400 07	00-0 46- 44	φυ.ų
2017	\$243,431,96	\$360,090,41	\$360 083 01	\$436 460 30	EARE 480 00	\$54.4.00E.00	\$500 pop 40	4000,107.02	\$400,000.10	\$000, 18Z.U/	\$556,493.71	\$269,062.2
2018	\$243,431.96 \$547.461.08	8004 330 00	4000,000.01	\$100,100.00	\$400,100,00	9014,000,00	4628,735.43	\$640,875.17	5673,434.33	\$497,527.63	\$665,075.30	\$753,857,3
	\$341,401.00	\$561,779,26	\$734,590.83	\$705,226.64	\$998,994.04	\$686,218.46	\$693,431.75	\$820,833,21	\$742,653,73	\$890 085 54	\$700 870 88	\$798 OO4 2
2019	830,786.86	898,632.50	996,671,64	973,046,88	1015393.62	1046007.99			Ţ _,,000.1.Q	4000,000,007	AL061010100	\$1.00,8U4.3





SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER JUNE 2019

	RECEIPT or CHECK#	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	BALANCE FORWARD				2,803,653.14
06/03/19 9	9838	Disb		27,139.01	2,776,514.13
	34803-34837	Dep	37,287.19		2,813,801.32
06/06/19 9		Disb		3,373.44	2,810,427.88
	98180-98220	Disb		6,304.08	2,804,123.80
06/07/19 5		Disb		70.40	2,804,053.40
	98221-98301	Disb		162,065.01	2,641,988.39
	5976-6033 ach	Disb		141,620.84	2,500,367.55
06/07/19 8		Payroll		131,889.35	2,368,478.20
06/07/19 5	7581 - 57831 ACH	Payroll		483,610.86	1,884,867.34
13	4838-34897,34901,34905,34927-			77.15	
06/07/19 3		Dep	1,767,454.24	2422424	3,652,321.58
06/10/19 9		Disb		24,051.91	3,628,269.67
	ransfer to MAGIC	Disb		1,000,000.00	2,628,269.67
	4898-34900, 34902-	Dep	906,927.16		3,535,196.83
06/12/19 9		Disb		9,960.39	3,525,236.44
06/13/19 9		Disb		43,159.07	3,482,077.37
	8302-98324	Disb		15,225.77	3,466,851.60
	8325-98405	Disb		220,982.49	3,245,869.11
	034-6063 ACH	Disb		41,282.71	3,204,586.40
06/14/19 3	4965-35048	Dep	130,165.98		3,334,752.38
06/17/19 9		Disb		43,538.31	3,291,214.07
06/17/19 T	ransfer to savings	Disb		1,500,000.00	1,791,214.07
06/18/19 3	5049-35072	Dep	52,630.63		1,843,844.70
06/19/19 V	OID 98161	Disb		(74.00)	1,843,918.70
06/20/19 9		Disb		11,214.62	1,832,704.08
06/21/19 9	8406-98504	Disb		14,040.40	1,818,663.68
06/21/19 6	064 ACH	Disb		135.50	1,818,528.18
	8505-98715	Disb		106,569.86	1,711,958.32
06/21/19 6	065-6067 ACH	Disb		1,456.46	1,710,501.86
06/21/19 V	OID 98688	Disb		(339.14)	1,710,841.00
	8716-98758	Disb		4,992.32	1,705,848.68
06/21/19 6	068-6069 ACH	Disb		56.22	1,705,792.46
	8759-98833	Disb		357,622.64	1,348,169.82
	070-6093 ACH	Disb		141,136.91	1,207,032.91
06/21/19 8		Payroll		131,763.47	1,075,269.44
06/21/19 5	7832 - 58072 ACH	Payroll		486,321,29	588,948.15
06/21/19 3	5073-35150	Dep	772,256.47		1,361,204.62
06/24/19 9	845	Disb		36,968.03	1,324,236.59
	5151-35185	Dep	1,429,049.69		2,753,286.28
06/24/19 9		Disb		10,817.31	2,742,468.97
	094-6094 ACH	Disb		471.08	2,741,997.89
	8834-98884	Disb		5,511.70	2,736,486.19
	095-6117 ACH	Disb		31,703.44	2,704,782.75
	8885-98958	Disb		113,444.18	2,591,338.57
06/28/19 V		Disb		(2,057.26)	2,593,395.83
06/28/19 V		Disb		(150.00)	2,593,545.83
06/28/19 V		Disb		(470.10)	2,594,015.93
	5186-35264	Dep	499,428.81		3,093,444.74
33,23,13					3,093,444.74
					3,093,444.74
07/01/19 B	ALANCED LMD	TOTALS	5,595,200.17	5,305,408.57	

Checking - SS Beneficiaries Savings - Bremer Savings - Great Western Investments - Magic Fund 11,664.11 1,860,455.28 75,167.04 2,022,083.72

TOTAL CASH BALANCE

7,062,814.89

SOUTHWEST HEALTH AND HUMAN SERVICES SAVINGS & INVESTMENTS REGISTERS 2019

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
02/14/19	39664	Interest	4,534.40		2,348,145.49
03/04/19	39917	Interest	4,267.20		2,352,412,69
03/22/19	Transfer from Great Western	transfer	1,107.09		2,353,519.78
03/27/19	Transfer to Bremer Checking	transfer		1,000,000.00	1,353,519.78
04/04/19	40442	Interest	4,451.55		1,357,971.33
04/17/19	Transfer to Bremer Checking	transfer	25	1,000,000.00	357,971.33
05/03/19	40936	Interest	1,758.19		359,729.52
36/07/19	41501	Interest	725.76		360,455.28
6/17/19	Transfer from Bremer Checking	transfer	1,500,000.00		1,860,455.28
30/11/10	Transfer from broken Checking				1,860,455.28
-					1,860,455.28
					1,860,455.28
-					1,860,455.28
-					1,860,455.28
					1,860,455.28
			-11.		1,860,455.28
					1,860,455.28
-					1,860,455.28
-+					1,860,455.28
					1,860,455.28
					1,860,455.28
	ENDING BALANCE				1,860,455.28

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
02/14/19	39665	Interest	56.80		76,055.74
03/04/19	39918	Interest	51.35		76,107.09
03/22/19	Transfer to Bremer savings	transfer		1,107.09	75,000.00
04/04/19	40443	Interest	52.99		75,052.99
05/03/19	40935	Interest	57.91		75,110.90
06/07/19	41500	Interest	56.14		75,167.04
00/01/10	.,,,,,				75,167.04
					75,167.04
					75,167.04
					75,167.04
					75,167.04
-	ENDING BALANCE				75.167 04

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
02/14/19	39666	Interest	1,620.06		1,011,892.01
03/04/19	39919	Interest	1,460.78		1,013,352.79
04/04/19	40444	Interest	1,623.60		1,014,976.39
05/03/19	40937	Interest	5,073.14		1,020,049.53
06/10/19		transfer	1,000,000.00		2,020,049.53
06/07/19	41502	Interest	2,034.19		2,022,083.72
00/07/10	1.00=				2,022,083.72
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		100000000000000000000000000000000000000			2,022,083.72
	,,				2,022,083.72
					2,022,083.72
	ENDING BALANCE				2,022,083 72

Southwest Health and Human Services

E INTIGRATIO FINANCIA SISTEMS

SRK 7/5/19

10:33AM

Treasurer's Cash Trial Balance

As of 06/2019

Page 2

Fund	<u>l</u>	Beginning <u>Balance</u>	<u>This</u> <u>Month</u>	YTD	Current <u>Balance</u>
1	Health Services Fund				
		1,741,705.40			
	Receipts	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	134,758.36	1,916,587.28	
	Disbursements		47.734.81-	387,184.34-	
	Payroll		207,860.11-	1,369,131.95-	
	Journal Entries		0.00	16,803.91	
	Fund Total		120,836.56-	177,074.90	1,918,780.30
5	Human Services Fund	410	General Administra	tion	
		897.64			
	Receipts	SULLOT	49,833,33	298,306.11	
	Disbursements		44,304.21-	298,934.40-	
	Payroll		10,066.74-	77,051.22-	
	Dept Total		4,537.62-	77,679.51-	76,781.87-
5	Human Services Fund	420	Income Maintenanc	e	
		1,824,182.45			
	Receipts		1,876,030.29	4,983,508.24	
	Disbursements		229,848.90-	1,604,171.50-	
	Payroll		327,735.27-	2,166,052.34-	
	Journal Entries		7,040.66	7,040.66	
	Dept Total		1,325,486.78	1,220,325.06	603,857.39-
5	Human Services Fund	431	Social Services		
		8,246,573.56			
	Receipts		3,326,342.95	8,525,828.02	
	Disbursements		85,586.89-	784,011.38-	
	SSIS		901,416.93-	4,030,908.53-	
	Payroll		667,636.49-	4,235,592.75-	
	Journal Entries		7,040.66-	23,844.57-	
	Dept Total		1,664,661.98	548,529.21-	7,698,044.35
5	Human Services Fund	461	Information System	ıs	
		3,026,319.53-			
	Receipts		4,287.00	14,061.25	
	Disbursements		99.00-	1,667.93-	

