



GOODHUE COUNTY MINNESOTA

TO EFFECTIVELY PROMOTE THE SAFETY, HEALTH, AND WELL-BEING OF OUR RESIDENTS

Goodhue County Health & Human Services (GCHHS)

AGENDA County Board Room Red Wing, MN January 17, 2017 10:30 a.m.

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:

- a. HHS Board Meeting Minutes

Documents:

[DECEMBER 2016 HHS BOARD MINUTES.PDF](#)

4. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:

- a. Child Care Licensure Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. CD Cooperative Agreement

Documents:

[CD COOPERATIVE AGREEMENT.PDF](#)

- c. Mobile Crisis Agreement Addendum

Documents:

[MOBILE CRISIS AGREEMENT ADDENDUM.PDF](#)

- d. Record Retention

Documents:

[RECORD RETENTION.PDF](#)

- e. SCHA Delegation Agreement & Pay For Performance

Documents:

f. SNAP Agreement

Documents:

[SNAP AGREEMENT.PDF](#)

g. 340B Health Care Services Contract

Documents:

[340B HEALTH CARE SERVICES CONTRACT.PDF](#)

h. 2017 Minnesota Merit System Compensation Plan

Documents:

[2017 MINNESOTA MERIT SYSTEM COMPENSATION PLAN GCHHS.PDF](#)

i. 2017 Per Diem Rates

Documents:

[2017 HHS PER DIEM RATES.PDF](#)

5. ACTION ITEMS:

a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

b. Personnel Request- Office Support Specialist
Nina Arneson

Documents:

[PERSONNEL REQUEST-OFFICE SUPPORT SPECIALIST.PDF](#)

6. INFORMATIONAL ITEMS:

a. MFIP And DWP Update
Wanda Jensen, Workforce Development, Inc.

Documents:

[MFIP AND DWP UPDATE.PDF](#)

b. 2017 Health & Human Services Budget
Mike Zorn

Documents:

[2017 HEALTH AND HUMAN SERVICES BUDGET.PDF](#)

7. FYI-MONTHLY REPORTS:

a. Placement Report

Documents:

[PLACEMENT REPORT.PDF](#)

b. Child Protection Report

Documents:

[CHILD PROTECTION UPDATE DEC 2016.PDF](#)

c. Human Services Performance Mangement Report

Documents:

[HUMAN SERVICES PERFORMANCE MANAGEMENT REPORT.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

- a. Next Meeting Will Be February 21, 2017 At 10:30 A.M.

Promote, Strengthen, and Protect the Health of Individuals, Families, and Communities

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF DECEMBER 20, 2016**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:35 A.M., Tuesday, December 20, 2016, in the Goodhue County Board Room located in Red Wing, Minnesota.

BOARD MEMBERS PRESENT:

Ron Allen, Brad Anderson, Ted Seifert, Jason Majerus, Meg Walch and Dan Rechtzigel. Mary Lindahl was absent with prior notice.

STAFF AND OTHERS PRESENT:

Nina Arneson, Mary Heckman, Mike Zorn, Lisa Woodford, Kris Johnson, Paul Drotos, Steve Betcher, and Benjamin Hoyt.

AGENDA:

On a motion by B. Anderson and seconded by R. Allen, with the change of 5d moved to the Consent Agenda - 4f, the Board unanimously approved the December 20, 2016 Agenda.

MEETING MINUTES:

On a motion by T. Seifert and seconded by J. Majerus, the Board unanimously approved the Minutes of the H&HS Board Meeting on November 15, 2016.

CONSENT AGENDA:

On a motion by T. Seifert and seconded by R. Allen, the Board unanimously approved all items on the consent agenda.

ACTION ITEMS:

On a motion by D. Rechtzigel and seconded by M. Walch, the Board unanimously approved abatement, scenario number two.

On a motion by D. Rechtzigel and seconded by T. Seifert, the Board unanimously approved a child protection 24/7 Assignment Plan, with modifications to item #10 for the HHS board to approve any annual wage adjustments.

Goodhue County Health & Human Services Board
Meeting Minutes of December 20, 2016

FYI & REPORTS:

Placement Report
Child Protection Report
Minnesota's Child Maltreatment Report 2015
Governor's Taskforce on Mental Health Final Report
GCHHS Legislative Memo
Governor's Proclamation- County, Tribal, and State Health & Human Services Worker Day
Live Well Goodhue County Update

ANNOUNCEMENTS/COMMENTS:

Goodhue County Annual Legislative Luncheon
Tuesday- December 20th at 11:30 a.m.
Goodhue County Law Enforcement Center (EOC)

Meg Walch announced her resignation from the GCHHS Board March 2017.

ACCOUNTS PAYABLE:

On a motion by D. Rehtzigel and seconded by T. Seifert, the Board unanimously approved payment of all accounts as presented.

ADJOURN:

On a motion by D. Rehtzigel and seconded by T. Seifert, the Board unanimously approved adjournment of this session of the Health & Human Services Board Meeting at or around 10:50.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2017	Staff Lead:	Kris Johnson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

Carrie McMahon	Red Wing	Gail Berg	Zumbrota
Shannon Zielsdorf	Zumbrota	Tricia Callstrom	Red Wing
Ronda Swenning	Red Wing	Natasaporn & Jared Post	Zumbrota
Lori & Timothy Anderson; Erica Mattson		Cannon Falls	

Child Care Licensures:

Number of Licensed Family Child Care Homes: 96

RECOMMENDATION: Goodhue County HHS Department recommends approval of the above.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2017	Staff Lead:	Abby Villaran
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve Southeast MN Chemical Dependency Navigator Program Cooperative Agreement		

BACKGROUND:

The original Southeast CD Pilot began in 2010 and the participating Counties in southeast Minnesota were Dodge, Fillmore, Goodhue, Houston, Mower, Olmsted, Steele, Wabasha, Waseca, and Winona Counties. These southeast MN counties worked with DHS on service re-design for this specific population. The goal was to target chronic users of chemical health services by using a different model.

The participating entities have agreed to fund these services in a collaborative, proportional way that ensures adequate funding for services provided under this project throughout the term of the project. Zumbro Valley Health Center (ZVHC) is the contracted vendor to provide Navigator Case Management Services to clients. Olmsted County will continue be the fiscal agent for this project.

The following counties are continuing to participate with this project Goodhue County, Minnesota Prairie County Alliance, Mower County, Olmsted County, Wabasha County, and Winona County.

RECOMMENDATION:

Goodhue County HHS Department recommends approval of the above.

COOPERATIVE AGREEMENT
SOUTHEAST MINNESOTA CHEMICAL DEPENDENCY NAVIGATOR PROGRAM
2017

WHEREAS, Goodhue County, Minnesota Prairie County Alliance, Mower County, Olmsted County, Wabasha County, and Winona County (“Participating Entities”) are part of the SE MN Redesign Initiative; and

WHEREAS, in 2009 the Minnesota State Legislature authorized the Participating Entities to use a portion of the state and local Consolidated Chemical Dependency Treatment Funds (CCDTF) to be used in an expanded way for service delivery, as part of the “State-County Chemical Health Care Home Pilot Project” (Project); and

WHEREAS, critical parts of this Project are the provision of Navigator Case Management Services, to be provided by contracted vendor, and the provision of supportive services to meet the needs of program participants; and

WHEREAS, the Participating Entities have agreed to fund these services in a collaborative, proportional way, that ensures adequate funding for services provided under this Project throughout the term of the project;

NOW THEREFORE, in consideration of the mutual promises and consideration contained herein among Participating Entities and the authority provided in Minn. Stat. 471.59, Participating Entities agree as follows with regard to this Project:

1. Approve Zumbro Valley Health Center (ZVHC) as the contracted vendor to provide Navigator Case Management Services to clients of the Participating Entities.
2. Authorize Olmsted County to be the entity to contract directly with ZVHC for the provision of Navigator Case Management Services. Upon completion and signature of the ZVHC contract, Olmsted County shall provide a copy to each Participating Entity upon request.
3. Olmsted County shall receive \$60.00 per client per month from Participating Entities for the term of the Agreement to be the fiscal agent for this Project. If the Participating Entity does not have any clients participating in the Project, the Participating Entity shall pay a flat \$60.00 rate per month to Olmsted County. Fiscal agent responsibilities will include authorizing payments for supportive services and to ZVHC, with the understanding that Olmsted County may not pay ZVHC or any other entity on behalf of another Participating Entity until such funds have been received by Olmsted County from the Participating Entity. Participating Entities will make every effort to provide funds to Olmsted County in a timely manner, so that Olmsted County is able to meet the fiscal commitments outlined in the contract with ZVHC.
4. Each Participating Entity agrees to notify Olmsted County, as fiscal agent, of the authorized Project participants and provide the requisite information to Olmsted County of tracking purposes.
5. Each Participating Entity agrees to commit to their individual proportionate share of cost based on actual usage. Billing shall occur at a monthly rate of \$1,187.00 per client. Participating Entities agree to pay Olmsted County their portion of all service delivery costs within two (2) weeks of receipt of the billing from the vendor.
6. Each Participating Entity agrees to indemnify and hold harmless Olmsted County for any determinations by any authority that CCDTF dollars used by or received by the Participating Entity were used for an illegal or unauthorized purpose and/or must be repaid to Olmsted County or State government. The affected Participating Entity agrees to pay any necessary amounts, including any penalties, interest or fees of any kind, on the time

schedule determined by Olmsted County or State government to the payee determined by Olmsted County or State government. If Olmsted County, solely in its own discretion, agrees to be an intermediary in any repayments for the affected Participating Entity, that Entity agrees to cooperate fully with Olmsted County and to not delay any necessary payments. The affected Participating Entity agrees to reimburse Olmsted County for any reasonable costs incurred by Olmsted County related to assisting the affected Participating Entity or caused by complying with requests of the Department of Human Services Alcohol & Drug Abuse Division (ADAD) related to funds received by that Participating Entity.

7. Each Participating Entity acknowledges that if the Project terms require provision of documentation by the fiscal agent for any purpose including securing reimbursement from ADAD, that it must provide the documentation to Olmsted County on the schedule established by Olmsted County so that sufficient processing time is available to pass the information through to ADAD. Olmsted County will make reasonable efforts to gather and pass on required documentation but staff absences or work load may delay this process. Olmsted County is not responsible for any interest or fees due to delayed pass through of funds which result from the Participating Entity's failure to provide documentation on a timely basis. Olmsted County is not responsible for requesting, editing, reviewing, changing, or verifying any information provided to it by Participating Entities for this funding unless specifically stated elsewhere in this Agreement.
8. Participating Entity may audit records related to this Project. Participating Entities agree to cooperate with any records disclosure request made by any Participating Entity or the State Auditor related to an audit of this program. Parties agree to be bound by the requirements of the Minnesota Government Data Practices Act as it applies to any data which may be created in the course of this program.
9. Each Participating Entity shall be liable for its own acts to the extent provided by law and hereby agrees to indemnify, hold harmless and defend the other Participating Entities, its officers, and employees against any and all liability, loss, costs, damages, expenses, claims and actions, including attorney's fees which the other Participating Entities, its officers and employees, may hereafter sustain, incur or be required to pay, arising out of or by reason of any act or omission of any party, its agents, servants, or employees, in the execution, performance or failure to adequately perform its obligations pursuant to this agreement. It is understood and agreed that each Participating Entity's liability shall be limited by the provisions of Minnesota Statutes Chapter 466 or other applicable law.
10. The failure of any Participating Entity to enforce any provisions of this Agreement shall not constitute a waiver by such Entity of that or any other provision.
11. The Participating Entities agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
12. The term of this Agreement shall be from January 1, 2017 through December 31, 2017 and/or shall remain in effect until one of the following occurs: 1) a new Agreement is signed by all Participating Entities 2) the term and conditions of this Agreement are extended via an Addendum or 3) the Participating Entities choose to terminate the Agreement in accordance with section 15 below.

13. The Participating Entities may also terminate this Agreement effective upon mailing of 30 days of written notice to other affected parties, under any of the following conditions:
 - a. If funding from state or other sources is not obtained and continued at levels sufficient to allow for purchase of the indicated quantity of services. The Agreement may at the parties' discretion be modified to accommodate a reduction in funds.
 - b. If state regulations or guidelines are modified, changed, or interpreted in such a way that the services are no longer allowable or appropriate for purchase under this Agreement or are no longer eligible for the funding proposed for payments authorized by this Agreement.
 - c. If any Participating Entity fails to perform any of the provisions of this Agreement, or so fails to pursue the work as to endanger performance of this contract in accordance with its terms, and after receipt of written notice from the other Participating Entities, fails to correct such failures within a period of thirty (30) days or such longer period as the Participating Entities may authorize in writing, after receipt of notice from the Participating Entities specifying such failure.

14. If any Participating Entity chooses to opt out of the Project, the Participating Entity shall provide at least sixty (60) days notice to the other Participating Entities. In this event, the remaining Participating Entities shall jointly determine whether to terminate this Agreement or recalculate the amounts and redistribute the proportionate share from the remaining Participating Entities. Any such termination of the Agreement shall not reduce or negate any obligations or liabilities of any party already accrued prior to such termination.

15. Participating Entities shall individually sign and return this Agreement to Olmsted County Community Services – Region 10 Contracting Unit, Attention: Jill Schmidt, 2100 Campus Drive S.E., Suite 200, Rochester, MN 55904.

This Agreement constitutes the final expression of the parties' agreement, and the complete and exclusive statement of the terms agreed upon. This Agreement supersedes all prior negotiations, understanding, agreements, and representations. There are no oral or written understandings, agreements or representations not specified herein. Furthermore, no waiver, consent, modification, or change of terms of this Agreement shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification, or change shall be effective only in the specific instance and for the specific purpose given.

COUNTY OF Goodhue

By: _____
 Title: Board of Commissioners' Chairperson

Dated: _____

ATTESTED TO:

By: _____
 Title: County Administrator

Dated: _____

APPROVED AS TO FORM AND EXECUTION:

By: _____
 Title: Civil Team Lead Attorney

Dated: _____

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2017	Staff Lead:	Abby Villaran
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve the Adult and Children’s Mobile Crisis Grant Cooperative Agreement Addendum		

BACKGROUND:

Mental Health Crisis Response Services for adults and children in southeast Minnesota vary greatly between the ten counties of CREST region - Dodge, Fillmore, Goodhue, Houston, Mower, Steele, Wabasha, Waseca and Winona. There are three distinctly different community mental health center “hubs” providing crisis services to primarily to adults in the region – Hiawatha Valley Mental Health Center, Zumbro Valley Health Center and South Center Human Relations Center.

The purpose of this grant has been to develop, provide and enhance mental health crisis assessment, interventions and stabilization services in the SE MN counties. The startup and ongoing grants have allowed our region to start planning and developing expanded and enhanced crisis response services for adults and children so that people are given the support and tools needed to remain in their homes whenever possible to avoid more restrictive interventions such as Emergency Rooms and inpatient hospitalizations.

RECOMMENDATION: HHS Department recommends approval as requested.

**ADDENDUM TO
ADULT & CHILDREN’S MOBILE CRISIS GRANT COOPERATIVE AGREEMENT
2016-2017**

WHEREAS, Fillmore County, Goodhue County, Houston County, Mower County, Olmsted County, Minnesota Prairie County Alliance, Wabasha County, and Winona County (“Participating Counties”) have agreed to integrate State financial resources into the CREST Initiative (“CREST”); and

WHEREAS, in 2014 and 2015 each Participating County signed a Mobile Crisis Cooperative Agreement that included funding allocations for calendar years 2014 and 2015; and

WHEREAS, the Participating Counties wish to extend the term of this Agreement and include funding allocations for calendar years 2016 and 2017;

NOW, THEREFORE, in consideration of the mutual undertakings and agreement hereinafter set forth, the Participating Counties agree to the following effective January 1, 2016 – December 31, 2017:

1. Extend the term of the Adult & Children’s Mobile Crisis Grant Cooperative Agreement to December 31, 2017.
2. The Grant includes an annual amount of \$919,780.00 for each calendar year 2016 and 2017.
3. Olmsted County shall receive an administrative fee of \$22,000.00 for calendar year 2016 and \$30,000.00 for calendar year 2017 to act as fiscal agent for the Grant.
4. Participating Counties shall individually sign and return this Addendum to Olmsted County Community Services – Contracting Division, Attention: Jill Schmidt, 2100 Campus Drive S.E., Rochester, MN 55904.
5. All other provisions of the original 2014 Adult & Children’s Mobile Crisis Grant Cooperative Agreement, except as amended herein, shall remain in full force and effect.