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Southwest Health and Human Services

E INTERNATION

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Treasurer's Cash Trial Balance

As of 06/2019

Page 3

Fund		Beginning Balance	N	<u>This</u> Month	YTD	Current
	Payroll	<u> </u>	_	286.36-		<u>Balance</u>
	Dept Total		-		99,260.61-	
	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		16,0	098.36-	86,867.29-	3,113,186.82-
5	Human Services Fund	4	71 LCT	S Collaborative	e Agency	
		0.00			•	
	Receipts			0.00	118,568.00	
	Disbursements			0.00	118,568.00-	
	Dept Total			0.00	0.00	0.00
	-			0.00	0.00	0.00
	Fund Total	3,396,969.22	2,969,	512.78	507,249.05	3,904,218.27
CT	American very high to					
61	Agency Health Insurance					
		736,904.37				
	Receipts		205,	947.23	1,632,726.13	
	Disbursements		175,	332.86-	1,323,622.51-	
	Fund Total		30,	614.37	309,103.62	1,046,007.99
71	LCTS Lyon Murray Collaborative Fund	4	71 ICT	C Callabassia	A	
	EC15 Lyon Marray Conacorative Find		, L	S Collaborative	e Agency	
	Ti	110,828.23				
	Receipts			0.00	50,921.00	
	Disbursements			0.00	45,026.00-	
	Dept Total			0.00	5,895.00	116,723.23
	Fund Total	110,828.23		0.00	5,895.00	116,723.23
		•			0,000.00	110,723,23
70						
73	LCTS Rock Pipestone Collaborative Fun	d 4	71 LCT	S Collaborative	e Agency	
		44,776.45				
	Receipts			0.00	21,991.00	
	Disbursements			0.00	2,930.00-	
	Dept Total			0.00	19,061.00	63,837.45
	There is Trans					
	Fund Total	44,776.45		0.00	19,061.00	63,837.45
76						
75	Redwood LCTS Collaborative	4	71 LCT	S Collaborative	e Agency	
		E1 242 E2				

51,342.63

Southwest Health and Human Services

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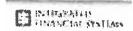
Page 4

Fund	Receipts Disbursements Dept Total	Beginning <u>Balance</u>	<u>This</u> <u>Month</u> 1,944.00 87,500.00- 85,556.00-	<u>YTD</u> 48,250.00 87,500.00- 39,250.00-	Current <u>Balance</u> 12,092.63
	Fund Total	51,342.63	85,556.00-	39,250.00-	12,092.63
77 I	ocal Advisory Council	477	Local Advisory Co	uncil	
	Dept Total	1,155.02	0.00	0.00	1,155.02
	Fund Total	1,155.02	0.00	0.00	1,155.02
All Funds .	1000000	6,083,681.32			
	Receipts		5,599,143.16	17,610,747.03	
	Disbursements		670,406.67-	4,653,616.06-	
	SSIS		901,416,93-	4,030,908,53-	
	Payroll		1,233,584.97-	7,947,088.87-	
	Total		2,793,734.59	979,133.57	7,062,814.89

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Southwest Health and Human Services



RM-Stmt of Revenues & Expenditures

Page 2

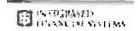
As Of 06/2019

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND			BODGET		T EAST
REVENUES					
CONTRIBUTIONS FROM COUNTIES	18,793.50-	511,163.50-	966,705.00-	53	50
INTERGOVERNMENTAL REVENUES	1,852.00-	167,840.63~	169,800.00		50
STATE REVENUES	33,841.61~	372,581.32-	820,717.00-		50
FEDERAL REVENUES	42,094.49-	661,172.53-	1,265,748,00-		50
FFFS	37,316.22-	194,895.46-	418,795,00-		50
FARNINGS ON INVESTMENTS	450.58-	5,493.98-	4,800.00-	114	50
MISCELLANEOUS REVENUES	405.32-	3,074.94-	9,219.00-		50
TOTAL REVENUES	134,753.72~	1,916,222.36-	3,655,784.00-	52	50
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	50
PAYROLL AND BENEFITS	207,860.11	1,352,328.04	2,840,986.00	48	50
OTHER EXPENDITURES	47,730.17	386,819.42	804,798.00	48	50
TOTAL EXPENDITURES	255,590.28	1,739,147.46	3,645,784.00	48	50

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Southwest Health and Human Services



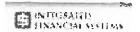
RM-Stmt of Revenues & Expenditures

Page 3

As Of 06/2019

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	4,137,177.40-	6,154,079.03-	10,836,767.00-	57	50
INTERGOVERNMENTAL REVENUES	0.00	54,713.36-	132,267.00-	•	50
STATE REVENUES	186,862.08~	1,828,998.00~	5,224,156.00-		50
FEDERAL REVENUES	395,380.88-	3,799,344.30-	8,047,638.00-	47	50
FEES	274,097.67-	1,053,328.92-	2,415,391.00-	44	50
EARNINGS ON INVESTMENTS	2,365.51-	27,268.31~	25,200.00-	108	50
MISCELLANEOUS REVENUES	204,961.07-	703,771.03-	1,000,344.00-	70	50
TOTAL REVENUES	5,200,844.61 ~	13,621,502.95-	27,681,763.00	49	50
EXPENDITURES			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PROGRAM EXPENDITURES	1,063,838.53	5,191,814.37	11,516,187.00	45	50
PAYROLL AND BENEFITS	1,019,962.22	6,595,238.50	13,537,287.00	49	50
OTHER EXPENDITURES	147,297.56	1,296,742.69	2,528,289.00	51	50
TOTAL EXPENDITURES	2,231,098.31	13,083,795.56	27,581,763.00	47	50
					10-01

Southwest Health and Human Services



Revenues & Expend by Prog, Dept, Fund

Page 2

<u>Element</u> 1 FUND	<u>Description</u> Health Services Fund	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	<u>% of</u> Year
410 DEPT	General Administration							
0 PROGRAM	•••		Revenue Expend. Net	2,400.12 2,400.12	14,443.96 14,443.96	0.00 0.00	0	50 50 50
930 PROGRAM	Administration		Revenue Expend. Net	19,547.51- 40,200.17 20,652.66	528,797.97 ~ 334,904.58 193,893.39 -	981,744.00 - 666,823.00 314,921.00 -	54 50 62	50 50 50
410 DEPT	General Administration	Totals:	Revenue Expend. Net	19,547.51- 42,600,29 23,052.78	528,797.97 - 349,348.54 179,449.43 -	981,744.00 - 656,823.00 314,921.00 -	54 52 57	50 50 50
481 DEPT	Nursing							
100 PROGRAM	Family Health		Revenue Expend. Net	2,292.99- 2,809.97 516.98	12,124.38 - 15,271.89 3,147.51	16,680.00 - 15,351.00 1,329.00 -	73 99 237 -	50 50 50
103 PROGRAM	Follow Along Program		Revenue Expend. Net	1,619.81 - 4,114.44 2,494.63	11,416.86 - 13,417.53 2,000.67	26,966.00 - 29,921.00 2,955.00	42 45 68	50 50 50
110 PROGRAM	TANF		Revenue Expend. Net	30,727,71 - 890.09 29,837.62 -	90,840.59 - 62,844.46 27,996.13 -	127,876.00 - 122,911.00 4,965.00 -	71 51 564	50 50 50
130 PROGRAM	WIC		Revenue Expend. Net	0.00 37,053.69 37,053.69	290,641.00- 245,535.62 45,105.38-	450,000.00 - 524,339.00 74,339.00	65 47 61-	50 50 50
140 PROGRAM	Peer Breastfeeding Support Prog	ram	Revenue Expend. Net	0.00 2,280.75 2,280.75	19,110.00 - 17,269.90 1,840.10 -	55,438.00 - 55,438.00 0.00	34 31 0	50 50 50
210 PROGRAM	CTC Outreach		Revenue Expend. Net	0.00 16,917.27 16,917.27	106,599.35 - 107,766.61 1,167.26	270,034.00 - 270,034.00 0.00	39 40 0	50 50 50
270 PROGRAM	Maternal Child Health = Title V		Revenue Expend. Net	13,350.00- 14,676.88 1,326.88	79,476.83 ~ 109,144.12 29,667.29	238,279.00 - 248,588.00 10,309.00	33 44 288	50 50 50

Southwest Health and Human Services

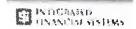
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Revenues & Expend by Prog, Dept, Fund