COUNTY OF GOODHUE

By: _____
Title: Board of Commissioners’ Chairperson

Dated: _____

ATTESTED TO:

By: _____
Title: County Administrator

Dated: _____

APPROVED AS TO FORM AND EXECUTION:

By: _____
Title: Civil Team Lead Attorney

Dated: _____

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2017	Staff Lead:	Mary Heckman
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Adopt Human Services and Public Health Record Retention Schedule		

BACKGROUND:

Goodhue County Health and Human Services must follow a written retention schedule to ensure proper preservation and destruction of records. The Minnesota Historical Society is the governing entity for record retention in Minnesota. The Minnesota Historical Society has two options for local governing entities to follow for record retention. The local governing entities can choose to follow the retention schedule written and approved by the Minnesota Historical Society, or the local entities can choose to write a retention schedule of their own and submit the schedule to the Minnesota Historical Society for approval.

Goodhue County Health and Human Services has opted to adopt the Human Services and Local Public Health sections of the general retention schedule. Goodhue County Health and Human services has combined the two schedules into one spreadsheet to make it easier for staff to locate and use; it follows the exact retention schedule written and approved by the Minnesota Historical Society.

Adopting the local retention schedule provides Goodhue County with guidelines to retain, preserve, and destroy records. Certain records are considered permanent and need to be transferred to the state archives for preservation and storing. Other records are considered vital records and those records are essential to ensure the agency continues to operate should there be an emergency (i.e. Emergency Preparedness Plans). The general retention schedule dictates if records are permanent or vital, and provides guidelines for privacy by following Minnesota State Statutes.

RECOMMENDATION:

Adopt the Human Services and Public Health Record Retention Schedules as approved by the Minnesota Historical Society.



Goodhue County Health and Human Services

County General Retention Schedule

Local Public Health Service Section (#016-095 approved October 2016)

Record Series ID	Record Series Name	Description	Retention Period	Data practices classification and statute	Archival
1-01	Administrative: Advisory Committee Meetings	Includes materials from ANY advisory committee. Committees including but not limited to Public Health advisory, taskforces, citizen advisory, collaboration, coalition, team, cohort, panel, commissions, or any other group that acts/collaborates/plans/oversees/ and contributes to the common objective, including other board related groups maintained by the department. Note these groups are advisory and not decision making	5 yrs then transfer to MN Historical Society	Public	YES
1-02	Administrative: Assessment and planning documents	May include, but is not limited to the organizational strategic plan, the community health assessment and the community health improvement plan	until superseded and then destroy	Public, MS 13.03	NO

1-03	Administrative: Authorizations	Documentation that includes, but is not limited to physician standing orders, vaccine protocols, clinical laboratory improvements amendments (CLIA)certificates	Current version, plus 2 previous then destroy	Public	NO
1-04	Administrative: Community Health board agenda and meeting minutes	Official community health board meetings these are official business documents including agendas and meeting minutes	Permanent	Public	Yes
1-05	Administrative: Community health services reports	Includes annual reports, data to support the annual reports, assessment and planning reports, surveillance data and Medicare cost reports	10 yrs from date of report then destroy	Public, MS 13.03, Private, MS 13.384	Yes
1-06	Administrative: Contracts and grant agreements	Original, signed contracts, agreements, leases, and supporting documentation	6 yrs after the end of the contract period then destroy; or for such longer periods as required by applicable law or regulation	Public, MS 13.03, MS 541.05, MF 13.35, MS 13.37 subdivision 1(b)	No
1-07	Administrative: General department office meetings	Includes but not limited to meeting agendas and minutes of staff meetings, internal committees, internal task forces and other organizational meetings	Retain 1 yr after meeting then destroy	Public	No
1-08	Administrative: general operations	Budget, accounts payable, accounts receivable and billing claims	refer to county retention schedule		
1-09	Administrative: HR employee medical monitoring	May include, but is not limited to employee required TB testing and Hep B vaccine records	refer to county retention schedule		
1-10	Administrative: HR personnel records	Documentation of employee records such as position descriptions, performance reviews, employee training records and training plans, etc.	refer to county retention schedule		

1-11	Administrative: Inventory of Physical Environment	Includes but is not limited to physical assets such as desks, chairs, computers, telephones, bookshelves, vehicles, and WIC equipment lists	refer to county retention schedule		
1-12	Administrative: Management records (For Client Services)	Includes but is not limited to appointment schedules used for various programs, case management reports, clinic record reviews, these are records that are not specific to an individual client and would not be retained as part of a client record	until superseded and then destroy	Not Public, MS 13.3805, MS 13.384, MS 144.293 and 294, MS 144.651; 45 CFR 164 (HIPPA)	NO
1-13	Administrative: Management Records (Program Controls)	Includes but not limited to IPI visit documentation, refrigerator temperature logs, MnVFC records, hazardous waste disposal records, Medication/testing supply inventories, and syringe/needle inventory	3 yrs and then destroy	Public	NO
1-14	Administrative: Public Health Policies and Procedures	Documentation of polices and procedure related to public health	current version, and one previous version	Public	No
2-01	Emergency Medical Services	General service statistics monitoring emergency medical services and data on services provided throughout the county, minutes from task force meetings	6 yrs from date of report then destroy	Not public, MS 13.384	NO
3-01	Emergency preparedness: Incident response	Plans and documentation relating to and resulting from reponses (both exercise and real events) to public health incidents and emergencies, including After Action R eports	3 yrs after closure of response activities then destroy	Not public, MS 13.37	NO

3-02	Emergency preparedness: Plans	Plans and documentation relating to the preparation for public health emergencies, such as pandemic disease also including emergency preparedness stockpile/cache	until superseded and then destroy	Not public, MS 13.03, MS 13.37, MS 13.43	NO
5-01	Patient/Client records: Car seat program	May include, but is not limited to client eligibility information, model of car seat received and education provided	7 yrs from date of issuance then destroy	Not Public, MS 13.3805, MS 13.384, MS 144.293 and 294, MS 144.651; 45 CFR 164 (HIPPA)	NO
5-02	Patient/Client records: Correctional health	May include assessment, treatment, medication, and other health records that are maintained by Public health. If maintained at the correctional facility, follow their retention policy.	2 yrs after jail discharge or for such longer periods as required by applicable law or regulation	Not Public, MS 13.3805	NO
5-03	Patient/Client records: immunizations	In addition to information sent to the state registry such as name, BD, parent/guardian, demographics, vaccine, date given, lot number, site and program eligibility; may also include local case records such as consent to administer signatures, VIS date given, service site, screening for contraindications, varicella history and verification details	5 yrs for information not stored in the registry. Client immunization information uploaded to state sponsored registry shall be managed by MDH and shall be kept according to their retention policy	Not public, MS 13.3805	NO

5-04	Patient/Client records: individual services	<p>Includes but is not limited to records of client cases open to public health programs that may include family health, migrant health, family planning services, CT&C, DP&C- client investigation records, screening programs.</p> <p>May include assessments, care plans, medical data, progress notes, financial and insurance information, transfers, referrals, and related case management data and individual adverse events following vaccination records</p>	7 yrs after closure or until client reaches age 25, whichever is later then destroy	Not public, MS 144.291-294, MS 144.336, MS 144.651, MS 541.05, MS 13.3805, MS 13.384, 45 CFR 164 (HIPPA), MS 13.32, MS 13.06, MS 13.03	No
5-05	Patient/Client records: individual services special categories (for example CMS cost report clients or Medicare managed care program provider clients)	<p>Includes but is not limited to records or client cases open to public health programs that may include CMS cost report clients, Medicare managed programs, home care, Medicare fee for service, and waiver services.</p> <p>May also include assessments, care plans, medical data, progress notes, financial and insurance information, transfers, referrals, and related case management data, and individual adverse events following vaccination records (federal report)</p>	10 yrs after closure or current federal regulations; whichever is later then destroy	Not public, MS 13.3805	No

5-06	Patient/Client records: slight service	<p>Where a case record was not opened.</p> <p>May include but is not limited to intake documents, initial referrals/screenings, or releases of information.</p> <p>Either no service or minimal follow up as part of intake. May also include services where slight service completed and results/materials forwarded to a third party who maintains the records e.g. Paternity testing, non-investigative TB skin testing, documentation of immunizations USCIS form 1693</p>	5 yrs after service completed then destroy	Not public, MS 13.3805	NO
5-07	Patient/Client records: WIC	May include but is not limited to local case records prior to Hubert and state records with initiation of Hubert. Includes case records, voucher receipts, other individual WIC records	6 yrs past closure if not scanned in to the state sponsored web-based or other current state system.	Not public, MS 13.03, MS 13.384, MS 13.46 Minnesota WIC operations Manual and Grant Project Agreement, MS 13.03, MS 13.3805, MS 13.384, MS 144.293 & 294, MS 144.651; 45 CFR 164 (HIPPA, MS 541.05	NO
	Tuberculosis Prevention and Control Records	TB screening, contact investigation and home visit information	7 yrs after case is closed, if minor involved, 7 yrs after age of majority	MS 13.42	NO

11.	Epidemiological Surveillance and Investigation Services	Patient forms with name or designated code/name which identifies patient records to include surveillance and investigation of: Tetanus, Poliomyelitis, Diptheria, Mumps, Measles, Rubella, Viral Hepatitis, Reye Syndrome, Animal Bite, Amebiasis, Brucellosis, Encephalitis, Histoplasmosis, Foodborne illness, Legionellosis, Leprosy, Leptospirosis, Malaria, Bacterial Meningitis, Psittacosis, Rocky Mouny Spotted Fever, Toxoplasmosis, Trichinosis, Tularemia, Typhoid Fever, Waterborne disease, Botulism, Filariasis, Pertussis, Foodborne outbreak of GI illness	7 yrs after case is closed, if minor involved, 7 yrs after age of majority	MS 13.42, MS 144.335	NO
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Human Services Retention Schedule #016-068 (updated March 2016)

Record Series ID	Record Series Name	Description	Retention Period	Data Practices Classification and Statue	Archival
01A	Administrative Operational Records	Statistical Data, Policy Bulletins, procedural material correspondence, related to the development of funding authorization and administration of agency and agency affiliated programs	Retain bulletins until they are no longer in effect, then discard. Retain statistical data until no longer useful, then discard	Public records, MS13.03	NO

01B	Investigations and charges by applicants or recipients of services under Minnesota Human Rights	Investigations of and charges by applicants or recipients of services under human rights	7 yrs	Private records, MS13.03	NO
2	Case index cards NA not using				
3	Fiscal and statistical reports to the state	Forms related to the agency staff activity reporting and the accounting office copy of agency action forms	3 yrs after case closing-or after audit	Public records, MS13.03	NO
4	General Ledge Accounts	Summaries of payment detail (receipts and disbursements) and authorizations that are recorded in the books of original entry	10 yrs after case closing - or after audit	Public records, MS13.03	NO
5	Intake Registers	Listings of requests for social services and financial assistance and their subsequent disposition	3 yrs after last entry	Private records, MS 13.46 subdivision 2(a)	NO
6	Minutes of County human services agency boards, welfare boards, mental health boards and other agency boards	<p><u>Section A</u>- summaries of general business discussions, personnel transactions, policy discussions and formation, and administrative reports.</p> <p><u>Section B</u>- social services an income maintenance case openings, closings, denials, pending appeals, recovery claims, property waivers, medical liens, vendor payments, supplemental payments, etc. identifying information should consist of case number only (not case name)</p>	Retain permanently or transfer to state archives	Public records, Private records, MS13.03, MS13.43, MS13.46 subdivision 2(a)	YES
7	Paid administration claims (bills)	individual claims (bills) for cots such as rentals, equipment, supplies, mileage, conference costs, etc.	6 yrs or after audit	Public records MS13.03, MA13.46 subdivision 2	NO
8	Paid General assistance claims	Individual records of claims (bills) and payments made from general assistance funds	6 yrs after closing of after audit	Private, MS 13.46 subdivision 2(a)	NO
9	Paid Medical Bills	Claims for medical vendor payments	6 yrs after closing of after audit	Private, MS 13.46 subdivision 2(a)	NO

10	Payment Abstracts	Records of checks issued and chargeable to the various welfare funds. Data includes names of clients and amounts paid	6 yrs after closing of after audit	Private, MS 13.46 subdivision 2(a)	NO
11	Social Welfare Fund receipts, redeemed checks, and accounts	A-receipts and redeemed checks B-ledger accounts-summaries (receipts and disbursements) and authorizations that are recorded in the books of the original entry	6 yrs after closing of after audit	Private, MS 13.46 subdivision 2(a)	NO
12	COS computer systems (social Services)	Client identification data, services provided funding sources, etc. output includes update reports (work sheets for recording social worker activity), and statistical reports	3 yrs after closing or after audit	Public, MS 13.03,Private MS 13.46	NO
13	Public Assistance Client files	Including health care, cash assistance, food assistance, child care assistance, emergency assistance, and long term care assistance, and other related programs	1. Cases Closed Prior to 1/1/2014 : retain and destroy according to approved retention scheduled in place on 12/31/2013 2. Cases open, pending or otherwise active on or after 1/1/14 : <u>a.</u> destroy documents other than exception documents 10 yrs after received. <u>b.</u> Destroy all documents 10 yrs after case (last program) closure. **Exception documents to be retained for the life of the case file: identity, relationship, and citizenship documentation 10 yrs retention based on final rule, 78 Federal Register 210 pp.65066 (October 30, 2013) to be codified in 45 CFR 155.1210	Private, MS 13.46 subdivision 2(a)	NO

14A	Social Services Case Records (All services cases)	1. Application for social services 2. Appropriate case narratives 3. Service Plans and agreements	4 yrs after case closing or after audit, unless child protection case	Private, MS 13.46 subdivision 2 (a)	NO
14 B	Social Services Case Records (Title XX funding)	1. Income Declarations 2. Verification of income (when required)	If current, 4 yrs after case closing, if not current, 4 yrs after form completion date	Private, MS 13.46 subdivision 2(a)	NO
14C	Social Services Case Records (required "situational" forms)	Inter and Intra Agency referral forms a. Service Provider b. Income Maintenance c. Payment authorization d. supervisory and case review documents e. support and collections f. appeal summaries and hearing records	Items a-d: 4 yrs after form completion date Items e-f: 4 yrs from the closing of the file	Private, MS 13.46 subdivision 2(a)	NO
14 D	Social Services Case Records (miscellaneous case notes)	1. Phone messages 2. Supervisory instructions 3. Routing Slips	Destroy Immediately after completed action	Private, MS 13.46 subdivision 2 (a)	NO
14 E1, E2	Social Service Case Records (Forms related to adoption and subsidized adoption)		Permanent	Confidential, MS 259.53 subd. 3, MS 259.79 subd. 3	No
14 E3, E4	Social Services Case Records (forms related to child protection files)	Maltreatment reports, etc.	Maltreatment not determined and child protection services not needed, or "alternative response" case files: DESTROY 4 YRS AFTER CASE CLOSING OR AFTER AUDIT Maltreatment determined or child protection services needed: AT LEAST 10 YRS AFTER THE DATE OF THE FINAL ENTRY IN THE CASE RECORD. Order destruction of related records at school or court services agency when other records relating to the report are destroyed	Private, Confidential MS 626.556 subdivision 11 ©	NO

14 E5	Social Service Case Records (forms related to court requested evaluations)		In the event of a contested adopted petition, the only study which needs to be kept permanently is the adoption study of the adopting family. DESTROY AFTER ACTION-THEN RETAIN 4 YRS AFTER CASE CLOSING	Private, MS 13.46 subdivision 2, MS 13.84 subdivision 2	NO
14 E6	Social Services Case Records (forms related to adult protection)	Common Entry Point and intake form Vulnerable Adult Maltreatment report.	2 yrs if report determined to be false or not investigated and no final disposition 4 yrs if report determined to be inconclusive 7 yrs if report determined to be substantiated	Confidential Protected non-public, Private, MS 13.02	NO
14 E7	Social Services Case Records (forms related to day care-children)		4 yrs after closing or after audit	MS13.46 subdivision 2(a)	NO
14 E8	Social Services Case Records (forms related to day care-adults)		4 yrs after closing or after audit	MS13.46 subdivision 2(a)	NO
14 E9	Social Services Case Records (forms related to foster care-children)		10 yrs after case closing - or after audit	MS13.46 subdivision 2(a)	NO
14 E10	Social Services Case Records (forms related to guardianship of children)		Permanent	Private, MS 13.46 subdivision 2(a), MR 9560.0480 subp 2	NO
E11	Social Service Case Records (Forms related to adult public guardianship)		10 years after case closing	Private, MS 13.46	NO
14 E12	Social Services Case Records (forms related to Health Case Records)	a. Social and medical history reports b. Psychologist report c. State hospital admission d. Discharge report	4 yrs after case closing or after audit	Private, MS 13.46 subdivision 2(a)	NO
14 E13	Social Service Case Records (forms related to report of child born out of wedlock)		If child is kept, destroy 4 yrs after closing date. If child is placed follow adoption schedule	Private, MS 13.03, MS 13.43 subdivision 2, MS 13.46 subdivision 2(a)	NO
14 E14	Social Service Case Records (forms related to contracts with social service providers)	Agreements with vendors to provide social services	4 yrs after audit	Private, MS 13.03, MS 13.46 subdivision 4	NO
14 F1, G1, H1	Social Service Case Records (fiscal and program reporting)	For individuals with developmental disabilities, chemical dependency, or mental illness	4 yrs after closing or after audit	Private, MS 13.46 subdivision 2(a)	NO
14 F2, G2, H2	Social Service Case Records (records regarding death of a ward or conservator with developmental disabilities, chemical dependency, or mental illness)		4 yrs after closing	Private, MS 13.46 subdivision 2(a)	NO
14 F6, G6, H6	Social Service Case Records (retention of consumer's records for individuals with developmental disabilities, chemical dependency, or mental illness)		3 yrs following termination of services	Private, MS 13.46 subdivision 2(a)	NO

14 F7, G7, H7	Social Service Case Records (requirements for individual program plans proposing to use a controlled procedure)	For individuals with developmental disabilities, chemical dependency, or mental illness	5 yrs after implementation of controlled procedure	Private, MS 13.46 subdivision 2(a)	NO
14 F3-5, G3-5, H3-5	Social Service Case Records (required records and reports authority, required records and reports, county of guardianship responsibility)	For individuals with developmental disabilities, chemical dependency, or mental illness	5 yrs after case closing or after audit.	Private, MS 13.46 subdivision 2(a)	NO
15	Information and referral slight service case	a. forms including identifying information statement of request disposal of inquiry c.	4 yrs after case closing or after b. audit	Private, MS 13.46 subdivision 2(a)	NO
16	Volunteer Service Records (NA)				
17	Licensing Records	Licensing File, Licensing investigations	7 yrs	Public, MS 13.03, Private MS 13.46 subdivision 4, confidential protected non-public, MS 13.46 subdivision 3	NO
18	Support and Enforcement case reports	1. referral to support assignment of support divorce decree 4. application for IV-D services 5. court orders and referral absent parent papers absent parent questionnaire b. request to DHS for assistance in locating absent parent c. summary of contacts and efforts to locate 7. affidavits 8. copy of URESA complaint 9. Sheriff's department information sheet 10. citizens' complaint 11. copies of subpoenas 12. face sheet 13. casework abstracts 14. intra- and inter-office memos a. eligibility technicians b. accounting c. county attorney's office 15. correspondence	2. 4 yrs after case closing-or after audit, 3. 6. Non-welfare cases: 21 yrs from youngest child's birth date a.	Private, confidential, MS 13.46 subdivision 2(a)	NO

19	Pre-admission screenings	To determine admission to nursing home and care, includes quality assurance report or pre-admission screening	4 yrs after case closing or after audit	Private, MS 13.03	NO
20	Energy assistance	Forms containing information regarding eligibility of client for fuel assistance. Includes vendor remittance applications, income verifications, landlord agreement EAP gross and household income worksheet, intake document, abstracts, remittance advice, sub grantee invoice, quarterly progress notes, budget grant agreements, etc.	4 yrs after case closing or after audit	Private, MS 13.03	NO
21	Advisory Committee records	Includes minutes and agendas for advisory committees, community health task forces, social services task forces, mental health task forces, etc.	4 yrs, minutes: permanent or transfer to state archives	Public, MS 13.03	YES
22	Fraud Investigation	Data and forms relating to investigation of fraud reports	4 yrs after case closing or completion of investigation	Confidential protected non-public, MS 13.03, MS 13.46 subdivision 2 (a)	NO

This spreadsheet is for Goodhue County Health and Human Services internal use only. This spreadsheet reflects the Local Public Health and Human Services sections of the General Retention Schedule, this spreadsheet combines both schedules in or location to ensure convenient use for Goodhue County Health and Human Services employees.

Spreadsheet updated 01/09/2017 with update to Local Public Health Section of retention schedule approval Oct. 2016

Minnesota Historical Society
 Division of Archives and Manuscripts
 1500 Mississippi Street
 St. Paul, MN 55101
 612-296-6980 1-800-652-9747

**NOTIFICATION OF ADOPTION
 OF
 COUNTY GENERAL RETENTION SCHEDULE**

1. Complete this form and send the original and 2 copies to the Government Records Archivist at the above address.
2. Destruction of records according to the general schedule is NOT permitted until this form is signed by the Minnesota Historical Society.

County <i>Goodhue County</i>	Telephone (include area code) <i>651-385-3200</i>
Street Address <i>426 West Ave</i>	City, Zip Code <i>Red Wing 55066</i>

This is to notify the Minnesota Historical Society that the county named above has officially adopted the Minnesota County General Records Retention Schedule (November, 1985). Counties are advised to adopt the entire schedule. If this is not possible, individual sections may be adopted. ("X" the appropriate items.)

The County Adopts the Entire Schedule.

The County Adopts Only the following Sections:

- | | | |
|--|--|---|
| <input type="checkbox"/> Administration
<input type="checkbox"/> Assessor
<input type="checkbox"/> Attorney
<input type="checkbox"/> Auditor
<input type="checkbox"/> Community Health/Nursing Service
<input type="checkbox"/> Highway | <input checked="" type="checkbox"/> Human Services/Public Welfare
<input type="checkbox"/> Library
<input type="checkbox"/> Medical Examiner/Coroner
<input type="checkbox"/> Parks and Recreation
<input type="checkbox"/> Personnel
<input type="checkbox"/> Planning
<input type="checkbox"/> Public Defender | <input type="checkbox"/> Recorder
<input type="checkbox"/> Records Common to all Departments
<input type="checkbox"/> Sheriff/Law Enforcement
<input type="checkbox"/> Survey
<input type="checkbox"/> Treasurer
<input type="checkbox"/> Veterans Service
<input checked="" type="checkbox"/> <i>Local Public Health Section</i> |
|--|--|---|

Name/Title of County Official (print)	Signature of County Official	Date
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The Minnesota Historical Society acknowledges your Notification of Adoption of the County General Retention Schedule. You are authorized to retain and dispose of records as indicated on the Schedule.

Director or Designee, Minnesota Historical Society	Date
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**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2017	Staff Lead:	Nina Arneson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve 2017 SCHA Delegation Agreement and Pay for Performance Agreement		

BACKGROUND:

South Country Health Alliance (SCHA) and Goodhue County Health and Human Services (GCHHS) Delegation Agreement & Pay for Performance Agreement covers all the services SCHA entrusts to GCHHS to execute for the Goodhue County SCHA members. These services are provided by the Public Health Nurses, Social Workers and Case Aides to assure SCHA members' needs are met through Medicare, Medicaid and Elderly Waiver programs.

This agreement continues to be an excellent integrated partnership between SCHA and GCHHS.

RECOMMENDATION: The Department recommends approval as requested.

2017 DELEGATION AGREEMENT

THIS DELEGATION AGREEMENT effective January 1, 2017 by and between [County Name] (“Delegated Entity”) and South Country Health Alliance (“SCHA”).

WHEREAS, South Country Health Alliance desires to delegate the provision of certain services described herein to Delegated Entity; and

WHEREAS, Delegated Entity desires to provide the delegated services described herein in accordance with SCHA policies and procedures and in compliance with applicable federal and state laws, regulations, and National Committee for Quality Assurance (NCQA) accreditation standards;

NOW THEREFORE, in consideration of the terms and conditions set forth herein, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

SECTION 1 DEFINITIONS

The following terms as used in this Agreement shall have the meanings ascribed to them below unless the context clearly requires a different meaning:

- 1.1 **Action:** 1) the denial or limited authorization of a requested service, including the type or level of service; 2) the reduction, suspension, or termination of a previously authorized service; 3) the denial, in whole or in part of payment for a service; 4) the failure to provide services in a timely manner; 5) the failure of the MCO to act within the timeframes identified; 6) for a resident of a rural area with only one MCO, the denial of a member's request to exercise his or her right to obtain services outside the network.
- 1.2 **Agreement:** This Agreement, including any schedules or other attachments hereto, all as presently in effect or as hereafter amended.
- 1.3 **Appeal:** The oral or written request from the member, or the Provider acting on behalf of the member with the member's written consent to the MCO for review of an Action. An appeal may be expedited if the member's medical condition requires a decision within 3 days.
- 1.4 **Care Coordination:** The assignment of an individual who coordinates the provision of all Medicare and Medicaid health and long-term care services for members, and who coordinates services to a member among different health and human service professionals and across settings of care. The individual must be a social worker, public health nurse, registered nurse, physician assistant, nurse practitioner or physician.
- 1.5 **Case Management:** The coordination of care and services provided to members to facilitate appropriate delivery of care and services. It involves comprehensive assessment

of the member's condition; determination of available benefits and resources; and development and implementation of a case management plan with performance goals, monitoring and follow-up.

- 1.6 **Care Transition:** The movement of a member from one care setting to another as the member's health status changes; for example, moving from home to a hospital as the result of an exacerbation or a chronic condition or moving from the hospital to a rehabilitation facility after surgery.
- 1.7 **Care Transition, Planned:** Include elective surgery or a decision to enter a long-term care facility.
- 1.8 **Care Transition Process:** The period from identifying a member who is at risk for a care transition through the completion of a transition. This process goes beyond the actual movement from one setting to another; it includes planning and preparation for transitions and the follow-up care after transitions are completed.
- 1.9 **CMS:** The federal Centers for Medicare and Medicaid Services, formerly known as the Health Care Financing Administration.
- 1.10 **CMS Contract:** The contract between SCHA and CMS for the provision of Medicare services.
- 1.11 **Complex Case Management:** The systematic coordination and assessment of care and services provided to members who have experienced a critical event or diagnosis that requires the extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services.
- 1.12 **Client Contact Manager System (CCM):** A Windows-based software system that was designed for case management activities. CCM provides a communication link and integrated case management system for Third Party Administrators (TPA), SCHA, Public Health and Human Services in assisting SCHA members with their health care needs.
- 1.13 **Disclosing Entity:** A Medicaid Provider (other than an individual practitioner or group of practitioners); or a fiscal agent as stated in 42 CFR §455.101
- 1.14 **Elderly Waiver:** The Elderly Waiver (EW) program funds home and community-based services for people age 65 or older who require the level of medical care provided in a nursing home, but choose to reside in the community. To receive EW services a person must choose community care and be eligible for Medical Assistance (MA) payment of long-term (LTC) services; assessed through a Long-Term Care Consultation (LTCC) and determined to need the level of care provided in a nursing facility (NF-I or NF-II); be in need supports and services beyond those available through the standard MA benefit set according to the LTCC screening or MNChoices; and incurring a cost to MA for community-based services that is less than the cost of institutional care.

- 1.15 Grievance:** An expression of dissatisfaction about any matter other than an Action, including but not limited to, the quality of care or services provided or failure to respect the member's rights.
- 1.16 Managed Care Organization (MCO):** An entity that has or is seeking to qualify for a comprehensive risk contract and that is: (1) a Federally Qualified HMO that meets the advance directives requirements of 42 CFR 489.100-104; or (2) any public or private entity that meets the advance directives requirements and is determined to also meet the following conditions: a) makes the services that it provides to its Medicaid Enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid Recipients within the area served by the entity; and b) meets the solvency standards of 42 CFR 438.116.
- 1.17 Managing Employee:** A general manager business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency as defined in 42 CFR §455.101.
- 1.18 Minnesota Health Care Programs (MHCP):** Medical Assistance, General Assistance Medical Care, Prepaid Medical Assistance Program, and MinnesotaCare.
- 1.19 Minnesota Senior Care Plus (MSC+):** The benefit set that includes all services under MSC plus the Elderly Waiver home and community-based services and one hundred and eighty days (180) of nursing facility care.
- 1.20 Minnesota Senior Health Options (MSHO):** The prepaid managed care program for Medical Assistance-eligible seniors, age 65 and over, with or without Medicare. SCHA's MSHO product is called SeniorCare Complete.
- 1.21 MSHO Community Well Members:** Members enrolled in SeniorCare Complete, SCHA's MSHO product and SCHA is receiving a Community Well rate cell payment.
- 1.22 National Committee for Quality Assurance (NCQA):** A nonprofit organization that seeks to improve patient care and health plan performance in partnership with Managed Care Plans, purchasers, consumers and the public sector. NCQA evaluates health plans' internal quality processes through accreditation reviews and works to develop health plan performance measures.
- 1.23 Ownership Interest:** The possession of equity in the capital, the stock, or the profits of the Disclosing Entity.
- 1.24 Person with an Ownership or Control Interest:** Person or corporation that: A) has an ownership interest, directly or indirectly totaling five percent (5%) or more in the MCO or a Disclosing Entity; B) has a combination of direct and indirect Ownership Interests equal to five percent (5%) or more in the MCO or the Disclosing Entity; C) owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the MCO or the Disclosing Entity; or D) is an officer or director of the MCO or the

Disclosing Entity (if it is organized as a corporation) or E) is a partner in the MCO or the Disclosing Entity (if it is organized as a partnership).

1.24.1 Direct Ownership Interest is defined as the possession of stock, equity in capital or any interest in the profits of the Disclosing entity.

1.24.2 Indirect Ownership Interest is defined as ownership interest in an equity that has a direct or indirect ownership interest in the Disclosing Entity. The amount of indirect ownership interest in the Disclosing Entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of 5% or more in the Disclosing Entity. Example: If C owns 10% of the stock in a corporation that owns 80% of the stock of the Disclosing entity, C's interest equates to an 8% indirect ownership and must be disclosed.

1.24.3 Controlling Interest is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity, (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity or the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership control.

1.25 **Provider:** An Individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the state in which it delivers the services.

1.26 **Significant Business Transaction:** Any business transaction or series of related transactions that, during any one fiscal year, exceeds either \$25,000 or 5 percent (%) of a provider's total operating expenses.