Page 3

Element 280 PROGRAM	<u>Description</u> MCH Dental Health	Account Number	Revenue Expend. Net	Current Month 157.87- 1,031.45 873.58	Year-To-Date 1,319.51 - 13,625.26 12,305.75	<u>Budget</u> 43,200.00 – 19,059.00 24,141.00 –	% of Bdat 3 71 51-	% of Year 50 50 50
285 PROGRAM	MCH Blood Lead		Revenue Expend.	149.39	433.57	0.00	•	50
			Net	149.39	433.57	0.00	0	50 50
295 PROGRAM	MCH Car Seat Program		Revenue Expend.	1,071.00 - 2.886.83	7,408.20- 15,276.97	31,000.00 -	24	50
			Net	2,660.83 1,815.83	7,868.77	38,792.00 7,792.00	39 101	50 50
300 PROGRAM	Case Management		Revenue Expend.	28,613.45-	195,676,83-	347,800.00	56	50
			Net	28,198.10 415.35-	204,481.11 8,804.28	389,147.00 41,347.00	53 21	50 50
330 PROGRAM	MNChoices		Revenue	13,744.25	100,070.34~	157,000.00 -	64	50
			Expend. Net	13,769.77 25.52	101,988.92 1,918.58	181,108.00 24,108.00	56 8	50 50
603 PROGRAM	Disease Prevention And Control		Revenue	17,751.74-	61,356.64-	145,862.00 -	42	50
			Expend. Net	14,211.87 3,539.87-	86,587,86 25,231.22	227,721.00 81,859.00	38 31	50 50
660 PROGRAM	MIC		Revenue	0.00	0.00	1,000.00 -	0	50
			Expend. Net	0.04 0.04	495.34 495.34	109.00 891.00 -	454 56-	50 50
481 DEPT	Nursing	Totals:	Revenue	109,328.82-	976,040.53-	1,911,135.00 ~	51	50
			Expend. Net	138,990.54 29,661.72	994,139.16 18.098.63	2,122,518.00 211,383.00	47 9	50 50
483 DEPT	Health Education			.,,	,	211/050100	3	30
500 PROGRAM	Direct Client Services		Revenue	1,244.39-	5,517.36-	2,270.00	243	50
			Expend.	405.07	5,751.13	30,942.00	19	50
			Net	839.32-	233.77	28,672.00	1	50
510 PROGRAM	SHIP		Revenue	0.00	109,823,46 -	226,690.00 -	48	50
			Expend. Net	21,187.51	113,873.92	226,690.00	50	50
540 PROGRAM	Toward Zero Deaths (TZD) Safe F	londe		21,187.51	4,050.46	0.00	0	50
JAN LUGUNAMI	TOWARD ACTO DEATHS (12D) Safe I	(UAU)	Revenue Expend.	0.00	2,979.05	17,009.00 -	18	50
			Net	1,017.10 1,017.10	4,642.80 1,663.75	23,440.00	20	50
			1766	1,017.10	1,663.75	6,431.00	26	50

Southwest Health and Human Services

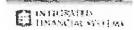


Revenues & Expend by Prog, Dept, Fund

Page 4

r1	Described						<u>% of</u>	<u>% of</u>
<u>Element</u> 550 PROGRAM	<u>Description</u> P&I Grant	Account Number	Revenue	Current Month	Year-To-Date	Budget	<u>Bdqt</u>	<u>Year</u>
330 FREGREN	rai Siant			0.00	72,631.00	189,326.00 -	38	50
			Expend.	20,579.76	76,665.31	189,326.00	40	50
			Net	20,579.76	4,034.31	0.00	0	50
900 PROGRAM	Emergency Preparedness		Revenue	0.00	46,675.98-	97,210.00	48	50
			Expend.	9,146.61	48,740.68	97,210.00	50	50
			Net	9,146.61	2,064.70	0.00	0	50
483 DEPT	Health Education	Totals:	Revenue	1,244.39-	237,626.85-	532,505.00 -	45	50
			Expend.	52,336.05	249,673.84	567,608.00	44	50
			Net	51,091.66	12,046.99	35,103.00	34	50
485 DEPT	Environmental Health							
800 PROGRAM	Environmental		Revenue	1,858.00-	163,119.01-	204,100.00 -	80	50
			Expend.	21,663.40	145,985,92	288.835.00	51	50
			Net	19,805.40	17,133.09-	84,735.00	20-	
809 PROGRAM	Environmental Water Lab		Revenue	2,775.00-	10,638.00~	26,300.00 -	40	50
			Expend.					50
			Net	2,775.00-	10,638.00 -	26,300.00 -	40	50
485 DEPT	Environmental Health	Totals:	Revenue	4,633.00~	173,757.01	230,400.00 -	75	50
			Expend.	21,663.40	145,985.92	288,835.00	51	50
			Net	17,030.40	27,771.09-	58,435.00	48-	
1 FUND	Health Services Fund	Totals:	Revenue	134.753.72~	1.916.222.36-	3.655.784.00 -	52	50
			Expend.	255,590,28	1,739.147.46	3.645.784.00	48	50
			Net	120,836,56	177,074.90	10,000.00	1,771	50 50
				. = 0,000,00	111017.00	. 4,444.00 -	1,771	au

Southwest Health and Human Services

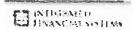


Revenues & Expend by Prog, Dept, Fund

Page 5

<u>Element</u> 5 FUND	<u>Description</u> Human Services Fund	Account Number		Current Month	Year-To-Date	<u>Budget</u>	% of Bdgt	<u>% of</u> Year
410 DEPT	General Administration							
0 PROGRAM	411		Revenue Expend. Net	4,304.10 4,304.10	77,611.17 77,611.17	82,029.00 82,029.00	95 95	50 50 50
410 DEPT	General Administration	Totals:	Revenue Expend. Net	4,304.10 4,304.10	77,611.17 77,611.17	82,029.00 82,029.00	95 95	50 50 50
420 DEPT	Income Maintenance							
0 PROGRAM	***		Revenue Expend. Net	116.26 116.26	790.76 790.76	0.00 0.00	0	50 50 50
600 PROGRAM	Income Maint Administrati	ve/Overhea	Revenue Expend. Net	1,244,051.60- 101,823.93 1,142,227.67-	1,926,071.80- 770,819.88 1,155,251.92-	3,458,246.00 ·· 1,507,646.00 1,950,600.00 -	56 51 59	50 50 50
601 PROGRAM	Income Maint/Random Mo	ment Payro	Revenue Expend. Net	161,885.04 161,885.04	1,216,192.66 1,216,192.66	2,522,830.00 2,522,830.00	48 48	50 50 50
602 PROGRAM	Income Maint FPI Investiga	attor	Revenue Expend. Net	0.00 5,398.17 5,398.17	29,210.00- 31,140.77 1,930.77	62,418.00 ~ 62,418.00 0.00	47 50 0	50 50 50
605 PROGRAM	MN Supplemental Aid (MS/	A)/GRH	Revenue Expend. Net	1,887.04- 0.00 1,887.04-	24,968.74 - 34,559.99 9,591.25	50,000.00 - 50,000.00 0.00	50 69 0	50 50 50
610 PROGRAM	TANF(AFDC/MFIP/DWP)		Revenue Expend. Net	1,396.00- 0.00 1,396.00~	8,461.75 - 2,133.57 6,328.18 ~	20,000.00 - 20,800.00 800.00	42 10 791 -	50 50 50
620 PROGRAM	General Asst (GA)/General	l Relief/Buri.	Revenue Expend. Net	3,934.04- 13,710.31 9,776.27	16,084.41 ~ 120,046.36 103,961.95	27,500.00 - 251,000.00 223,500.00	58 48 47	50 50 50
630 PROGRAM	Food Support (FS)		Revenue Expend. Net	10,551.00 - 196.79 10,354.21 -	6,111.03	517,000.00 - 6,600.00 510,400.00 -	52 93 52	50 50 50