1.27 **Special Needs BasicCare (SNBC) Plan:** A service delivery system in which the State contracts with a Medicare Advantage Special Needs Plan to provide Medicaid services and/or integrated Medicare and Medicaid services to Medicaid eligible people with disabilities who are between the ages of 18 through 64 at the time of enrollment. SCHA's SNBC products are called AbilityCare, SingleCare and SharedCare.

1.28 **State:** The Minnesota Department of Human Services or its agents, and the Commissioner of Human Services.

1.29 **State Contract:** The contract between SCHA and the Minnesota Department of Human Services for the purpose of providing and paying for health care services and supplies to

recipients enrolled in SCHA under Minnesota Health Care Programs, MSC+, MSHO, or the SNBC Plan.

SECTION 2 SCHA RESPONSIBILITIES

- 2.1 Delegated Activities.** SCHA shall delegate to Delegated Entity the provision of Care Coordination duties and other services as set forth in Exhibit A, which is attached hereto and incorporated herein, and in accordance with SCHA policies and procedures, applicable laws and regulations, and NCQA accreditation standards.
- 2.2 SCHA Policies and Procedures.** Prior to execution of this Agreement, SCHA shall provide to Delegated Entity copies of SCHA policies and procedures applicable to this Agreement either through regular mail or electronically. SCHA may change its policies and procedures by providing thirty (30) days prior written notice to Delegated Entity of the changes and their effective dates. However, if required by state or federal law, regulation, or regulatory action, SCHA may change its policies and procedures by providing written notice to Delegated Entity of the changes and their effective dates. Any notice provided to Delegated Entity under this section may be in an electronic format. Policies are available in the Client Contact Manager (CCM) system under the Documents section. Procedures are available in the care coordination web-manual online at www.mnscha.org.
- 2.3 Oversight, Monitoring and Audit.** SCHA shall perform ongoing oversight and monitoring of Delegated Entity's performance under this Agreement, including but not limited to, review of any required reporting under this Agreement. At any time, but at least annually, SCHA will audit records and documents related to the activities performed under this Agreement. This process does include the annual care plan audits required through DHS MSHO/MSCH+ and SNBC products. SCHA will perform the annual care plan audits as per DHS' protocol. SCHA, in its sole discretion, will conduct review of Delegated Entity's written policies and procedures and member files. SCHA will provide written notice of annual audits at least thirty (30) calendar days prior to the audit. SCHA shall provide a report of its audit findings to Delegated Entity within ninety (90) calendar days of the audit's conclusion. For all additional audits, SCHA shall provide at least fourteen (14) calendar days prior written notice, unless state or federal regulators or NCQA accreditation agencies require a shorter timeframe. The audit notes shall include a list of the records to be reviewed.
- 2.4 Revocation of Delegation.** SCHA may revoke the delegation of some or all of the activities which Delegated Entity is obligated to perform under this Agreement in the event Delegated Entity fails to perform the delegated activities or correct non-compliant delegated activities as outlined in the Improvement-Corrective Action Plan, as provided in Section 3.3 of this Agreement, in a timely manner and to the satisfaction of SCHA and in accordance with SCHA policies and procedures and applicable laws, regulations and NCQA accreditation standards. The delegate agrees to allow SCHA to perform additional audits as necessary to verify compliance of the Improvement-Corrective Action Plan. In such event, SCHA may elect to terminate or modify this Agreement pursuant to Section 5.

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- 2.5 **SCHA Accountability.** SCHA shall oversee and at all times remain accountable to CMS and the State for any functions or responsibilities of SCHA under its contracts with CMS and the State, including functions or responsibilities delegated to Delegated Entity under this Agreement.
- 2.6 **Public Health Goal.** SCHA agrees to meet with Delegated Entities to develop and discuss mutual objectives related to public health priorities.
- 2.7 **Provision of Member Data.** South Country agrees to provide the following information when requested: member experience data, if applicable and clinical performance data. This data requested may be, but not limited to, results of member experience surveys, relevant to delegate functions, relevant claims data or results of relevant clinical performance measures. The delegate must give written notice of the data request to South Country at least 30 days in advance, unless state or federal regulators require a shorter timeframe. The delegate agrees to work with South Country as needed regarding the obtaining of the data.

**SECTION 3
DELEGATED ENTITY RESPONSIBILITIES**

- 3.1 **Delegated Activities.** Delegated Entity shall provide the services set forth in Exhibit A and Exhibit B in accordance with SCHA policies and procedures and applicable law, regulations and NCQA accreditation standards.
- 3.2 **Law, Regulations and Licenses.** Delegated Entity shall maintain all federal, state and local licenses, certifications, accreditations and permits, without material restriction, that are required to provide the services under this Agreement. Delegated Entity shall notify SCHA in writing within ten (10) business days after it learns of any suspension, revocation, condition, limitation, qualification or other material restriction on Delegated Entity's licenses, certifications, accreditation or permits.
- 3.3 **Improvement Corrective Action Plans.** In the event that, during an audit or any other time during the term of this Agreement, SCHA discovers any deficiencies in Delegated Entity's performance of any services under this Agreement, Delegated Entity shall develop an Improvement Corrective Action Plan for the specific activity that SCHA determines to be deficient. The Improvement Corrective Action Plan shall include specifics of and timelines for correcting any deficiencies and shall be provided to SCHA within ~~thirty (30) calendar days~~ two (2) weeks after SCHA notifies Delegated Entity of the deficiency (ies) or issues its annual audit report to Delegated Entity. SCHA shall review and comment on the Improvement Corrective Action Plan within ~~thirty (30) calendar days~~ two (2) weeks after receiving it from Delegated Entity. Delegated Entity shall implement the Improvement Corrective Action Plan within the specified timeframes. In the event the Improvement Corrective Action Plan is not developed and/or implemented within such timeframes, SCHA may revoke all or certain delegated activities pursuant to Section 2.4 and/or terminate this Agreement pursuant to Section 5. If deficiencies are identified or repeated, SCHA retains the right to increase its

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monitoring, evaluations, and audits of Delegated Entity until the deficiencies are corrected.

3.4 Reporting. Delegated Entity shall provide SCHA with regular reports; at least semi-annually, regarding the provision of services under this Agreement. SCHA shall review any required reporting as part of its ongoing oversight and monitoring of compliance with this Agreement. SCHA shall promptly notify Delegated Entity of any concerns identified as a result of regular reporting or as a result of a failure to provide regular reports. Reports are identified on Exhibit C of this Agreement.

3.5 Document Submission. Delegated Entity shall provide to SCHA its Waiver Quality Assurance Plan Survey and Gaps Analysis in availability of EW services if requested by SCHA within 60 days of the request.

3.6 Appeals and Grievance. Delegated Entity agrees to forward all complaints, appeals and grievances to SCHA within one business day of the receipt to SCHA's Grievance and Appeals Department. If the complaint, appeal or grievance is expedited, the Delegated Entity will forward the complaint, appeal or grievance to SCHA's Grievance and Appeals Department within three hours of the receipt and will verbally notify SCHA's Grievance and Appeals Department. The timeline commences at the time that the request is known to the Delegated Entity. Attention: Appeals and Grievance by fax or in CCM. Notify SCHA's Grievance & Appeals (G/A) department of any potential grievance and appeals requests (filed by or on behalf of the member) as follows (requests are to be submitted via the Grievances Appeals inbox (located in the Microsoft Outlook Address Book); if you don't have access to our Microsoft Outlook program, then submit email to Grievances-Appeals@mnscha.org or via FAX to SCHA's G/A department at (507) 444-7774):

- a) No later than one business day of receipt for all standard grievance and appeal requests
- b) No later than four (4) regular business hours of receipt AND, no later than end of the same business day in which it is first received, for all expedited grievance and appeal requests
 - i. Place "EXPEDITED G/A REQUEST" in the Subject headline of the email
- c) If placing a contact note in SCHA's electronic system (currently CCM), please also cc the Grievance & Appeals Manager on this note

3.7 Utilization Management. Delegated Entity agrees to forward all requests to SCHA Health Services for prior authorization or pre-certification regarding dental, medical or pharmacy within one business day of knowledge of request. If the service is expedited, the Delegated Entity will forward the request within three hours of receipt and will verbally notify SCHA.

3.8 Long Term Care Screening Document Entry. The Delegated Entity will be responsible to enter all Screening Documents into MMIS for all LTCC or MNChoices screenings performed, as applicable. This includes initial LTCC or MNChoices screenings, reassessments, member refusals to screenings, Pre-Admission Screening (PAS) for Nursing Home placements and non-Elderly Waiver community members.

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- 3.8.1 Enter member Elderly Waiver – LTCC Screening Documents into MMIS prior to the first capitation cut-off date each month or alert SCHA Health Services of the delay.
 - 3.8.2 Enter and exit LTCC Screening Document exiting a member from the Elderly Waiver when the member moves into a nursing home. The LTCC screening document must be entered within 60 days of the living arrangement change.
 - 3.8.3 Complete a Level I PAS for all nursing home admissions and make these available to SCHA within one week.
 - 3.8.4 The Delegated Entity will be responsible to fax the LTCC screening document information for all AbilityCare, SingleCare/SharedCare, Special Needs Basic Care members to SCHA, within 30 days of health assessment. South Country enters the LTC Screening Document into MMIS for all Special Needs Basic Care (SNBC) members. The Delegated Entity must fax or scan and securely email the complete health risk assessment and care plan for all AbilityCare, SingleCare/SharedCare (SNBC) members to South Country within thirty (30) days of the health risk assessment completion date. This includes refusals and unable to reach.
 - 3.8.5 The Delegated Entity will notify SCHA within one business day of a Member who previously was determined to meet Nursing Facility Level of Care but upon subsequent assessment is determined to not meet the Nursing Facility Level of Care criteria, to request a review of the assessment results.
- 3.9 **Request for a Long Term Care Consultation (LTCC).** The Delegated Entity must provide for a LTCC within 20 calendar days of request and make that assessment available to SCHA upon request. The Delegated Entity agrees to provide SCHA with a LTCC or MNChoices assessment performed for a member to determine the member's risk of nursing home placement or current need for nursing home care according to applicable MN statutes. Delegated Entity agrees to report annually to SCHA all Health Risk Assessment and Re-Assessment data.
- 3.10 **Care Coordinator Assignment:** The Delegated Entity will assign a care coordinator to each newly enrolled member on SeniorCare Complete, MSC+, AbilityCare, and SingleCare for the required Care Coordination Activities. Delegated Entity will need to enter all required information into CCM as defined by the Care Coordination Grids. A monthly report will be sent to each Delegated Entity outlining the missing information and the requested information will need to be entered within 10 business days.
- 3.11 **LTCC Expansion.** The Delegated Entity will assist the member moving to a registered housing with services facility to obtain or recover a verification code from the Senior Linkage Line or found in MMIS.
- 3.12 **Comply with Minnesota Statute 62Q75 Subd.3.** Delegated Entity will comply with said statute that states that "healthcare providers and facilities must submit their charges to a health plan company or third-party administrator (TPA) within 6 months from the date of service or the date the healthcare provider knew or was informed of the correct name and address of the responsible health plan company or TPA, whichever is later."

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3.13 Enrollee Satisfaction Survey. The Delegated Entity agrees to cooperate with SCHA to conduct a satisfaction survey of members.

3.14 Care Coordinator Performance: The Delegated Entity shall have a process to evaluate the performance of individual care coordinator in the provision of care coordination for SCHA Members and report to SCHA performance that is negatively affecting the care coordination of the SCHA Member.

Members may request and be offered a different care coordinator and the Delegated Entity will immediately notify SCHA of any such request.

SCHA will share care coordinator performance information with the Delegated Entity as appropriate (i.e. feedback from the care coordinator survey, care plan audits, etc.)

SECTION 4 SUB-DELEGATION

Under certain circumstances, SCHA may allow Delegated Entity to sub-delegate all or part of the delegated Services under this Agreement to another entity. Prior to any such sub-delegation arrangement, Delegated Entity must receive written approval from SCHA and must:

- (a) Provide SCHA with Delegate entity's pre-delegation assessment finding of the potential sub-delegate;
- (b) Warrant the delegation agreement between Delegated Entity and sub-delegate meets (1) all applicable SCHA, (2) all applicable state and federal law requirements, and (3) all terms and conditions of this Agreement;
- (c) Agree to oversee and perform audits of those activities it has delegated to another entity;
- (d) Provide all reports to SCHA that are required under this Agreement; and
- (e) Agree that Delegated Entity and the Sub-Delegate adhere to delegation requirements as per applicable State and Federal law and NCQA requirements, including the Medicare Advantage Special Needs Plan regulations.

SECTION 5 TERM, TERMINATION, MODIFICATION

5.1 Initial Term. This Agreement shall commence on January 1, 2017 and continue through December 31, 2017.

5.2 Contract Renewal. Unless otherwise terminated pursuant to Section 5.3, this Agreement will automatically renew on the termination date and on each one (1) year anniversary of such date for additional terms of one (1) year.

5.3 Termination. This entire Agreement, complete sections of this Agreement, or certain delegated services contained in this Agreement, may be terminated as follows:

- (a) by either party, without cause upon one hundred twenty (120) days written notice to the other party;
- (b) by either party, in the event of a material breach of this Agreement by the other party, upon thirty (30) days prior written notice to the other party;
- (c) by SCHA immediately, due to failure of Delegated Entity to perform delegated activities under this Delegation Agreement that could endanger or harm SCHA health plan enrollees;
- (d) by SCHA, upon thirty (30) days prior written notice to Delegated Entity, in the event Delegated Entity is out of compliance with this Agreement and refuses to enter into an Improvement-Corrective Action Plan or agree to a modification of this Agreement;
- (e) by SCHA, upon thirty (30) days prior written notice to Delegated Entity, in the event Delegated Entity does not comply with an established Improvement-Corrective Action Plan;
- (f) by SCHA immediately, if Delegated Entity seeks to sub-delegate the performance of delegated services under this Agreement without SCHA's written prior approval to sub-delegate; or
- (g) by SCHA immediately, due to Delegated Entity's loss or suspension of any applicable licensure status or loss of liability insurance.

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5.4 Counterparts; Electronic Signatures. This Agreement may be executed in one or more counterparts, each of which, taken together, shall constitute a single original. Electronic, scanned or facsimile signatures shall be deemed originals for the purpose of this Agreement.

SECTION 6 REGULATORY COMPLIANCE

- 6.1** SCHA, Delegated Entity and Delegated Entity's contractors and subcontractors, agree to comply with all applicable federal and state statutes and regulations, as well as local ordinances and rules now in effect and hereinafter adopted, including, but not limited to all applicable Medicaid and Medicare laws, regulations, and CMS instructions.
- 6.2** Disclosure of Ownership Information: All subcontracts must be in writing. Delegated Entity must update disclosure information as needed in accordance with 42 CFR455.104. The required information includes: (a) the name, address, date of birth, social security number (in case of an individual), and tax identification number (in the case of a corporation) of each Person with an Ownership or Control Interest in the Delegated Entity or in any subcontractor in which there is direct or indirect ownership of 5% or more. The address for corporate entities must include primary business address, every business location, and P.O. box address; (b) a statement as to whether any Person with an Ownership or Control Interest in the entity as identified in Paragraph (a) is related (if an individual) to any other Person with Ownership or Control Interest as a spouse, parent, child, or sibling; and (c) the name of any other Disclosing Entity in which a Person with Ownership or Control Interest in the Disclosing Entity

also has an ownership or control interest; and (d) the name, address, date of birth and social security number of any Managing Employee of the Delegated Entity.

- 6.3 All tasks performed under the Agreement must be performed in accordance with SCHAs Policy and Procedure regarding Care Coordination for MSC+ and SeniorCare Complete(MSHO) and AbilityCare, SingleCare/SharedCare (SNBC) programs, the provisions of which are incorporated into the Agreement by reference. Nothing in the Agreement relieves SCHAs of its responsibility under such contracts with the State and CMS. If any provision of the Agreement is in conflict with provisions of such contracts, the terms of such contracts shall control.
- 6.4 Delegated Entity is obligated to comply with other laws, specifically Federal laws and regulations designed to prevent or detect fraud, waste, and abuse including, but not limited to: applicable provisions of Federal criminal law; the False Claims Act (31 U.S.C. 3729 et seq.); the Anti-kickback statute (Section 1128B (b) of the Act); HIPAA administrative simplification rules at 45 CFR Part 160, 162, and 164, and with Title XIII, Subtitle D of the American Recovery and Reinvestment Act of 2009, Pub Law 111-5 (“ARRA”) and any implementing regulations that may be enacted.
- 6.5 Delegated Entity agrees that members are not discriminated against in the delivery of health care services consistent with benefits covered in their Certificate of Coverage based on medical coverage, health status, receipt of health care services, claims experience, medical history, genetic information, disability (including mental or physical impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance status.
- 6.6 Delegated Entity assures that services are provided in a culturally competent manner.
- 6.7 Delegated Entity adheres to the prohibited use of Medicare excluded practitioners.
 - 6.7.1 Delegated Entity will search the OIG List of Excluded Individuals/Entities (LEIE) and the Excluded Parties List (EPLS) databases monthly, and require all subcontractors to search the LEIE monthly, for any Employees, Agents, Providers, or Persons with an Ownership or Control Interest to verify that these persons:
 - 6.7.1.1 Are not excluded from participation in a federal health care program under Section 1128 or 1128A of the Social Security Act; and
 - 6.7.1.2 Have not been convicted of a criminal offense related to that person’s involvement in any program established under Medicare, Medicaid or the title XX services program.
 - 6.7.2 Delegated Entity will report to SCHAs within five (5) days any information regarding individuals or entities specified in 6.7.1.1, who have been convicted of a criminal offense related to the involvement in any program established under Medicare, Medicaid, and title XX services program, or those have been excluded

from participation in a federal health care program under Sections 1128 or 1128A of the Social Security Act.

- 6.7.3 Upon discovery of an ineligible individual or entity, Delegated Entity will immediately relieve the employee, agent, Provider or subcontractor from his or her responsibilities or the business relationship will immediately be discontinued.
- 6.7.4 Delegated Entity shall report within one business day to SCHA the Name, specialty, and address, and reason for nonrenewal or termination of each Contracted Healthcare Provider whose contracts have been terminated not renewed during the previous quarter.
- 6.8 Delegated Entity agrees to send to members only SCHA approved written materials, related to SCHA benefits. Mailed care coordination and benefit items must include the disclaimer: SCHA Important Plan Information.
- 6.9 Delegated Entity recognizes and agrees that it is obligated by law to meet the applicable provisions of the Health Insurance Portability and Accountability Act of 1996, Pub Law 104-191, and its implementing regulations, 45 C.F.R. Parts 160, 162 and 164 (“HIPAA”), including the safeguarding of individuals’ Protected Health Information (“PHI”), and with Title XIII, Subtitle D of the American Recovery and Reinvestment Act of 2009, Pub Law 111-5 (“ARRA”) and any implementing regulations that may be enacted, as detailed in the Business Associate Agreement (Exhibit D) attached to this Agreement.
- 6.10 Upon request, Delegated Entity must report to SCHA information related to business transactions in accordance with 42 CFR 455.105(b). Delegated Entity must be able to submit this information to SCHA within fifteen (15) days of the date of a written request from the State or CMS.

SECTION 7 BOOKS AND RECORDS

- 7.1 **Confidential and Accurate Records.** SCHA and Delegated Entity agree to maintain the confidentiality of protected health information regarding SCHA enrollees and to comply with all state and federal requirements for accuracy and confidentiality of enrollees’ records, including the requirements established by SCHA and each applicable product.
- 7.2 **Collection and Retention of Information.** Delegated Entity shall maintain an accurate and timely record system through which all pertinent information relating to this Agreement is documented. Delegated Entity shall retain all information and records related to this Agreement for a period of ten (10) years following the termination of this Agreement or for such longer period as required by applicable state or federal law or regulation.
- 7.3 **Right to Inspect; Release of Information to SCHA.** Delegated Entity agrees to provide to SCHA during the term of this Agreement and for a period of ten (10) years following the provision of services access to all information and records, or copies of records,

related to this Agreement. Delegated Entity shall promptly provide information to SCHA as requested for payment purposes, administration of benefits or any other obligation SCHA has to an enrollee under the law. SCHA shall develop and implement a process for securing necessary consents from enrollees or their legal representatives in connection with the enrollment process to authorize the release of records provided under this Section. Delegated Entity has no obligation to release records to the extent such release is unlawful.

- 7.4 Right to Inspect; Release of Information to Federal and State Agencies.** Delegated Entity shall provide the state and federal government and any of their authorized representatives, including but not limited to CMS, the Comptroller General and the State with the right, in accordance with state and federal laws and regulations, to inspect, evaluate, and audit any pertinent books, documents, financial records, papers, and records pertaining to any aspect of services performed, reconciliation of benefit liabilities, determination of amounts payable or financial transactions related to this Agreement. The right to inspect, evaluate and audit under this Section shall extend through ten (10) years from the termination date of the Agreement or such longer period as permitted or required by applicable state or Federal law or regulation.

Delegated Entity shall make all such records available to authorized representatives of the state and federal government during normal business hours and at such times, places, and in such manner as authorized representatives may reasonably request for the purposes of audit, inspection, examination, and for research as specifically authorized by the state in fulfillment of state or federal requirements.

Delegated Entity specifically acknowledges and agrees that the U.S. Department of Health and Human Services and the Comptroller General, or their designees, shall have the right to audit, evaluate, and inspect pertinent books, contracts, documents, papers, and records involving transactions related to the CMS Contract. This right shall extend for ten (10) years following the termination of this Agreement or from the date of completion of any audit, whichever is longer. SCHA shall develop and implement a process to authorize the release of records provided under this section. Delegated Entity has no obligation to release records to the extent such release is unlawful.

SECTION 8 RESPONSIBILITY FOR DAMAGES

Each party shall be responsible for all damages, claims, liabilities, or judgments that may arise as a result of its own negligence or intentional wrongdoing. Any costs for damages, claims, liabilities, or judgments incurred as a result of the other party's negligence or intentional wrongdoing shall be the responsibility of the negligent party.

SECTION 9 DISPUTE RESOLUTION

SCHA and Delegated Entity agree to work together in good faith to resolve any and all disputes related to this Agreement. In the event SCHA and Delegated Entity are unable to resolve

disputes arising as a result of this Agreement, this Agreement shall be modified or terminated pursuant to Section 5.

SECTION 10 FEES AND REIMBURSEMENT

The parties agree that SCHA will pay Delegated Entity those rates specified in Exhibit D and Exhibit E for the services rendered by Delegated Entity pursuant to this agreement.

SECTION 11 MISCELLANEOUS

- 11.1 Incorporation of Relevant Statutes and Regulations.** The parties agree that the services to be provided under this agreement, the contractual arrangements between the parties, and the respective responsibilities and obligations of the parties, shall be further specified in relevant state and federal regulations and contracts, and that those regulations and contracts shall be incorporated into the subsequent contract between the parties.
- 11.2 Binding Effect of Agreement; Subsequent Contract.** The parties agree to be bound by the terms of this Agreement for the services to be provided under this agreement until the parties enter a subsequent agreement or the Agreement is terminated by either party.
- 11.3 Notices.** All notices, payments, requests or demands or other communications required or permitted under this Agreement shall be in writing and shall be deemed to have been given (i) two (2) days after when mailed by registered or certified U.S. mail, postage prepaid, and addressed to the recipient at the address shown in the signature block to this Agreement; or (ii) upon receipt when delivered in person, by courier or by delivery service, return receipt requested, to the address of the parties set forth herein. A party may change the address to which notices may be sent by giving written notice of such change of address to the other party.
- 11.4 Assignment.** Neither party may assign, delegate or transfer this Agreement or the rights granted herein without consent of the other party, with the exception of the Sub-Delegation arrangements outlined in Section 4, and which consent shall not be unreasonably withheld.
- 11.5 Amendment.** This Agreement may only be modified through a written amendment signed by both parties. Notwithstanding the foregoing, SCHA may unilaterally amend this Agreement to comply with applicable state or federal law or regulation or NCQA accreditation standards. Such amendment will be effective on the date the applicable statute, regulation or NCQA accreditation standard becomes effective. The amendment will not require agreement by Delegated Entity.
- 11.6 Waiver.** The waiver of any provision (including the waiver of breach of any such provision) of this Agreement shall not be effective unless made in writing by the party granting the waiver. Any waiver by a Party of any provision or the waiver of breach of

any provision of this Agreement shall not operate as, or be construed to be, a continuing waiver of the provision or a continuing waiver of the breach of the provision.

- 11.7 **Governing Law.** This Agreement shall be governed by and construed under the laws of the State of Minnesota.
- 11.8 **Entire Agreement.** This Agreement, which incorporates all exhibits, attachments, addenda, and appendices to it, constitutes the entire understanding between the parties in regard to its subject matter and supersedes all other previous oral or written agreements concerning all or any part of the subject matter of this Agreement.
- 11.9 **Severability.** If any part of this Agreement should be determined to be invalid, unenforceable, or contrary to law, that part shall be deleted and the other parts of this Agreement shall remain fully effective.
- 11.10 **Survival.** Any section of this Agreement that by its terms contemplates or requires continuing effect following termination of this Agreement shall survive such termination.
- 11.11 **Approvals of this Agreement.** The effectiveness of this Agreement is subject to the approval of this Agreement by the Minnesota Department of Human Services.

IN WITNESS WHEREOF, the parties have executed this Delegation Agreement to be effective as of the Effective Date.

DRAFT

DELEGATED ENTITY:	SOUTH COUNTRY HEALTH ALLIANCE
[County Name]	2300 Park Drive Owatonna, Minnesota 55060
By: _____	By: _____
Print Name: _____	Print Name: <u>Leota B. Lind</u>
Title: _____	Title: <u>CEO, South Country Health Alliance</u>
Date: _____	Date: _____
By: _____	
Print Name: _____	
Title: _____	
Date: _____	
By: _____	
Print Name: _____	
Title: _____	
Date: _____	

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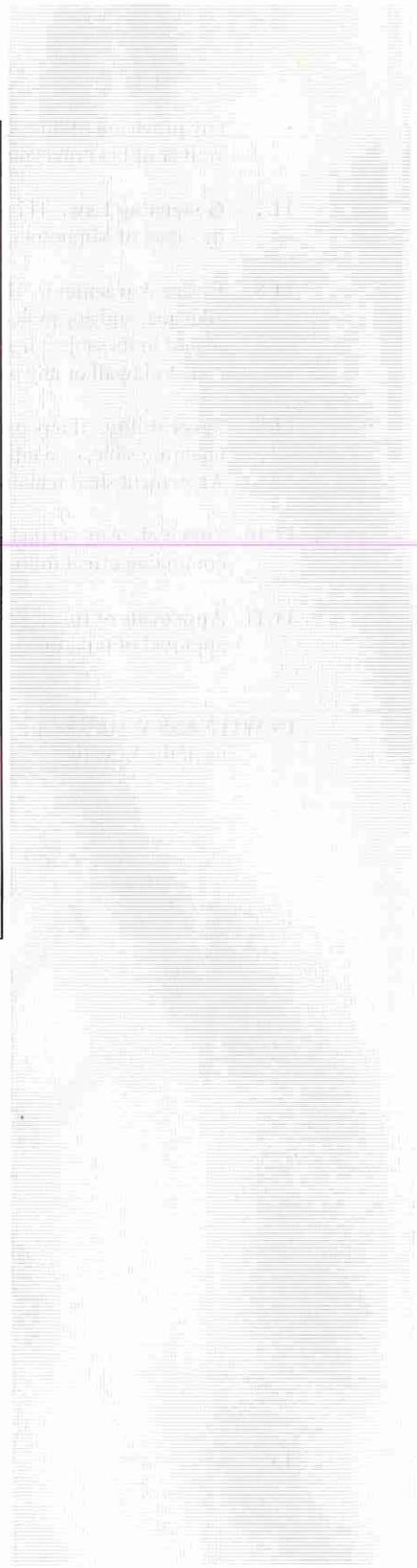


EXHIBIT A

SERVICES TO BE PROVIDED BY DELEGATED ENTITY

Delegated Entity agrees to perform the following services and/or meet the following State mandated requirements on behalf of SCHA:

1. Hire staff qualified to perform the duties outlined in the Community Care Connector Position Description. Duties are outline in Exhibit B.
2. Hire staff to perform Care Coordination duties consistent with MCO/DHS contracts which read that for MSHO/MS C+ the Certified Assessor must also serve as the on-going care coordinator/case manager of the Enrollees assessed. For SNBC, the case manager/care manager must be a social worker, licensed social worker, registered nurse, physician assistant, nurse ~~practioner~~practitioner, public health nurse, or a physician with experience working with individuals with disabilities, primary care, nursing, behavioral health, or social services and/or community-based services. All care coordinators must not be in a position to directly influence an Enrollee's housing or employment to help avoid possible conflicts of interest.
3. Perform the Care Coordination duties outlined in the SCHA Policy and Procedures including, but not limited to, Care Coordination for members on MSC+ and SeniorCare Complete and AbilityCare, SingleCare/SharedCare and other members as requested by SCHA. Policies ~~are available in Client Contact Manager (CCM) system, under the Documents section. And p~~Procedures are available in the care coordination web-manual online at www.mnscha.org.
4. Delegated Entity shall provide SCHA with written reports or supply the information specified therein as identified by SCHA. SCHA agrees to provide reasonable advance notice when requesting information from the Delegated Entity. The Delegated Entity shall submit written reports or supply the information therein to countyinfo@mnscha.org ~~SCHA's CEO or designee~~. Reports are identified on Exhibit C.
5. Delegated Entity agrees to appoint representatives to participate in SCHA work groups and scheduled meetings with SCHA for the regular sharing and exchange of information. It is the responsibility of the Delegated Entity's participant to transfer information to the appropriate others.
6. The Delegated Entity will fully cooperate with the annual Care Plan Audit and Care System Review and any other audits requested and/or completed by SCHA personnel. The County will provide all necessary documentation as requested by SCHA and have available supporting evidence of required elements within the designated time lines as requested by SCHA.
7. ~~The Delegated Entity will authorize and arrange for access /common carrier transportation services for eligible South Country members to obtain a covered health service according to the specifications outlined in Exhibit G. Procedures and additional requirements~~

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Comment [CG1]: Delete number 7 in it's entirety

are available in the South Country Provider Manual, Chapter 27, Non-Emergency Transportation Services found on-line at www.mnseha.org.

Comment [CG2]: Change the date in the footer.

7. The Delegated Entity will act as a pass-through entity for Elderly Waiver Direct-Delivery Services (tier 2) or Purchased-Item Services (tier 3). Providers of tier 2 and tier 3 services must meet State service standards, but may deliver goods as enrolled or non-enrolled providers. For non-enrolled providers, the delegated entity on behalf of South Country must assure that the provider is qualified according to State standards, execute a purchase agreement utilizing MN DHS edoc 7004c, follow record retention guidelines, and maintain a written record of approved tier 2 and 3 providers. Delegated Entities will submit copies of the provider approval log at least one time per year and/or as requested by South Country.

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88. Delegated Entity shall individually develop a written plan which works for their specific system regarding the establishing of caseload ratios. South Country expects delegates to consider the following when weighting cases and developing caseload ratios: members on the caseload with low English proficiency or need for translation; case mix; rate cell designation; member need for high intensity acute Care Coordination; mental health status; travel time to/from member's home; or lack of family or informal supports. South Country generally recommends that non-Elderly Waiver caseloads be no more than 1:100 and Elderly Waiver caseloads be no more than 1:50. Delegated Entities must submit their plan to South Country upon request.