Southwest Health and Human Services

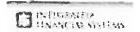


Revenues & Expend by Prog, Dept, Fund

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Element 640 PROGRAM	<u>Description</u> Child Support (IVD)	Account Number	Revenue Expend. Net	Current Month 208,577.16- 93,944.02	Year-To-Date 827,946.32 555,878.70	<u>Budget</u> 1,686,850.00 - 1,089,896.00	% of Bdqt 49 51	% of Year 50 50
CTA DROCDAN	Marke I A. Carana Mark			114,633.14-	272,067.62-	596,954.00 -	46	50
650 PROGRAM	Medical Assistance (MA)		Revenue	404,532.50-	1,879,205.01 -	3,325,000.00 -	57	50
			Expend.	172,751.03	1,023,942.48	2,517,000.00	41	50
			Net	231,781.47-	855,262.53-	- 00.000,808	106	50
680 PROGRAM	Refugee Cash Assistance (RCA)		Revenue	382.99-	382.99-	0.00	o	50
			Expend.					50
			Net	382.99-	382.99-	0.00	0	50
420 DEPT	Income Maintenance	Totals:	Revenue	1,875,312,33-	4,981,941.26~	9,147,014.00 -	54	50
			Expend.	549,825.55	3,761,616.20	8,028,190.00	47	50
			Net	1,325,486.78-	1,220,325.06-	1,118,824.00 -	109	50
431 DEPT	Social Services							
700 PROGRAM	Social Service Administrative/O	verhea	Revenue	2,779,069,19-	5,209,608.27 ~	10,543,762.00~	49	50
			Expend.	178,008.86	1,354,479.85	2,739,098.00	49	50 50
			Net	2,601,060,33-	3,855,128.42-	7,804,664.00 -	49	50 50
701 PROGRAM	Social Services/SSTS		Revenue		1	1,20 1,00 1100	-10	
102110010101	Jocial Del Vices, 3313		Expend.	569,069,26	3.577.157.12	7,186,678.00	50	50
			Net	569,069,26	3,577,157.12	7,186,678.00	50	50
710 DDOC 244	Children's Sector Sector December				•		50	50
710 PROGRAM	Children's Social Services Progr	ams	Revenue	70,540.61 -	771,484.61-	1,877,040.00 -	41	50
			Expend.	457,366.35	1,788,343.41	4,077,941.00	44	50
			Net	386,825.74	1,016,858.80	2,200,901.00	46	50
712 PROGRAM	CIRCLE Program		Revenue	0.00	5,000.00-	5,000.00 -	100	50
			Expend.	404.65	2,906.91	00.000,8	36	50
			Net	404.65	2,093.09-	3,000.00	70-	50
713 PROGRAM	"SELF Program" Grant		Revenue	13,525.00-	28,055.00~	54,100.00 -	52	50
			Expend.	3,464.47	17,494.78	54,100.00	32	50
			Net	10,060.53-	10,560.22	0.00	0	50
715 PROGRAM	Childrens Waivers		Revenue	12,328.90-	48,470.42-	90,000.00 -	54	50
			Expend.	0.00	0.00	2,000.00	0	50
			Net	12,328.90-	48,470.42 -	- 00.000,88	55	50
716 PROGRAM	FGDM/Family Group Decision I	Making	Revenue	0.00	19,448.15 -	56,914.00 -	34	50
			Expend.	2,092.69	10,325.94	56,914.00	18	50 50
			Net	2,092.69	9,122.21-	0.00	0	50 50
							-	

Southwest Health and Human Services

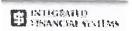


Revenues & Expend by Prog, Dept, Fund

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Element 717 PROGRAM	<u>Description</u> <u>Account Number</u> AR/Alternative Response Discretion F	Revenue Expend.	Current Month 0.00	Year-To-Date 7,724.50	<u>Budget</u> 58,390.00 -	% of Bdgt 13	% of Year 50
		Net	1,608.36 1.608.36	8,538.62 814.12	58,336.00 54.00 ~	15 1,508 -	50 50
718 PROGRAM	PSOP/Parent Support Outreach Progra	Revenue	0.00	4.734.00~	40,539.00	12	50
		Expend.	0.00	1,603.41	40,539.00	4	50
		Net	0.00	3,130.59-	0.00	0	50
720 PROGRAM	Ch Care/Ch Prot	Revenue	2,700.00-	11,500.00-	21,000.00 ~	55	50
		Expend.	0.00	192.50	3,000.00	6	50
		Net	2,700.00-	11,307.50-	18,000,00 -	63	50
721 PROGRAM	CC-Basic Slide Fee/Cty Match to DHS	Revenue	2,578.00-	18,041.13-	38,238.00 -	47	50
		Expend.	3,674.14	24,414.85	43,865.00	56	50
		Net	1,096.14	6,373.72	5,627.00	113	50
726 PROGRAM	MFIP/SW MN PIC	Revenue	1,139.00-	6,525.00-	372,000.00 -	2	50
		Expend.	0.00	0.00	285,390.00	0	50
		Net	1,139.00-	6,525.00~	86,610.00-	8	50
730 PROGRAM	Chemical Dependency	Revenue	14,762.38~	150,784.45-	273,000.00 -	55	50
		Expend.	56,467.38	311,519.01	519,000.00	60	50
		Net	41,705.00	160,734.56	246,000.00	65	50
740 PROGRAM	Mental Health (Both Adults/Children)	Revenue	0.00	103.95-	0.00	0	50
		Expend.					50
		Net	0.00	103.95~	0.00	0	50
741 PROGRAM	Mental Health/Adults Only	Revenue	61,586.00-	454,259.27 -	1,348,451.00-	34	50
		Expend.	151,010.12	723,697.39	1,737,482.00	42	50
		Net	89,424.12	269,438.12	389,031.00	69	50
742 PROGRAM	Mental Health/Children Only	Revenue	45,366.48-	379,556.84~	784,100.00 -	48	50
		Expend.	185,321.92	950,354.72	1,852,300.00	51	50
		Net	139,955.44	570,797.88	1,068,200.00	53	50
750 PROGRAM	Developmental Disabilities	Revenue	64,630.25-	412,083,20~	815,161.00 ··	51	50
		Expend.	32,843.66	166,450.59	389,361.00	43	50
		Net	31,786.59-	245,632.61 -	425,800.00 -	58	50
760 PROGRAM	Adult Services	Revenue	177,839.00~	601,766.51-	1,419,500.00 -	42	50
		Expend.	4,197.97	32,185.22	31,150.00	103	50
		Net	173,641.03-	569,581,29-	1,388,350.00 -	41	50

Southwest Health and Human Services



Revenues & Expend by Prog, Dept, Fund

Page 8

Element	Description	Account Number		Current Month	Veer To Data	Dandara	<u>% of</u>	<u>% of</u>
765 PROGRAM	Adults Walvers	Account Number	Revenue	75.180.47-	<u>Year-To-Date</u> 377.787.14-	<u>Budget</u> 702.000.00	Bdgt 54	<u>Year</u> 50
			Expend.	11,053.47	55,407.33	102,000.00	54	50
			Net	64,127.00-	322,379.81-	600,000.00	54	50 50
431 DEPT	Social Services	Totals:	Revenue	3,321,245,28-	8,506,932,44-	18,499,195,00 -	46	50
			Expend.	1,656,583.30	9,025,071,65	19.187.154.00	47	50
			Net	1,664,661.98-	518,139.21	687,959.00	75	50
461 DEPT	Information Systems							•
0 PROGRAM	•••		Revenue	4,287.00-	14,061.25 -	35,554.00 -	40	50
			Expend.	20,385.36	100,928.54	284,390.00	35	50
			Net	16,098.36	86,867.29	248,836.00	35	50
461 DEPT	Information Systems	Totals:	Revenue	4,287.00-	14,061.25 -	35,554.00	40	50
			Expend.	20,385.36	100,928.54	284,390.00	35	50
			Net	16,098.36	86,867.29	248,836.00	35	50
471 DEPT	LCTS Collaborative Agency							
702 PROGRAM	I.CTS		Revenue	0.00	118.568.00	0.00	0	50
			Expend.	0.00	118,568.00	0,00	0	50
			Net	0.00	0.00	0.00	Ö	50
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	0.00	118,568.00-	0.00	0	50
			Expend.	0.00	118,568.00	0.00	0	50
			Net	0.00	0.00	0.00	O	50
5 FUND	Human Services Fund	Totals:	Revenue	5,200,844.61-	13,621,502,95 -	27,681,763.00 -	49	50
			Expend.	2,231,098.31	13,083,795,56	27,581,763.00	47	50
			Net	2,969,746.30-	537,707.39-	100,000.00 -	538	50
FINAL TOTALS	979 Accounts		Revenue	£ 225 500 00	45 507 705 04			
HAVE TO LATE	or o necessita		Expend.	5,335,598.33- 2,486,688.59	15,537,725.31 -	31,337,547.00~	50	50
			Net	2,486,688.59 2,848,909.74-	14,822,943.02	31,227,547.00	47	50
			1467	<i>1.</i> ,040,303.74	714,782.29-	110,000,00 -	650	50

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	2709	593	3302
March	2667	611	3278
April	2642	612	3254
May	2649	600	3249
June	2682	568	3250
July			0
August			0
September			0
October			0
November			0
December			0
Average	2673	600	1636

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 Services (AS)	Alternative Care (AC)		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								- '-	000	701	331	2003

^{*}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	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	10	317	15	0	263	48	880	18	349	461	348	2709
March	10	317	14	0	257	40	868	17	350	457	337	2667
April	9	319	14	0	257	43	882	18	306	454	340	2642
May	9	322	14	0	254	48	906	19	277	455	345	2649
June	9	322	13	0	255	51	918	19	307	452	336	2682
July										.02		0
August												0
September												0
October							-					
November	Î											0
December												0
	10	319	14	0	259	46	891	18	319	456	342	1336