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EXHIBIT B

Community Care Connector JOB DESCRIPTION

Position: Community Care Connector
Reports to: Health Service Department and County Supervisor
Effective Date: January 1, 2012

I. PRIMARY FUNCTION:

Primary goals are to assure all that members receive the services necessary to meet their needs and experience smooth transitions between settings of care. Connectors also assure that communication between settings of care and communication between SCHA, County Staff and providers occur in order to support member's needs. Desired outcomes are attained through collaborative problem solving approaches.

The Connector works to assure a collaborative approach between the SCHA and County team members. The position will develop positive relationships with and between SCHA staff, County staff, local health care providers, nursing facilities and members. They will help to assure timely and accurate communication between team members. The Connector serves as the SCHA expert within the community/county, working towards positive outcomes for the member and SCHA. The position promotes preventive services, early intervention to members and utilizes referral services available throughout the county.

Reporting: Under the general direction of the Director of Health Services, reports to the Health Services Department at SCHA and the County Supervisor.

MINIMUM QUALIFICATIONS OF EDUCATION & EXPERIENCE

Registered Nurse, licensed in Minnesota; or Social Worker with experience with medical issues; or Bachelor Degree, with a minimum of three years previous experience in a County Public Health and/or Social Service department with understanding of medical issues.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Collaborate
 - Assist in identifying moderate to complex members by informing Health Services staff of members health issues;
 - Assist in creating and maintaining reports and follow-up as requested by Health Services staff.
 - Promote early intervention and preventative services to members and importance of establishing care with a primary care physician.
 - Work with Health Services staff to ensure appropriate use of the Emergency Department, hospitalization, and re-admissions to hospital through telephonic, written or face-to-face follow-up with members after discharge to promote physician follow-up to decrease and/or avoid readmissions.
 - Collaborate with Health Services staff to schedule and assist with the facilitation of the County Care Coordination meetings including creating the member list to be discussed and assure participation or a written report from County staff.
 - Assist with assuring compliance with transition of care policy and procedures as appropriate and assure that care plans are used and updated as needed.
 - Assist with transitions of care through working with discharge planners, providers, members and/or authorized representatives until delegated to SCHA care coordinator or County Case Manager if indicated.

- Communicate
 - Reach out and follow up with members and connect members to medical and /or social resources. If appropriate, provide short term case management as agreed upon by Health Services staff until needs are met or can be referred to other Case Managers.
 - Document in CCM members responses and update care plans if required;
 - Document member contacts in CCM using the information and plan format.
 - Reinforce with members and/or member's family an understanding of treatment decisions and care plans.
 - Document the outcomes of meetings in CCM following SCHA documentation standards.
 - Develop relationships with key providers in the community (physicians/clinics; hospitals; nursing facilities) and be on-site if requested by Health Services staff.
 - Communicate on a routine basis with Health Services staff.

- Coordinate
 - Organize and attend interdisciplinary care team meetings as needed.
 - Refer members and/or families, county staff, providers, community resources to Member Services or other appropriate SCHA staff for benefit and issue resolution.
 - Refer member issues to county staff and/or other agencies as needed to assure member's access to community services and resources;
 - Coordinate activities and information with the County Supervisor.

- Other duties as assigned.

PROFILE REQUIREMENTS:

- Works as a team with SCHA Health Services staff and County staff
- Promotes SCHA policies and mission in performing all duties and responsibilities
- Incorporates best practice into all process initiatives
- Valid driver's license
- Excellent communication skills
- Working knowledge of community/county services and resources
- Working knowledge of SCHA products and operations including the website.

EXHIBIT C

20162017

Delegated Entity Reporting Responsibility

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1. Report Appeals, Grievances, and Complaints

- a. Forward all complaints, appeals, and grievances to SCHA within one (1) business day of receipt. Send notification securely to CountyInfo@mnscha.org, Attn: Grievances and Appeals Dept.

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2. Recommendation for Action Denial, Termination or Reduction of Waivered Services

- a. Complete and send to South Country the "Notice of Recommendation for Action, Denial, Termination or Reduction (DTR for Waivered Services) Fax to: 507-431-6329 or send securely to CountyInfo@mnscha.org Attention: Health Services Dept.

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3. Recommendation for Request of Services

- a. Complete and send to South Country the "Elderly Waiver Notification Form or DHS edoc 5841: Recommendation for State Plan Home Care Services Fax to: 507.431.6329 or send securely to CountyInfo@mnscha.org Attention: Health Services Department

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4. New Member Care Coordination Activity Report

- a. The delegated entity will submit a health risk assessment (completed within 30 days of enrollment) and a care plan (completed within 30 days of the assessment) for each new member on AbilityCare and SingleCare to South Country by the 15th of the 2nd month following the member's enrollment. For example for a member enrolling as of January 1st the assessment and care plan would be due to South Country by March 15th. South Country will enter this data into CCM. The care plan can be entered into CCM or faxed to 507.431.6329 or securely emailed to countyinfo@mnscha.org.
- b. The County will enter data in all the required fields of a care plan in CCM for each new SCC and MSC+ member, within 30 days from the date of the completed HRA. South Country will provide the County with a report of missing data on the 25th of each month, for the previous month's new members. For example the February 25th report will be for missing data on the January 1st new members. The County will enter the missing data into CCM or submit to South Country, prior to the 10th of the following month.
- c. Required care plan data fields include the following: Program Type, Program Open Date, South Country/Primary Care Coordinator, Welcome Letter Sent, HRA/Refusal Type, HRA/Refusal Date, Care Plan Development Date, Care Plan Date Signed, Date Care Plan sent to Member or Authorized Representative, Advance Directive Information, County of Service, ICT members listed, Member Contact Plan, and ICT Communication Letter Sent Date.

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5. Care Coordinator Caseload Report

- a. Delegated Entity will submit on the designated form provided by SCHA, the Care Coordinator contact information and caseload size report, by August 31, 2016,2017

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6. Medicare Part C Report and Initial Assessments and Reassessment Data

- a. The delegated entity will complete all SCC, MSC+ community well, AbilityCare and SingleCare member health risk assessments within 30 days of enrollment and re-assessments within 365 days from the of the previous health risk assessment and enter the screening document into MMIS or send the assessment to South Country via fax or secure email (attention: Health Services Department) to enter into MMIS.

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7. Transitions of Care Follow-Up Contacts and designated ER Visits

- a. The County designated staff or delegated entity staff will document in CCM all hospital follow-up and designated ER visit contacts according to SCHA standards.
- b. The County designated staff will notify a member's Care Coordinator of a hospital admission, the same day as the notification was sent to the County from SCHA.
- c. The County or Delegated Entity Care Coordinator will provide and document care transitions for EW and Community Well members on SCC, MSC+, AbilityCare, and SingleCare using a Transition of Care Log, case notes and offering a Medication Reconciliation service as appropriate and submit to SCHA upon request.

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8. Report of Special Health Care Needs

- a. SCHA will inform the Connector of a member with Special Health Care Needs. The Connector will follow up with the member and document in CCM. The Connector will notify the member's Care Coordinator if one is assigned.

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9. County Policy and Procedure for Providing Care Coordination and Elderly Waiver Case Management

- a. Fax to: 507.431.6329 or email to CountyInfo@mnscha.org Attention: Health Services Department by June 30, 2016,2017

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10. Elderly Waiver Provider Network Analysis

- a. Delegated Entity will inform South Country of any observed EW provider gaps within their county and work with South Country staff as appropriate to resolve any member unmet needs and ensure provider access for all members on the Elderly Waiver program.

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EXHIBIT D

_____ County **2016-2017** Rates

Comment [CG1]: Add the county name and 2017

1. Non-Elderly Waiver Community Well and Nursing Home Members

Rate

- Care Coordination Activity for:
 - SeniorCare Complete (SCC) and MSC+ Non-EW Community Well and Nursing Home \$24.01/15 Minute Unit
 - AbilityCare, SingleCare/SharedCare Community Well and Nursing Home

2. Relocation Service Coordination for all MSC+ and SCC \$15.53/15 Minute Unit

3. Elderly Waiver Members

- Care Coordination Activity for SCC and MSC+ Elderly Waiver Members \$25.46/15 Minute Unit
- Case Management Aide (Paraprofessional) Activity for SCC and MSC+ Elderly Waiver Members \$9.39/15 Minute Unit

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4. _____ County Community Care Connector Position \$00,000.00 Annually

- _____ Average Connector Weekly Hours dedicated to SCHA duties
- Payment will be made bi-annually on or about mid-June and mid-December 2017.

Comment [CG2]: This from the worksheet.

Comment [CG3]: Add

5. Please reference the Care Coordination HCPC/ Service/ Rate Limits Form billed to Health Solutions for additional information, **EXHIBIT E**.

~~6. Please reference the 2016 _____ County Community Care Connector Position Worksheet you submitted for additional information, **EXHIBIT F**. **DELETE**~~

Comment [CG4]: Delete

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Comment [CG5]: Dele

~~7. Please reference Non-Emergency Transportation Services for additional information, **EXHIBIT G**.~~

Comment [CG6]: Change the date in the footer

EXHIBIT E

Care Coordination HCPCs Service Rate Limits Billed to Health Solutions Effective January 1, 2016/2017

Service Name	Service Unit	Proc Code (HCPC)	Rate	Modifier	Prior Auth required?	Prior Auth process	Annual Threshold	Products
Initial Comprehensive Health Assessment	15 Minutes	T2024	\$24.01		No	N/A	None	MSC+ SeniorCare Complete(MSHO) AbilityCare SingleCare/SharedCare(SNBC)
Comprehensive Health Re-Assessment	15 Minutes	T1028	\$24.01		No	N/A	None	MSC+ SeniorCare Complete(MSHO) AbilityCare SingleCare/SharedCare(SNBC)
Care Coordination	15 Minutes	G9005	\$24.01		No	N/A	None	MSC+ SeniorCare Complete(MSHO) AbilityCare SingleCare/SharedCare(SNBC)
Care Transition Management	15 Minutes	T2038	\$24.01		No	N/A	None	MSC+ SeniorCare Complete(MSHO) AbilityCare SingleCare/SharedCare(SNBC)
PASRR: Care Transition Management	15 Minutes	T2038	\$24.01	UI	No	N/A	None	MSC+ SeniorCare Complete(MSHO) AbilityCare SingleCare/SharedCare(SNBC)
Relocation Service Coordination	15 Minutes	T1017	\$15.53		No	N/A	32 units/day 5 days/week 180 days limit (per Nursing Facility stay)	MSC+ SeniorCare Complete(MSHO)
SeniorCare Complete Health and Safety Benefit	Per Item	T2025	Up to \$300/year maximum		Yes	Care Coordinator submits request to SCHA using SCC Health and Safety Prior Authorization Request form. If approved SCHA will submit Health Services Prior Authorization form to Health Solutions.	\$300/calendar year	SeniorCare Complete(MSHO)
SharedCare Face to Face Visit	15 Minutes	T2022	\$24.01	UI	No	N/A	None	SharedCare (SHC)

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South Country Health Alliance
2017 Pay-For-Performance (P4P) Program
With _____ County

Effective January 1, 2017 the Parties agree to establish a P4P incentive program to include:

- Measure 1:** Completion of a care plan within 30 calendar days of the assessment for each member newly enrolled in a Senior or SNBC product.
- Measure 2:** Member needs identified in the Health Risk Assessment (HRA) or Long Term Care Consultation (LTCC) will also be identified in the care plan.
- ❖ Both measures include members on SeniorCare Complete, MSC+, AbilityCare or SingleCare.
- ❖ For purposes of these measure seniors will include Senior Care Complete and MSC+ and SNBC will include AbilityCare and SingleCare.
- ❖ Members residing in a nursing facility or ICF-DD will be excluded.
- ❖ Specification information can be found in Attachment A.
- ❖ Any payments under the P4P program will be separate from our current contractual payment rates.

The annual target level to meet the P4P incentive is listed below and will be measured by review of documents entered into CCM or submitted to South Country for entry into CCM.

- Measure 1:** Numerator = the number of care plans completed within 30 calendar days of the assessment for seniors or SNBC members newly enrolled each month.
Denominator= the total number of members, in the Senior and SNBC products, enrolled each month separated by individual county. **Refusals will remain part of the denominator.**
- Measure 2:** Numerator= the number of Senior and SNBC members used in the care plan audit with all identified needs in the assessment also identified in the care plan.
Denominator= the sample of members used in the care plan audit.

The total pool of funds available for the P4P programs is \$15,000 and will be allocated as follows:

- Measure 1:** New Member Care Plans Completed 40 %
- Measure 2:** Assessment needs identified in a care plan 60 %

Calculations of the P4P Measure 1 will be completed quarterly, and reported out within 30 days after the end of the quarter, and payment made in March 2018. Calculations of the P4P Measure 2 will be completed annually as part of the 2018 care plan audit, and reported within the annual audit report and payment made in September 2018. A portion of the P4P dollars will be awarded proportionate to the degree of improvement if the 2017 rate is greater than the 2016 rate but less than the 2017 performance target (95%). When the long term target (95%) is achieved, the annual goal will be to maintain at least that rate (95%). Fifty percent (50%) or more of the eligible members must have completed an HRA and care plan to qualify for the Measure 1 funds.

Measurement Data

Measure	Current Year 2015 Rate	Current Year 2016 Rate	Current Year 2017 Target
1. New Member Care Plans completed timely	Seniors _____		95%
	SNBC _____		95%
2. Identified assessment needs are in the care plan	Seniors _____		95%
	SNBC _____		95%

**South Country Health Alliance
2016 Pay For Performance (P4P) Program
With _____ County**

Attachment A

Measure 1: Completion of a care plan within 30 calendar days of the assessment for a newly enrolled member

The care coordinator will place the date completed for the new member assessment and the care plan in CCM or submit that data to South Country who will enter the data into CCM. Completion means all areas of the care plan completed and care plan sent out to member or responsible party within 30 calendar days of the completed health risk assessment. South Country will run a report from the data in CCM to determine the % of care plans completed within 30 calendar days from the date of the completed health risk assessment, for newly enrolled members each month.

South Country will share a “New Member Care Coordination Activity” report with County staff by the 5th of each month and an “End of the Month” report each month identifying missing data. The county has until the 10th of the next month to have all of the data entered into CCM or sent to South Country for data entry. For example: a new member enrolls on January 1st. The health risk assessment must be completed by January 30th and Care Plan must be completed by February 29th. All data will need to be entered into CCM or submitted to South Country for entry into CCM by March 10th to be counted.

Reports will be shared with the County Directors Advisory Committee at their scheduled meetings.

Measure 2: Member needs identified in the assessment will also be identified in the care plan

South Country will conduct a care plan audit by September 2017 of a sample between 8-30 members in each of the following Senior and SNBC product areas: Elderly Waiver, Community Well, AbilityCare and SingleCare. For Elderly Waiver 8 Member files will be initially reviewed if deficiency is found then an additional 22 Member files are reviewed. For Community Well and AbilityCare 10 Member files will be reviewed and if deficiency is found then an additional 5 Member files are reviewed. For SingleCare 10 member files will be reviewed. The element that will be measured for each of these areas will be: Care plan is based on needs and concerns identified in the Health Risk Assessment (HRA) or Long Term Care Consultation (LTCC).

REVISED 2017 COST REIMBURSEMENT

COUNTY: Goodhue

CONNECTOR NAME:	Dana Syverson	
AVERAGE HOURS <i>PER WEEK</i> DEDICATED TO SCHA DUTIES	25	
% FTE	62.5%	
2017 Connector Annual Salary	\$ 71,512.00	\$ 44,695.00
Taxes		
PERA		
Annual Insurance		
Total 2017 Connector Reimbursable Costs		

CASE AIDE NAME:	Denise Smith	
AVERAGE HOURS <i>PER WEEK</i> DEDICATED TO SCHA DUTIES	15	
% FTE	37.5%	
2017 Case Aide Annual Salary	\$ 57,100.00	\$ 21,412.50
Taxes		
PERA		
Annual Insurance		
Total 2017 Case Aide Reimbursable Costs		

Total Salaries	\$	66,107.50
Total Taxes		
Total PERA		
Total Insurance		
Combined Total 2017 Reimbursable Costs	\$	88,963.91

Prepared by: Mike Zorn
 Date: 1/9/2017

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2017	Staff Lead:	Sheila Gadiant
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve Regional Contract for additional Employment and Training services for Supplemental Nutrition Assistance Program (SNAP) customers		

BACKGROUND:

The Department of Human Services has continued to offer some additional employment and training funding for SNAP customers. Each county grant amounts are small so it has made sense for counties that wish to seek these funds to come together and contract with the state and the regional employment and training service provider – Workforce Development Inc.

This is now our third year collaborating for this additional funding. Wabasha County has agreed to continue to act as the fiscal agent.

The Workforce Development Inc. will utilize the available funds of \$33,987 for the period of 10-01-2016 through 09-30-2017 designated for direct program expenses and \$752 designated for support services for the four counties.

RECOMMENDATION: HHS department recommends approval of the above.

AGREEMENT FOR PROVISION OF
SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP)

The Wabasha County Board of Commissioners through its designated agency, the Wabasha County Department of Human Services, 625 Jefferson Avenue, Wabasha, MN 55981-1589 (651) 565-3351, acting as Fiscal Agent for the counties of Goodhue, Houston, Mower and Wabasha or any successor organization developed with at least one of the participating counties hereinafter referred to as the "Counties" and the Workforce Development, Inc., 1302 Seventh Street NW, Rochester, MN 55901 (507) 292-5166, hereinafter referred to as the "Contractor" enter into this agreement for the period of October 1, 2016 through September 30, 2017.

WITNESSETH

WHEREAS, M.S. 256D.051 requires counties to provide a SNAP Program to eligible persons and allows counties to subcontract for duties under subd.2 of M.S. 256D.051, and

WHEREAS, the Job Training Program, under WIA, administered by the Workforce Development, Inc. is knowledgeable regarding M.S. 256S.051 and of the methods and techniques involved in providing the services in M.S. 256D.051;

NOW, THEREFORE, in consideration of the mutual understandings and agreements set forth, the Counties and Contractor agree as follows;

Available Funds \$33,987 10-01-2016 through 09-30-2017 designated for direct program expenses and \$752 designated for support services for the four counties.

I. Services to be Provided

- A. SNAP Orientation
- B. Employability assessment and development plan
- C. Job search classes
- D. Referrals to available employment assistance programs/agencies

II. Delivery

The Contractor agrees to the following:

- A. The SNAP Program services will be made available at the Workforce Development, Inc. office locations in each county.
- B. The services available for regular WIA participants may be available for SNAP participants, depending on the funding.
- C. The program will be a minimum of 20 hours per week and a maximum of 32 hours per week for period of eligibility.

- D. Upon referral of a SNAP registrant, the Contractor will provide an orientation to the SNAP Program and notify the Counties of attendance.
- E. An employment plan with all of the required SNAP activities and individual responsibilities will be prepared by the Contractor and submitted to the participant each month. This employment plan will prescribe the necessary activities to be undertaken during the month by the participant in order to continue receiving monthly SNAP benefits. A copy will be sent to the Counties.
- F. The Contractor will send the notice "Failure to Comply" within 24 hours to all participants who are non-compliant in addition to contacting the County financial worker by phone. A copy of the notice is also sent to the County, and after 10 days the official notification of non-compliance is sent to the County.
- G. The Contractor agrees that in order to protect itself, as well as the Counties, under the indemnity agreement, it will at all times have and keep in force a professional liability insurance policy with limits of \$1,000,000.00.
- H. To facilitate interagency cooperation, the Counties and Contractor shall be considered adjunct agencies for the purpose of meeting the training requirements of the SNAP Program. Participant referral information and related contracts to provide training services and participation information shall be communicated between program related personnel involved with this program. Program participants will be apprised of the service agreement between the Counties and Contractor.

III. County's Responsibilities

- A. Refer all persons eligible for the SNAP program to the Workforce Development, Inc. in the following manner:
 - 1. Complete a WF1 referral, for all non-exempt adults as soon as eligibility is approved but no later than the first of the month, identifying the SNAP participant and his/her SNAP program status, and send to the Contractor prior to the orientation.
 - 2. Assure that each participant has signed releases to authorize the exchange of information between the Counties and the Contractor.
- B. The Counties will reimburse the Contractor for invoiced costs at the following rate: \$400.00 per SNAP enrollment for staff services, including orientation, assessment, and preparation of an Employment Plan, individualized counseling, Job Search instruction, and vocational

assessment, referrals to other agencies, job referrals and direct marketing contracts with employers. Actual costs for services will be billed each month up to \$33,987 direct program and \$752 support funds for this program year. This includes the time spent sending notices to the participants and the Counties, in addition to tracking the participants' compliance.

- C. Retain ultimate responsibility for determining a participant's appropriate grant status and carrying out any sanctions identified in the authorizing statute.
- D. Complete any state mandated Information System forms or reports for SNAP registrants at time of registration.
- E. Inform Contractor prior to referring any participant who is unable to communicate in the English language. The Contractor will then arrange for an interpreter.

IV. Contractor Responsibility

- A. The Contractor agrees that during the existence of this agreement that it will indemnify and hold harmless the Counties from any and all liability which may be claimed against the Contractor (1) by reason of any reimbursable cost resulting from an eligible client suffering injury, death, or property loss while participating in services from the Contractor or while being transported to/from said premises in any vehicle owned, operated, chartered, or otherwise contracted for by the Contractor or (2) by reason of any said client causing injury/damage to another person or property during any time when the Contractor has undertaken or is furnishing the service called for under this agreement.
- B. The Contractor agrees to comply with the Civil Rights Act of 1964 (Titles VI and VII); Rehabilitation Act of 1973 (Section 504); and Minnesota Human Rights Act (Chapter 363).

V. Financial Arrangements and Reporting Procedures

- A. The Contractor agrees to furnish the following reports to the Counties:
 - 1. Verification that the participant kept their initial appointment as scheduled.
 - 2. A copy of the employment plan.

3. Monthly communication with the Counties verifying each participant's compliance with the program requirements and their employment plan.
4. Immediate notification to the Counties of a participant's noncompliance as outlined in Minnesota Rule.
5. Any Management Information Systems forms or subsequent reports for SNAP required by the Counties.

VI. Other Conditions of the Contract

- A. The Contractor shall allow personnel of the Counties, Minnesota Department of Human Services, and the Minnesota Department of Employment and Economic Development, access to the Contractor's records at reasonable hours in order to exercise their responsibility to monitor the services and audit the financial records.
- B. Audit and Records Disclosure:

The Contractor agrees to maintain records at 1302 Seventh Street N.W., Rochester, MN 55901 for a period of six years to allow persons from the Minnesota Department of Human Services and the Minnesota Department of Employment and Economic Development, or their designees, access to records at reasonable times for audit purposes.
- C. The use or disclosure, by a party, of information concerning a client in violation of the Data Privacy Act or for any purpose not directly connected with the administration of the County's or Contractor's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client his/her responsible parent or guardian.
- D. This contract may be cancelled by either party, upon 30 days notice, in writing, delivered by mail, or in person.
- E. Alteration to or waivers of provisions of this contract shall be valid only if they are in writing and duly signed by both parties.
- F. In the event there is a revision of state regulations which might affect this agreement, all parties will review the contract and renegotiate those provisions necessary to bring it into compliance with the new regulations.
- G. Subcontractors are subject to all requirements outlined in this agreement.

- H. The Counties agrees to provide for a Fair Hearing and Grievance Procedure in conformance with Minnesota Statutes, Sections 256.045, and in conjunction with the Fair Hearing and Grievance Procedures established by administrative rules of the State Department of Human Services.

VII. Non-Discrimination Statement: The CONTRACTOR will comply with:

- A. Title VI of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, which generally prohibits discrimination on the grounds of race, color, or national origin, and applies to any program or activity receiving federal financial aid.
- B. Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, which generally prohibits discrimination because of race, color, religion, sex, or national origin and applies to all employers, including State and local governments, public and private employment agencies and labor organizations. Any employment and training program sponsor or contractor, which falls within one of these definitions, would, of course, be covered by Title VII.
- C. The Rehabilitation Act of 1973, as amended, which generally prohibits discrimination on the basis of handicap in all federally funded programs.
- D. The Age Discrimination in Employment Act of 1967, as amended which generally prohibits discrimination on the basis of age against persons 40 years of age and over.
- E. The Equal Pay Act of 1963 amended the Fair Labor Standards Act and which generally provides that an employer may not discriminate on the basis of sex by paying employees of different sexes differently for doing the same work.
- F. Title IX of the Education Amendments of 1972, as amended, generally provides that no person shall, on the basis of sex, be excluded from participation, be denied the benefits of, be treated differently from another person or otherwise be discriminated against in any interscholastic, intercollegiate, club or intramural athletics offered and no recipient shall provide any such athletics separately on such basis.
- G. The Age Discrimination Act of 1975, as amended, prohibits unreasonable discrimination on the basis of age in programs or activities receiving federal financial assistance.
- H. The Americans with Disabilities Act of 1990 (P.L.101-336), as amended, which prohibits discrimination based on disabilities in the areas of employ-

ment, public services, transportation, public accommodations and telecommunications.

IX Affirmative Action: The Contractor certifies that it has received a Certificate of Compliance from the Commissioner of Human Rights pursuant to Minnesota Statutes, Section 363.073.

- A. The Contractor agrees to comply with the requirements the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (Public Law 91-646), which provides for fair and equitable treatment of persons displaced as a result of federal or federally assisted programs.
- B. The Contractor agrees that program participants shall not be employed in the construction, operation or maintenance of that part of any facility, which is used for religious instructions or worship.
- C. The Contractor agrees to comply with the provisions of Chapter 15, Title 5 of the United States Code with regard to political activity.
- D. The Contractor further understands and agrees that it shall be bound by the Minnesota Government Data Practices Act (Minnesota Statutes 13.03-13.04) with respect to "data on individuals", (as defined in 13.02, subd. 5 of that statute) which it collects, receives, stores, uses, creates or disseminates pursuant to this agreement. The Contractor provides assurances to the Counties that it will comply with Health Information Portability and Accountability Act (HIPPA) requirements necessary to protect individual identifying health information (IIHI). Use and disclosure will require that all IIHI be: appropriately safeguarded; any misuse of IIHI will be reported to the Counties; secure satisfactory assurances from any subcontractor; grant individuals access and ability to amend their IIHI; make available an accounting of disclosures; release applicable records to the Department of Human Services if requested; and upon termination, return or destroy all IIHI in accordance with conventional record destruction practices.
- E. The Contractor agrees to comply with all applicable standards, orders, or requirements issued under section 306 of the Clear Air Act (42 U.S.C. 1857 (h)), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15).

It is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties related to the subject matter hereof, as well as any previous agreements presently in effect between the Counties and the Contractor.

IN WITNESS WHEREOF, The Counties and Contractor have executed this contract as of the day and year first above mentioned:

(THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK)

FOR

WABASHA CO. BOARD OF COMMISSIONERS

By _____
Board Chair

By _____
Director

Date _____

By _____
County Attorney

Date _____

FOR THE CONTRACTOR
Workforce Development, Inc.



Director

Date 11/3/14

FOR

MOWER CO. BOARD OF COMMISSIONERS

By _____
Board Chair

By _____
Director

Date _____

By _____
County Attorney

Date _____

FOR THE CONTRACTOR
Workforce Development, Inc.



Director

Date 11/3/14

FOR

HOUSTON CO. BOARD OF COMMISSIONERS

By _____
Board Chair

By _____
Director

Date _____

By _____
County Attorney

Date _____

FOR THE CONTRACTOR
Workforce Development, Inc.



Director

Date 11/3/14

FOR

GOODHUE CO. BOARD OF COMMISSIONERS

By _____
Board Chair

By _____
Director

Date _____

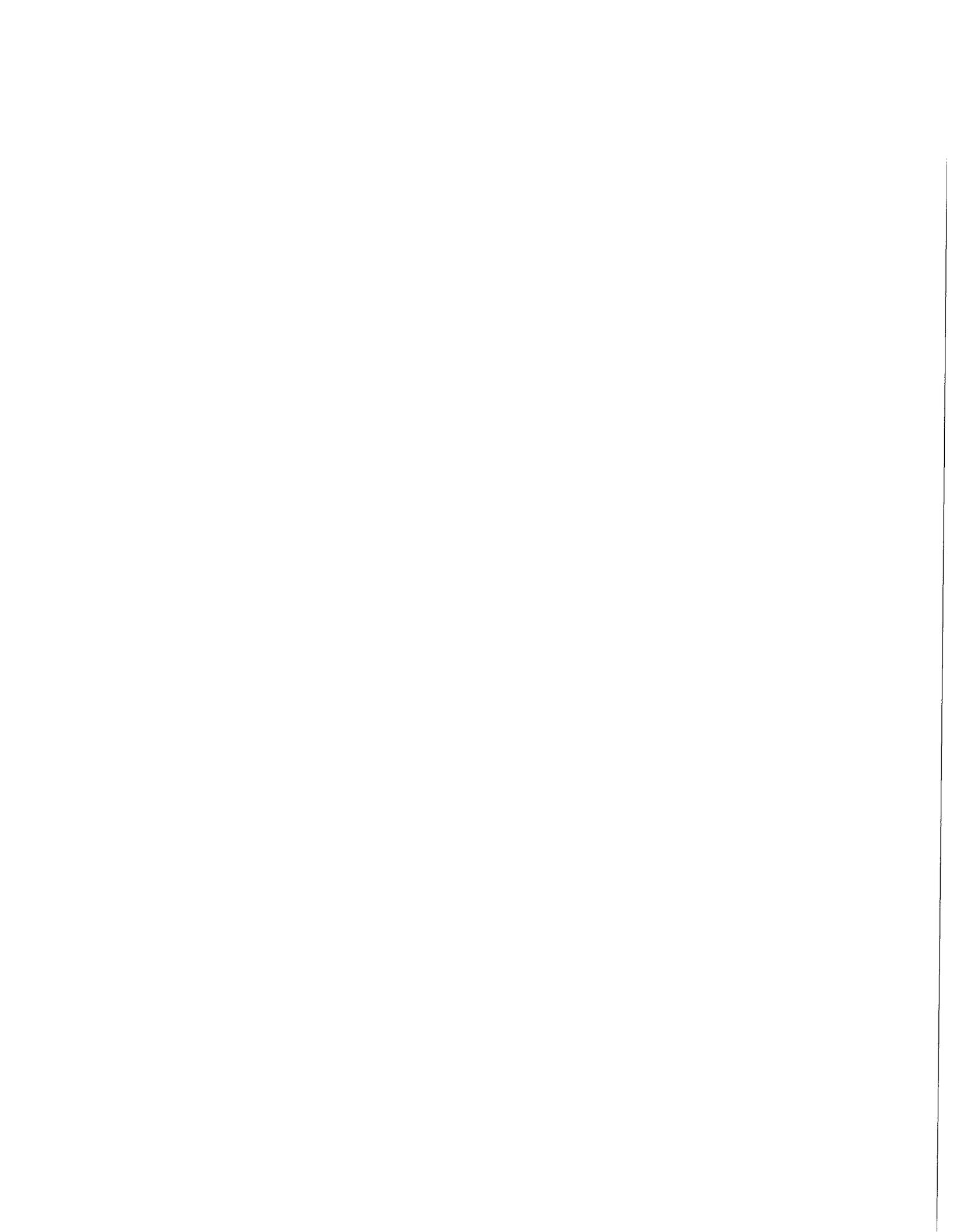
By _____
County Attorney

Date _____

FOR THE CONTRACTOR
Workforce Development, Inc.