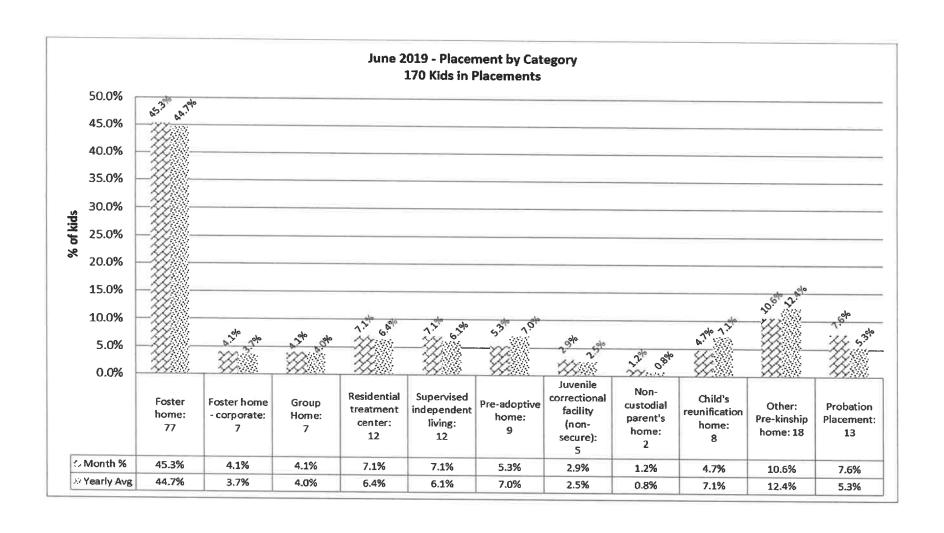
Children's - Social Services Caseload

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 Inter vention: 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 Inter vention: 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	39	17	0	11	38	159	197	98	0	1	33	593
March	38	18	0	11	29	180	206	101	0	0	28	611
April	32	16	0	11	39	184	205	97	0	0	28	612
May	32	17	0	11	40	182	198	97	0	0	23	600
June	32	16	0	11	44	161	179	97	0	0	28	568
July												0
August												0
September												0
October												0
November												
December												0
	36	18	0	11	38	172	199	98	0	0	29	300

2019 KIDS IN OUT OF HOME PLACEMENT - BY COUNTY

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Average	2018 Average
Lincoln	8	8	8	8	6	6							7	9
Lyon	40	39	38	40	43	45							41	44
Murray	10	12	12	10	11	10							11	12
Pipestone	21	22	23	25	23	24							23	16
Redwood	71	67	69	65	69	66							68	80
Rock	15	15	20	20	21	19							18	16
Monthly Totals	165	163	170	168	173	170	0	0	0	0	0	0		



June 2019: Total kids in placement = 170

Total of 5 Children entered placement

1	Lyon	Foster Home
1	Lyon	Group Home
1	Lyon	Juvenile Correctional Facility
1	Pipestone	Foster Home
1	Redwood	Foster Home - Corporate

Total of 8 Children were discharged from placement (discharges from previous month)

1	Lyon	Foster Home
1	Pipestone	Foster Home
2	Redwood	ADOPTED
1	Redwood	Foster Home
1	Redwood	Supervised Independent Living
2	Rock	Child's Reunification Home

NON IVD COLLECTIONS

JUNE 2019

		T
PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5802	1,867
TANF (MFIP/DWP/AFDC)	05-420-610.5803	1,396
GA	05-420-620.5803	(6)
FS	05-420-630.5803	151
CS (PI Fee, App Fee, etc)	05-420-640.5501	893
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	173,365
REFUGEE	05-420-680.5803	383
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	5,275
OOH/FC Recovery	05-431-710.5803	14,858
CHILDCARE		
Licensing	05-431-720.5502	1,900
Corp FC Licensing	05-431-710.5505	800
Over Payments	05-431-721&722.5803	0
CHEMICAL DEPENDENCY		
CD Assessments	05-431-730.5519	5,336
Detox Fees	05-431-730.5520	3,963
Over Payments	05-431-730.5803	0
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0
Over Payments	05-431-741 or 742.5803	0
DEVELOPMENTAL DISABILITIES		
Insurance Copay/Overpayments	05-431-750.5803	0
ADULT		
Court Visitor Fee	05-431-760.5515	0
Insurance Copay/Overpayments	05-431-760.5803	9
TOTAL NON-IVD COLLECTIONS		210,190



2019 Public Health Statistics

	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	Immun	Car Seats
'12 Avg	1857	48	15	187	81						
'13 Avg	2302	37	21	211	90						
'14 Avg	2228	60	25	225	112	6	30				
'15 Avg	2259	86	23	238	112	12	36				
'16 Avg	2313	52	22	265	97	12	27				
'17 Avg	2217	47	22	290	56	9	25				
'18 Avg	2151	50	22	324	23	4	18	128	48	57	19

	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	Immunizations	Car Seats
12/18	2056	39	27	282	22	0	31	92	45	53	16
1/19	2040	52	14	281	4	1	24	142	45	79	20
2/19	2022	33	11	216	8	0	10	84	31	32	10
3/19	2038	24	14	254	11	4	7	71	47	66	26
4/19	2032	43	15	234	43	2	6	115	39	69	16
5/19	2008	26	13	283	11	16	8	139	45	79	17
6/19		40	8	305	26	10	13	165	69	69	23
7/19											
8/19											
9/19											
10/19											
11/19											
12/20											

Offices Located in:



Redwood Falls, MN • 507-637-4041

Ivanhoe, MN • 507-694-1452 Slayton, MN • 507-836-6144

Pipestone, MN • 507-825-6720 Luverne, MN • 507-283-5070

Marshall, MN • Human Services 507-537-6747 • Health Services 507-537-6713

ServSafe Course Fee Proposal

8 Hour Course—includes book and exam sheet	\$140
4 Hour Certified Food Protection Manager Recertification	\$40
Proctored Exam—includes exam sheet	\$70

Because our food establishments are required to attend an approved food manager course and there is only internment availability of these courses in our geographic region, I intend to offer this course to the food establishments licensed in the 6 counties served by SWHHS. I will likely offer the course twice per year. The 4 Hour Recertification Course will take place during the 8 Hour ServSafe Course.

The cost of the ServSafe Course material is as follows:

ServSafe Course Book w/ exam sheet	\$70.30
ServSafe exam sheet	\$38.00

Typical fee range for this course:

8 Hour Course and Exam	\$150-\$175
4 Hour Recertification Course	\$50-\$90
Proctored Exam	\$80-\$90

Respectfully Submitted:

Jason Kloss Environmental Health Manager



Notice of Pay Equity Compliance

Presented to

Southwest Health and Human Services

for successfully meeting the requirements of the Local Government Pay Equity Act M.S. 471.991 - 471.999 and Minnesota rules Chapter 3920. This notice is a result of an official review by Minnesota Management & Budget and your 2019 pay equity report.

Your cooperation in complying with the local government pay equity requirements is greatly appreciated.

June 21, 2019

Date

Myron Frans, Commissioner



Position Request Form

Ag 081 04 18

SECTION 1: Process					
 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: Child Support Officer Division/Unit: Child Support Unit					
New Position ☐ Replacement ☒ Permanent ☐ Temporary ☐ Promotion ☐					
Is Funding Budgeted for This Position? Yes, Budgeted 🗵 No, Not Budgeted 🗆					
15 f and in a substitution of the first of t					
Desired hire date:Immediate FTE Requested:1.0					
*Attached additional sheets if necessary.					
1. What will the essential functions performed by this position include?					
This position is to provide and deliver services required to gain support from non-custodial parents, reduce public assistance expenditures, increase funds to the families we serve while utilizing all resources available by Federal/State Statutes. The core functions are to establish paternity, establish child support orders enforce court orders, collect child support, locate parents and secure medical support and coverage other than Medicaid benefits per Title XIX of the Social Security Act.					
2. Why are you recommending this position be authorized?					
It is being recommended that a replacement be made to the child support worker who has resigned. The child support unit currently has 13 full time workers, .5 support enforcement aide, and 2 full time child support supervisors. Two (2) of the child support workers have recently transferred/promoted to the unit and are in training mode. One (1) as recently as of the end of June. The caseload consists of approximately 277 cases for enforcement. Of the 27 cases there has been success in working with the County Attorney's Office in pursuing contempt's for failure to pay support, these type of cases were put on hold in prior years because of staffing issues. With the current make up of new workers, it would be beneficial to hire immediate for a new worker to be trained along with the other two (2) workers. Without replacing the worker, the average caseload per worker would increase by approximately 55 cases. This would be far greater than the average state case load of 189/full time worker. The supervisors each carry a caseload, it is the intent to eventually assign some of these cases to child support workers once the new workers have been trained. During the interim time, the seasoned workers will be doing the legal work, assisting with training. If the position is not filled, the current child support workers will be facing job burnout.					

3. What alternatives to hiring a new position have been considered?
Hiring of a temporary worker is very difficult to do, with many of the human services positions due to the qualifications needed for the position, the time and money involved in training a temporary worker, and securing a worker with child support experience. Most individuals who have worked in child support prior have either retired and/or accepted other positions and would likely need a great deal of training of updated procedures, change of statutes and would require a great deal of training in order to be a productive child support worker.
From a prior request, asking the surrounding counties to assist with the caseload resulted in no response, plus there would be additional costs involved if there would be a county interested. (In the past Nobles County, charged \$50.00/hour).
If the caseload was added to the workers from the other offices within SWMMHS it would not be realistic because currently two (2) workers in the Pipestone Office are on PRO. The remaining workers caseload is also greater than the State average. Multiple workers would be traveling between offices to Marshall for appointments, hearings, working with the County Attorney's office.
4. Please indicate how this position will be funded? Check all that apply.
□ 100% Levy
☑ Part Levey/Part Grant or Reimbursement
100% Grant or Reimbursement
☑ Other 66 % Federal Fiscal Funding
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.

7. What would the impact be to your customers and the community if this position is not authorized? Customer Service would decrease. Customers would need to travel to other offices within SWMHHS because their cases would be in another office, or the worker may need to travel to the Marshall Office for appointments, court hearings case consultations with the Lyon and Lincoln County Attorney's Office. The Federal benchmarks for processing and working cases on a timely basis would be extremely difficult to achieve. This could result in receiving lower incentive payments, being out of compliance with the Federal Regulations, being placed on a Performance Improvement Plan, (PIP) with the State of Minnesota and potentially having TANF Sanctions imposed. 8. How does this position support the core mission of your department? Retaining this position in the Child Support Unit supports the mission of the agency by promoting the wellbeing of the children and the Childr			
Customer Service would decrease. Customers would need to travel to other offices within SWMHHS because their cases would be in another office, or the worker may need to travel to the Marshall Office for appointments, court hearings case consultations with the Lyon and Lincoln County Attorney's Office. The Federal benchmarks for processing and working cases on a timely basis would be extremely difficult to achieve. This could result in receiving lower incentive payments, being out of compliance with the Federal Regulations, being placed on a Performance Improvement Pian, (PIP) with the State of Minnesota and potentially having TANF Sanctions imposed. 8. How does this position support the core mission of your department? Retaining this position in the Child Support Unit supports the mission of the agency by promoting the wellbeing of the children and the childr	. What is the Return of	Investment (ROI)?	
Retaining this position in the Child Support Unit supports the mission of the agency by promoting the wellbeing of the children and the APPROVED The delivery of quality thild support services.	. What would the impactuations are would asses would be in another earings case consultation rocessing and working consuring consultations are incentive payment.	t be to your customers and the community if this pos- decrease. Customers would need to travel to other of er office, or the worker may need to travel to the Mar ons with the Lyon and Lincoln County Attorney's Office cases on a timely basis would be extremely difficult to es, being out of compliance with the Federal Regulation	fices within SWMHHS because their shall Office for appointments, court e. The Federal benchmarks for achieve. This could result in receiving ns, being placed on a Performance
Retaining this position in the Child Support Unit supports the mission of the agency by promoting the wellbeing of the children and the APPROVED SECTION 3: Signature of the agency by promoting the wellbeing of the children and the APPROVED.	How does this position	support the core mission of your department?	
the children and the APPROVED The delivery of quality child support services.		the Child Connect Unit comparts the mission of the as	ency by promoting the wellbeing of
	e children and the	PROVED milles by the delivery of quality child	support services.
m] = m m m m m m m m m m		oanne.brisk at 11:31 am, Jul 11, 2019	
Completed by:APPROVED	ompleted by:	APPROVED	
Division Director Signature By nancy.walker at 11:21 am, Jul 11, 2019 te:	lvision Director Signatu	By nancy.walker at 11:21 am, Jul 11, 201	9 te:
Director Signature: APPROVED Date:	irector Signature:	APPROVED	Date:
By Beth Wilms at 11:04 am, Jul 11, 2019		By Beth Wilms at 11:04 am, Jul 11, 2019	

EFFECTIVE DATE: 01/01/11

REVISION DATE: 06/17/15; 11/18/15; 1/1/2018; 07/17/19

AUTHORITY: Southwest Health and Human Services Joint Governing Board

Minnesota Statute 169.475

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

Section 1 - Requirements for Using Agency Vehicles

- a. Only agency employees and student interns may use Southwest Health and Human Services' cars. Agency employees and student interns must have valid driver's licenses to drive an agency car. If their driver's license has been revoked, suspended, or cancelled, they shall not drive an agency car. Employees must report any changes in their driving status to their supervisor immediately. Before using an agency car for the first time, a statement (Form AG#007) must be signed confirming that the driver has a valid driver's license. It is also required that a photo copy of your driver's license be in your personnel file. If this policy is violated, it could be grounds for dismissal.
- b. The agency vehicles are to be used only for business purposes. If, in the course of work, personal use is necessary, it is to be approved by your immediate supervisor. Permission from your supervisor must be obtained if you wish to transport anyone other than agency employees. If you are transporting anyone other than a client or another agency employee, the person to be transported must sign a Waiver of Liability for Presence in Agency Vehicle (AG#106). Signed waivers should be forwarded to the Deputy Director. Permission is not necessary to transport clients to fulfill conditions of their Social Services Plan.
- Upon supervisory approval, an agency vehicle may be parked overnight at a staff person's residence. (Example: Use of vehicle early morning or late evening.)
- d. After a vehicle is used, it is the driver's responsibility to ensure that the inside of the car is clean and neat and fill the vehicle with gas if less than a half a tank registers on the gas gauge.
- e. All <u>personal or agency vehicles operated on agency businesss</u> must be operated in a safe, lawful, and defensive driving manner at all times. <u>This includes but is not limited</u> to:
 - Employees must obey all traffic laws and speed limits.
 - Employees and passengers must use seat belts.
 - If transporting anyone 8 years or younger, they must be in a properly installed.

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federal approved car/booster seat. Staff transporting children as a part of their regular job duties shall attend an educational session provided by a Child Passenger Safety technician.

- Employees are prohibited from reading or sending text messages, e-mails, or other written correspondence when driving a personal or countyagency vehicle on countyagency business.
- GPS or navigation systems must be set up prior to driving and give voice commands.
- Use of a cellular phone while driving on countyagency business should be kept to
 a minimum and must be hands free as per statute:

Here are some considerations to ensure you are in compliance:

- a. Use a single earphone that has a microphone and you are still hands-free. Using earphones in both ears at the same time is illegal in Minnesota.
 - b. Pair your phone to the agency vehicle and use the speaker.
- c. Bring a holder to clip your phone to the dash. You can use it in the voiceactivated or single-touch mode.
 - d. Bring a Bluetooth speaker or earphone to pair with your phone while driving.
- e. Last consideration, do not use your phone at all while you are driving. Put your cell phone in the glove compartment, in the backseat, or even in the trunk before you drive.
- Staff may not utilize hands free unless they can assure compliance of data privacy and HIPAA laws.
- 8. Employees may not operate an agency vehicle if they are under the influence of alcohol and/or illegal drugs or if they are on medication that impairs their driving.
- f. In case of an automobile accident, the accident should be reported to your supervisor and the Deputy Director as soon as possible. Obtain the following information: 1) name and address of each driver, passenger, and witness; 2) name of the insurance company and the policy number for each vehicle involved; and 3) do not admit fault or liability. The Deputy Director shall complete the Automobile Loss Notice Form —and submit it to our insurance company.
- g. Prior to driving, all agency vehicles must be checked for proper lights, reflectors, brakes,

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

- h. Seat belts shall be worn by the driver and all passengers whenever the vehicle is inmotion.
- <u>h</u>i. Employees are required to attend defensive driving training at least every 3 years. The training will be provided by the agency on agency time.
- ij. All employees who access agency vehicles, which includes access to the Wright Express Gas Card, will not need to obtain a receipt. If employees use their personal funds to obtain gas for an agency vehicle, they are responsible for obtaining an itemized receipt and turning that receipt into accounting, attached to form Ag#101. If an employee fails to obtain a receipt, they first must go back to the vendor and attempt to get a duplicate receipt. If that is not available, the employee will be allowed to complete a Declaration of Expenses which is available from the Deputy Director.

Section 2 - Requirements for Using Personal Vehicles

- a. Use of employee vehicles to transport clients exposes the employee and employer to risk. Clients should be encouraged to utilize other modes of transportation such as public transit or have a family member or friend transport them. If no other alternatives exist, employees should be aware of the liability associated with this activity. Southwest Health and Human Services staff shall not transport clients via their personal vehicles. Instead all client transports must take place in agency owned vehicles.
- b. Risks the employee face include:
 - · having their vehicle damaged;
 - liability claim brought against them either by clients injured while entering, riding in, or exiting their vehicles or by drivers and passengers of other vehicles that may collide with them; or
 - the employees may sustain injuries themselves.
- Employees who claim mileage for the use of personal vehicles to conduct agency business must:
 - Possess a valid driver's license. A copy of the driver's license must be made and placed in their personnel file.
 - Provide a copy of the declaration page of the employee's insurance policy. This
 copy must also be placed in their personnel files. Personal automobile liability
 coverage should at least be at the State required minimum limits. Any changes
 in insurance coverage must be reported to the employee's supervisor and a
 copy of the new declaration page must be filed in their personnel file.
 - Sign a statement acknowledging that when the agency pays mileage, the agency

is also purchasing insurance coverage and that the expectation is that personal coverage is primary and the agency is excess (AG#007).

- Maintain personal vehicle in good operating condition at all times.
- Abide by the same conditions in Section 1 (e).
- d. The agency's auto liability coverage protects both the agency and its employees while employees are actually using personal vehicles on agency authorized business.
 However, this coverage is provided on an excess basis, which means an employee's personal auto liability coverage would be the first to respond to a claim or lawsuit filed against the employee.
- e. Motorcycles are not an approved mode of transportation for agency business.

Section 3 - Mileage Expense

- a. When there are no agency cars available for use, the agency will pay the current IRS rate for mileage. The rate of reimbursement, when an agency car is available, when using your personal car, will be .23 cents per mile.
- b. If more than one employee is traveling to the same meeting/location, they must ride share. If one chooses to ride separately, they travel at their own expense. Employees must make travel arrangements prior to actual travel.

Section 4 - Failure to Follow this Policy

Violations of this policy will be considered very seriously. It may result in the imposition
up to and including termination from the agency.

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Agency Forms Regarding This Policy:
AG#007 - New Employee Statement
AG#070 - Vehicle Check - Repair Request
AG#106 - Waiver of Liability for Presence in Agency Vehicle

EFFECTIVE DATE: 06/20/18
REVISION DATE: 07/01/2019

AUTHORITY: Southwest Health and Human Services Joint Governing Board

Minnesota Public Employees Retirement Association

--- PHASED RETIREMENT OPTION (PRO) ---

Section 1 - Policy Statement

a. Legislation passed in 2009 allows employers the option to offer a Phased Retirement Option (PRO) to employees who are members of the Public Employees Retirement Association of MN (PERA) Coordinated and Basic plans if they meet specific eligibility requirements. When PRO is offered, this allows members the option to begin receiving PERA pension without formally resigning and promotes efficient operations of the Agency by retaining experienced workforce talent.

b. The choice to offer a PRO agreement is at the sole discretion of the employer. Southwest Health and Human Services (SWHHS) recognizes the PRO program can provide a mutual benefit to SWHHS and the eligible employee dependent on a variety of factors unique to each situation and will offer PRO agreements only in those cases warranted by business need as determined by the Director, Human Resources and the SWHHS Governing Board. The Governing Board will regard each request individually that has been forwarded by the Director. Any prior determination will not set precedence for future requests. Terms and conditions of employment, including but not limited to benefits, hours of work, job duties and rate of pay will be set forth by SWHHS specific to the PRO arrangement.

Section 2 - Eligibility and Requirements

- a. SWHHS retains sole discretion in offering the Phased Retirement Option (PRO) to an employee. Initial PRO offers must not exceed one year, but can be renewed for periods of up to a year for a total of five years. The employer has the sole discretion to determine the length of an employee's PRO employment period. The maximum period of phased retirement employment for an employee is five years. However, the employee or the employer may end the PRO agreement at any time. SWHHS, the employer, is under no obligation to renew a PRO Agreement. To qualify, a member must:
 - Agree to a reduction of hours worked of at least 25 percent, per pay period, not to exceed 1,040_1,044 hours per year; if the allowed hours in a pay period or the maximum hours per year are exceeded, the PERA monthly benefits will be suspended. The benefit will not be reinstated until all public employment has been terminated and a continuous separation for 30 days has occurred.
 - Meet all other requirements for a pension from PERA;
 - Be at least 62 years of age;
 - Have worked at least half time, 1040-1044 hours per year, in a PERA-covered position for

a minimum of five years immediately prior to beginning Phased Retirement; and

- Not be eligible for the State Employee Postretirement Option program.
- Meet all other PRO program requirements.
- b. If mutually agreeable between the member and his or her employer, the member may begin collecting a PERA benefit without the normally required 30-day break in service and prohibition against having any agreement to return to work with the current employer. Participants are also exempt from PERA's earnings limits that apply prior to full Social Security retirement age. In addition, neither the member nor the employer is required to make any further contributions to PERA.
- c. Since the member is now receiving a pension, he or she will cease to earn service credits and there will be no future adjustment to the high-five average salary for PERA purposes. Employee will be eligible for increases either negotiated through collective bargaining or approved by the Governing Board.
- d. Upon the completion of the phased retirement, a member must meet the requirements normally applied to someone who is terminating public service, including the prohibition of any future employment agreement, and the minimum 30-day break in public service. If the retiree later returns to PERA-covered employment, the earnings limits would apply.
- e. To participate, the employee must make a request in writing to their supervisor, the Director and Human Resources. The Director will determine if the request will be taken to the Governing Board. If approved by the Governing Board, the member and employer must file a Phased Retirement Agreement form with PERA.
- f. A current retiree cannot participate in the program.

g. The option is set to sunset June 30, 2019. Continuation of the option would require legislative action.

Additional information, guidelines and frequently asked questions relating to the Phased Retirement Option program can be found on the Public Employees Retirement Association of Minnesota website at http://www.mnpera.org.

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EFFECTIVE DATE: 05/16/12

REVISION DATE: 06/17/15; 11/16/16; 3/21/2018; 7/17/19

AUTHORITY: Southwest Health and Human Services - Human Services Board

MN Statute 260B.331/MN Statute 260C.331

MN Statute 252.27

MN Rules Parts 9550.6200 to 9550.6240

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

Section 1 - Purpose

a. This policy governs the assessment and collection of fees from children and parents/guardians of children in 24-hour out-of-home care.

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

a. Income Determination

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

Placement Checklist for additional steps related to the referring of the case for fee determination.

 Wage verification is requested from the removal home parent(s) and if not provided, the agency will charge the family the total cost of placement for the child. Also, the family will be notified that the agency will not go back more than 90 days to reassess a parental fee when information is not provided in a timely manner as requested.

b. Children under Adoption Assistance

For children receiving Northstar or Adoption Assistance, no parental fee based on the
parental income will be charged. If during placement the adoptive family continues to
receive the Adoption Assistance. SWHHS will charge the family the total amount of
Adoption Assistance which is being received. Any reductions from the Adoption
Assistance for personal needs must be approved by the social worker.

c. The Child's or Dependent Adult's Fee

• The child's fee is the full amount of his/her unearned income, such as social security, SSI, trusts, investments, veteran's benefits, child support, insurance, adoption subsidy, etc., less the determined personal needs allowance. Parents/guardians will be responsible for forwarding these benefits to SWHHS, even if DHS determines the fee. If the above payments are not kept current, then redirection to SWHHS will be required. When the child turns 18 and is still in placement, that dependent adult's fee continues to be the full amount of his/her unearned income. An 18 year-old in placement needs to meet the MFIP definition of a dependent child for the out-of-home placement fee to continue. For dependent adults, a 30 day break in placement will result in the ending of the parental fee.

d. The Custodial Parent's Fee (in addition to any child fee)

The custodial parental/removal home's fee shall be determined using the SWHHS
 Procedures for Determining Parent Fees for Out-of-Home Placements of Juveniles.

 (Procedure #39)

PARENTAL FEE TABLE

Number of Children in the Home

Monthly Net Income	1	2	3	4	5	6	7
\$550 and below			No	Fee			
\$551 to \$600	16%	19%	22%	25%	28%	30%	32%
\$601 to \$650	17%	21%	24%	27%	29%	32%	34%
\$651 to \$700	18%	22%	25%	28%	31%	34%	36%
\$701 to \$750	19%	23%	27%	30%	33%	36%	38%
\$751 to \$800	20%	24%	28%	31%	35%	38%	40%
\$801 to \$850	21%	25%	29%	33%	36%	40%	42%
\$851 to \$900	22%	27%	31%	34%	38%	41%	44%
\$901 to \$950	23%	28%	32%	36%	40%	43%	46%
\$951 to \$1000	24%	29%	34%	38%	41%	45%	48%
\$1001 to \$5000	25%	30%	35%	39%	43%	47%	50%

e. The Non-Custodial Parent's Fee

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

f. Placements Under Related to 72 Hour Holds

 When a child is placed on a 72 hour hold in a hospital setting the cost of such hold shall be billed to the parent's/guardian's medical insurance whenever possible. If there is no insurance or medical assistance, the family should apply for medical assistance. If there is no insurance or medical assistance, the family will be billed for 100% of the cost of

the care. The family can appeal to have their fee reduced.

- When the hold involves a shelter, foster care home, or juvenile detention center, SWHHS shall pay for placement costs and bill the parents/guardian 100% of the cost of care. The fee will be waived for removal homes on MFIP, GA, SSI, or MSA and families have the right to appeal the fee.
- When a child remains in placement in foster care after a 72 hour hold and has a
 placement under 30 days, there will be a charge of \$10 a day for up to 30 days plus the
 full 72 hour cost of care.
- When a child remains in placement such as shelter care, group home, correctional facilty, residential treatment, or crisis stabilization, after a 72 hour hold and/or has a placement under 30 days, <u>SWHHS will bill the full cost of care while on the hold and then there will be a charge of \$25 per day up to 30 days.</u>
- After placement for 30 days, a parental fee will be determined based on the Procedures for Determining Parental Fees for Out of Home Placement of Juveniles. (Procedure #39)

g. Voluntary Placement for Crisis Stabilization

• If a family voluntarily places a child for crisis stabilization, the family will be assessed a fee of 100% of the cost of care. The family can request that the fee be reduced.

h. Hardship

- The parents/guardians have the option of paying a minimum of 50% of the assessed monthly fee on an extended term, if it can be demonstrated that the fee would create a hardship for the family.
- SWHHS has the authority to waive fees for social services. If a client requests a reconsideration, the Eligibility Worker or Social Worker shall obtain a written request from the client with the reason for the waiver request, including household expenses and why the fees pose a hardship. The assigned Social Worker shall convene the Fee Review Committee, which shall be comprised of that worker's direct supervisor, the involved Eligibility Worker, that worker's direct supervisor, Collections Officer, that worker's direct supervisor, and the Social Service Division Director. The panel shall review the written request and other collateral information possessed by the Social

Worker and Eligibility Worker. The panel shall issue a finding on the client's request and the Social Services Supervisor will notify the client in writing, with a copy to the Collections Officer. The record of this meeting shall be placed in the Income Maintenance case record and Social Services case record. The client may appeal the panel's findings to the DHS Appeals Office, or, if the fee is for the placement of a child under a CHIPS, the client may appeal to the court of jurisdiction. If a client is allowed a hardship waiver, the waiver shall be reviewed annually.

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

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

j. Parental Fee Reviews

- The parental/guardian fee amount must be reviewed at least every 12 months; when there is a change in household size; and when there is a change in income from one month to another in excess of ten percent.
- SWHHS shall mail a written notice 30 days in advance of the effective date of a change in the parental/guardian fee amount. A reduction in the parental/guardian fee amount is effective in the month that the parent/guardian verifies a reduction in income or change in household size.
- If SWHHS becomes aware of unreported income or of an unreported increase in current income in excess of 10 percent AND this unreported income would result in an increase to the parental/guardian fee amount, the fee amount is redetermined and effective in the month the change occurred.

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

a. Referrals to DHS for Parental Fee

- DHS collects parental fees for children with certain types of MA eligibility or living arrangements. Refer cases to DHS for children who are eligible for MA and meet any of the following:
 - o Eligible through the TEFRA option.
 - Children who receive services under one or more of the following waiver

programs:

- Community Alternatives for Chronically III Individuals (CAC).
- > Community Alternatives for Disabled Individuals (CADI).
- > Developmental Disabilities (DD).
- > Brain Injury (BI).
- O Are in 24-hour out-of-home placement: ICF/DDs and Rule 5 facilities.

b. Procedure

- Notify parents that their liability for parental fees begin the first full month in which MA is effective or waiver services are received.
- Give them a copy of the *Important Notice and Parental Fee Worksheet* (<u>DHS-2977</u>). Note: Parents may be liable for fees through the month of the child's 18th birthday.
- MMIS must be updated in order for the State to bill and collect a parental fee. Update RLVA as follows:
 - o For DD, CAC and CADI waivers the 'U' code should be ended with a date of the day before services are needed. The SWKR provides the *Request* for Payment of Long Term Care Services (DHS 3543A) before the 'U' code can be changed.
 - o RULE 5 end the 'Living Arrangement' code '80' the day of placement and enter a new span with the same date. The 'Living Arrangement' code will be '54' then enter the corresponding NPI number of the facility in the 'Out of Home' column. This code is provided by the SWKR.
 - O Submit a completed County Parental Fee Referral form to DHS (DHS-2982).

Section 4 - Collections

- a. After the case has been referred to the Collections Officer, the parent/guardian will be billed on a monthly basis through the Agency's Collections System.
- b. If an account is over 90 days delinquent, with no agreed upon payment plan, the Collections Officer may initiate additional collection efforts.
- c. Quarterly Parental Fee Meetings are held with all key stakeholders within the agency and a review of accounts is completed to confirm billing amount, delinquency and other necessary details surrounding the billing of fees.
- d. When a family receiving Adoption Assistance fails to transfer the Adoption Assistance to SWHHS, the agency will contact the Minnesota Department of Human Services Adoption Assistance Unit for further assistance for collection.

Agency Forms Regarding This Policy:

IM#102 – Foster Care Fee Calc-Parental Fee Determination: Children in Out-of-Home Placement Procedure for Determining parental Fees for out of Home Placement of Juveniles



To: Chris Cauwels

Date 6/12/2019

Southwest Health and Human Services

Phone: 507-532-1223

Fax:

From: Morris Electronics Inc

Shawn Larsen
Phone: 320-589-1781
Cell: 320-287-0922
Fax: 320-589-3595

E-mail: shawn,larsen@morriselectronics.net

Qty	Part #	Description	per unit \$	extended \$
24		DDR4 - 16 GB - DIMM 288-pin - 2400 MHz / PC4-19200 - CL17 - 1.2 V - registered - ECC	\$ 132.25	\$ 3,174.00
			Sub Total Sales Tax	\$ 3,174.00 EXEMPT
			TOTAL	\$ 3,174.00





Fax (507) 532-2680 www.tcmi.com

6/12/2019

Quote # 618440

Quote

business partner





Prepared For

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

		PO Nu	ımber	Terms	Terms		
				Net 10 D	ays	MWT	
Description	Qty	Qty		Price E		Extended Price	
Kingston 16GB DDR4 SDRAM Memory Module - 16 GB - DDR4-2400/PC4-19200 DDR4 SDRAM - ECC - Registered - 288-pin - DIMM 2400MHZ OR Crucial 16GB (1 x 16 GB) DDR4 SDRAM Memory Module - 16 GB (1 x 16 GB) - DDR4-2666/PC4-21300 DDR4 SDRAM - CL19 - 1.20 V - ECC - Registered - 288-pin - DIMM CL19 DR X4 ECC REGISTERED DIMM 288P		24		117,00		2,808.00	
Thank you for your business.			Subtot	al		\$5,424.00	
Quote valid for 2 weeks			Sales 1	Tax (6.875	5%)	\$0.00	
from date.			Total			\$5,424.00	



INVOICE

Date	Invoice #		
7/3/19	19-12644		

3650 Kent Street • Shoreview, MN 55126-7012 Phone: 800.473.7188 • Fax: 651.489.0323 www.sur-sys.com

Bill To:

Southwest Health & Human Services Attn: Carol Biren 607 West Main St., Suite 200 Marshall, MN 56258 Ship To:

Southwest Health & Human Services Attn: Carol Biren 607 West Main St., Suite 200 Marshall, MN 56258

Customer PO#	Terms	Due Date	Ship Date	Ship	Via	Customer ID-
Carol Biren	Net 30	8/2/19	7/3/19	Picku	р	
Item	P Usaka M	Description		Quantity	Unit Price	Amount
220 - Services	Southwestern Health MURRAY, PIPESTO Counties Scan Temple	NE, REDWOOD		1	30.00	30.00
220 - Services	Scanning Prep			2,856	0.11	314.16
220 - Services	Scanning Forms			2,856	0.245	699.72
620 - Postage I	Business Reply Postag	ge		2,856	0.791	2,259.10
sen						
Thank you for				Total		\$3,302.98

JULY 2019

GRANTS ~ AGREEMENTS ~ CONTRACTSfor Board review and approval

Lower Sioux Indian Community MOU for Emergency Preparedness (Morton, MN) – 07/01/19 to open; A memorandum of understanding to work in cooperation with SWHHS before, during and after a major disaster to ensure an effective response and provide mutual assistance among the Parties in the prevention of, response to and recovery from any Public Health incident (NEW). Fiscal Note: -0-
Pipestone Publishing (Pipestone, MN) – 07/01/19 to 06/30/20; Contract for media consultation services for the Planning and Implementation grant to complete its Positive Community Norms (PCN) media campaign, \$1,250/mo for a total of \$15,000 annually (no change) (renewal). Fiscal Note: expenses reimbursed through grant
Lamar Companies (Sioux Falls, SD) – 07/08/19 to 07/07/20; advertising agreement for two billboard posters promoting alcohol and drug prevention, P&I grant monies of \$300 (NEW). Fiscal Note: expenses reimbursed through grant
Pipestone Area Schools ISD 2689 (Pipestone, MN) – 07/01/19 to 06/30/20; STARS group leader position that will guide and mentor student prevention groups at the high school and work along side the P&I Coordinator, Pipestone Area Coalition, and school; P&I grant monies of \$500/qtr or \$2,000 annually (NEW). <i>Fiscal Note: expenses reimbursed through grant</i>
MDH Title V Maternal and Child Health (MCH) & Follow Along Program – 10/01/19 to 09/30/24; A Federal block grant to support Maternal and Child Health which also includes the Follow Along Program funding; 5 year budget with period one \$102,619 MCH and \$12,144 FAP (renewal). Fiscal Note: expenses reimbursed through grant