Director

Date 11/3/16



**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2017	Staff Lead:	Mary Heckman
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve 340B Health Care Services Contract with Mayo Clinic Health System-Cannon Falls		

BACKGROUND:

The 340B is a Drug Pricing Program through the Federal Government. It requires pharmaceutical manufacturers to sell outpatient drugs at discounted prices to taxpayer-supported health care facilities that care for uninsured and low income people. As a Critical Access Hospital the Mayo Clinic Health Systems (MCHS) Cannon Falls falls under this program. In order for MCHS Cannon Falls to participate in this program they need to contract with Goodhue County to acknowledge that MCHS Cannon Falls is providing these services at no reimbursement or considerably less than full reimbursement for the patients. This contract has no financial exchange between Goodhue County and MCHS Cannon Falls.

RECOMMENDATION: Goodhue County HHS recommends approval of this contract.

340B HEALTH CARE SERVICES CONTRACT

BETWEEN

GOODHUE COUNTY

AND

MAYO CLINIC HEALTH SYSTEM—CANNON FALLS

THIS 340B HEALTH CARE SERVICES CONTRACT (“Contract”) is made this 17th day of January, 2017 by and between **GOODHUE COUNTY (“COUNTY”)** located at 426 West Avenue, Red Wing, MN 55066 and **MAYO CLINIC HEALTH SYSTEM—CANNON FALLS (“MAYO”)** a non-profit hospital located in Cannon Falls, MN 55009.

RECITALS:

WHEREAS, MAYO is a non-profit hospital that supports many programs that benefit the indigent, uninsured or underinsured population of the State of Minnesota;

WHEREAS, MAYO desires to participate in the drug discount program established under Section 340B of the Public Health Services Act (the “340B Program”);

WHEREAS, in order to participate in the 340B Program, MAYO must enter into a contract with a unit of the Minnesota government pursuant to which MAYO commits to provide health care services to low income individuals who are not entitled to Medicare or Medicaid benefits at no reimbursement or considerably less than full reimbursement from these patients;

WHEREAS, MAYO desires to make such a formal commitment to COUNTY; and

WHEREAS, COUNTY agrees to accept such commitments on behalf of the citizens of Goodhue County.

NOW, THEREFORE, in consideration of the mutual agreements and covenants contained therein and for other good a valuable consideration, the receipt and sufficiency of which hereby are acknowledged, it is mutually agreed and covenanted, under seal, by and between the parties to this Contract, as follows:

1. Commitment of MAYO to Provide Indigent Care.

During the term of this Contract, MAYO agrees to continue its commitment to the provision of health care to indigent, uninsured and underinsured residents of Goodhue County. MAYO will assume that all patients will receive necessary care, as required by law, regardless of the ability to pay.

2. Acceptance and Acknowledgements of COUNTY.

- (a) COUNTY accepts the commitment of MAYO set forth above;
- (b) COUNTY hereby acknowledges that the healthcare services provided by MAYO hereunder are in the public interest and are being provided to individuals who are not entitled to benefits under Title XVIII or eligible for assistance under any State plan pursuant to Title XIX of the Social Security Act; and
- (c) COUNTY acknowledges that MAYO is providing these services at no reimbursement or considerably less than full reimbursement for the patients.

3. Representation of MAYO. MAYO represents that as of date hereof:

- (a) MAYO constitutes a corporation duly organized and validly existing in good standing under the laws of the State of Minnesota with the corporate power and authority to enter into and perform its obligations under this Contract; and
- (b) MAYO is a tax-exempt corporation under Section 501(c)(3) of the Internal Revenue Code of the United States.

4. Term and Termination. The term of this Contract shall commence on the day above written, and shall continue until terminated by either party upon not less than sixty (60) days prior written notice to the other.

5. **Notice.** All notices and business communications between the parties related to this Contract shall be in writing and either personally delivered, sent by registered or certified mail, overnight courier, or by facsimile (with a copy to follow by certified or registered mail or overnight courier), addressed as follows:

Sent to: Goodhue County
Attn: Nina Arneson, Director
426 West Avenue
Red Wing, MN 55066
Fax:

Sent to: Mayo Clinic Health System—Cannon Falls
Attn: Glenn Christian, Operations Manager
32021 County 24 Blvd.
Cannon Falls, MN 55009

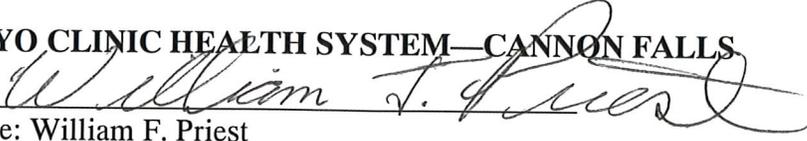
With a copy to: Attn: General Counsel
Mayo Clinic
200 First Street SW
Rochester, MN 55905

6. **Governing Law.** This Contract and the rights and obligations of the parties hereunder shall be governed by the laws of the State of Minnesota, except that no Minnesota conflicts of law or choice of law provision shall apply to this Agreement.
7. **Use of Name.** Except as specifically permitted in this Contract, COUNTY shall not use the names or trademarks of MAYO or of any of MAYO's affiliated entities in any advertising, publicity, endorsement, or promotion unless MAYO has provided prior written consent for the particular use contemplated. All requests for approval pursuant to this Section must be submitted to the Mayo Clinic Public Affairs Business Relations Group, at the following E-mail address: BusinessRelations@mayo.edu at least 5 business days prior to the date on which a response is needed. The terms of this section survive the termination, expiration, non-renewal, or rescission of this Contract.
8. **Counterparts.** This Agreement may be executed in any number of counterparts which, when taken together, will constitute one original, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

[Signature page on following page]

IN WITNESS WHEREOF, MAYO and COUNTY have executed this Contract as of the day and year first written above by their duly authorized representatives.

MAYO CLINIC HEALTH SYSTEM—CANNON FALLS

By: 
Name: William F. Priest
Title: Secretary
Date:

GOODHUE COUNTY

By: _____
Name:
Title:
Date:

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2017	Staff Lead:	Mike Zorn
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve CY 2017 Minnesota Merit System Compensation Plan for Goodhue County HHS Department		

BACKGROUND:

The Minnesota Merit System has presented all 70 Merit System Counties (of 87 MN Counties) with its recommended Compensation Plan for CY 2017.

Goodhue County Health & Human Services will be adopting within the minimums and maximums of the Minnesota Merit System Plan as recommended by the Minnesota Merit System.

For CY 2017, Goodhue County has adopted 2.00% COLA for all non-union employees. Attached is the GCHHS Compensation plan as of January 1, 2017 with Goodhue County's 2.00% COLA increase as approved by the Goodhue County Board.

RECOMMENDATION: The HHS Department recommends approving the CY 2017 HHS Minnesota Merit System Compensation Plan based on the action of the Goodhue County Board meeting on December 20, 2016 for all non-union employees.

	1	2	3	4	5	6	7	8	9	10	
Office Support Specialist 78 COUNTY	2541	2655	2772	2905	3032	3175	3318	3453	3607	3652	
Bi-Weekly	1172.69	1225.41	1279.55	1340.75	1399.60	1465.50	1531.41	1593.55	1664.64	1685.35	21.07 Top
Hourly	14.66	15.32	15.99	16.76	17.49	18.32	19.14	19.92	20.81	21.07	0.15 HHS Adjust
Merit 6	2433	2542	2653	2777	2900	3036	3173	3317	3475	3626	20.92 Merit Max

	1	2	3	4	5	6	7	8	
Office Support Specialist SR 80 COUNTY	3103	3248	3400	3550	3714	3856	4027	4075	
Bi-Weekly	1432.08	1498.93	1569.07	1638.28	1714.07	1779.51	1858.83	1880.72	23.51 Top
Hourly	17.90	18.74	19.61	20.48	21.43	22.24	23.24	23.51	0.11 HHS Adjust
Merit 6	2969	3106	3252	3395	3554	3708	3877	4056	23.40 Merit Max

	1	2	3	4	5	6	7	8	9	
Accounting Technician 80 COUNTY	3106	3252	3395	3554	3708	3877	4056	4255	4436	
Bi-Weekly	1433.49	1500.81	1566.72	1640.16	1711.25	1789.39	1871.78	1964.05	2047.38	25.59 Top
Hourly	17.92	18.76	19.58	20.50	21.39	22.37	23.40	24.55	25.59	0.00 HHS Adjust
Merit 7	3106	3252	3395	3554	3708	3877	4056	4255	4436	25.59 Merit Max

	1	2	3	4	5	6	7	8	8.5	9	9.5	10	
Case Aide 81 COUNTY	3390	3546	3715	3876	4045	4244	4435	4569	4711	4721	4921	4765	
Bi-Weekly	1564.84	1636.39	1714.54	1788.92	1867.07	1958.87	2046.79	2108.58	2174.48	2178.72	2271.43	2199.32	27.49 Top
Hourly	19.56	20.45	21.43	22.36	23.34	24.49	25.58	26.36	27.18	27.23	28.39	27.49	0.13 HHS Adjust
Merit 5	3173	3317	3475	3626	3785	3962	4148	4338		4532		4741	27.36 Merit Max

	1	2	3	4	5	6	7	8	9	10	
Information Systems Specialist SR 81 COUNTY	3397	3553	3724	3886	4053	4244	4436	4525	4705	4765	
Bi-Weekly	1567.66	1639.69	1718.78	1793.63	1870.84	1958.87	2047.38	2088.33	2171.66	2199.32	27.49 Top
Hourly	19.60	20.50	21.48	22.42	23.39	24.49	25.59	26.10	27.15	27.49	0.13 HHS Adjust
Merit 5	3173	3317	3475	3626	3785	3962	4148	4338	4532	4741	27.36 Merit Max

	1	2	3	4	5	6	7	8	
Support Enforcement Aide 81 COUNTY	3375	3522	3690	3845	4025	4213	4418	4457	
Bi-Weekly	1557.78	1625.57	1703.24	1774.80	1857.66	1944.28	2038.90	2057.26	25.72 Top
Hourly	19.47	20.32	21.29	22.19	23.22	24.30	25.49	25.72	0.13 HHS Adjust
Merit 8	3252	3395	3554	3708	3877	4056	4255	4436	25.59 Merit Max

	1	2	3	4	5	6	7	8	9	
HHS Administrative Aide COUNTY	3708	3858	4036	4234	4415	4620	4825	5037	5295	
Bi-Weekly	1711.25	1780.45	1862.83	1954.16	2037.49	2132.11	2226.74	2324.66	2443.76	30.55 Top
Hourly	21.39	22.26	23.29	24.43	25.47	26.65	27.83	29.06	30.55	0.00 HHS Adjust
Merit 7	3708	3877	4056	4255	4436	4642	4848	5061	5295	30.55 Merit Max

	1	2	3	4	5	6	7	8	9	
Eligibility Worker 82 COUNTY	3804	3969	4142	4328	4516	4703	4884	5100	5321	
Bi-Weekly	1755.50	1831.76	1911.79	1997.71	2084.10	2170.72	2253.93	2353.85	2456.00	30.70 Top
Hourly	21.94	22.90	23.90	24.97	26.05	27.13	28.17	29.42	30.70	0.15 HHS Adjust
Merit 7	3708	3877	4056	4255	4436	4642	4848	5061	5295	30.55 Merit Max

	1	2	3	4	5	6	7	8	9	10	
Child Support Officer 82 COUNTY	3778	3942	4122	4313	4525	4716	4926	5044	5254	5321	
Bi-Weekly	1743.73	1819.52	1902.38	1990.41	2088.33	2176.84	2273.34	2327.95	2424.93	2456.00	30.70 Top
Hourly	21.80	22.74	23.78	24.88	26.10	27.21	28.42	29.10	30.31	30.70	0.15 HHS Adjust
Merit 6	3554	3708	3877	4056	4255	4436	4642	4848	5061	5295	30.55 Merit Max

	1	2	3	4	5	6	7	8							
Community Support Technician 82 COUNTY	3724	3886	4053	4244	4436	4570	4706	4765							
Bi-Weekly	1718.78	1793.63	1870.84	1958.87	2047.38	2109.05	2172.13	2199.32	27.49	Top					
Hourly	21.48	22.42	23.39	24.49	25.59	26.36	27.15	27.49	0.13	HHS Adjust					
Merit 7	3475	3626	3785	3962	4148	4338	4532	4741	27.36	Merit Max					
Lead Eligibility Worker 83 COUNTY	4088	4288	4472	4677	4884	5099	5337	5585	5819						
Bi-Weekly	1886.84	1978.88	2063.85	2158.48	2254.04	2353.38	2463.06	2577.46	2685.50	33.57	Top				
Hourly	23.59	24.74	25.80	26.98	28.18	29.42	30.79	32.22	33.57	0.18	HHS Adjust				
Merit 8	4056	4255	4436	4642	4848	5061	5295	5542	5787	33.39	Merit Max				
Information Technology Specialist, Sr 83 MERIT	4088	4287	4472	4677	4885	5099	5336	5582	5830	6102	6373	6662			
Bi-Weekly	1886.84	1978.64	2063.85	2158.48	2254.51	2353.38	2462.59	2576.52	2690.92	2816.14	2941.37	3074.59	38.43	Top	
Hourly	23.59	24.73	25.80	26.98	28.18	29.42	30.78	32.21	33.64	35.20	36.77	38.43	0.20	HHS Adjust	
Merit 7	4056	4255	4436	4642	4848	5061	5295	5542	5787	6056	6325	6627	38.23	Merit Max	
Registered Nurse 83 MERIT	4088	4287	4472	4677	4885	5099	5336	5511	5755	5946	6211	6677	6964		
Bi-Weekly	1886.84	1978.64	2063.85	2158.48	2254.51	2353.38	2462.59	2543.57	2656.08	2744.11	2866.51	3081.66	3214.29	40.18	Top
Hourly	23.59	24.73	25.80	26.98	28.18	29.42	30.78	31.79	33.20	34.30	35.83	38.52	40.18	0.19	HHS Adjust
Merit 4	4056	4255	4436	4642	4848	5061	5295	5542	5787	6056	6325	6627	6931	39.99	Merit Max
Fiscal Officer 83 COUNTY	4255	4340	4541	4742	4953	5181	5516	5819							
Bi-Weekly	1964.05	2003.12	2095.86	2188.61	2286.06	2391.04	2545.92	2685.50	33.57	Top					
Hourly	24.55	25.04	26.20	27.36	28.58	29.89	31.82	33.57	0.18	HHS Adjust					
Merit 9	4255	4436	4642	4848	5061	5295	5542	5787	33.39	Merit Max					
Financial Assistance Supervisor I 84 MERIT	4314	4525	4716	4938	5155	5379	5628	5893	6153	6375	6579	6878	6964		
Bi-Weekly	1990.88	2088.33	2176.84	2278.99	2379.27	2482.84	2597.70	2719.63	2839.68	2942.31	3036.46	3174.40	3214.29	40.18	Top
Hourly	24.89	26.10	27.21	28.49	29.74	31.04	32.47	34.00	35.50	36.78	37.96	39.68	40.18	0.19	HHS Adjust
Merit 5	4056	4255	4436	4642	4848	5061	5295	5542	5787	6056	6325	6627	6931	39.99	Merit Max
Public Health Educator 84 MERIT	4287	4473	4677	4885	5099	5336	5582	5830	6102	6373	6662				
Bi-Weekly	1978.64	2064.44	2158.48	2254.51	2353.38	2462.59	2576.52	2690.92	2816.14	2941.37	3074.59	38.43	Top		
Hourly	24.73	25.81	26.98	28.18	29.42	30.78	32.21	33.64	35.20	36.77	38.43	0.20	HHS Adjust		
Merit 8	4255	4436	4642	4848	5061	5295	5542	5787	6056	6325	6627	38.23	Merit Max		
Planner (Human Services) 84 MERIT	4235	4417	4620	4826	5038	5268	5516	5761	6027	6295	6596	6964			
Bi-Weekly	1954.63	2038.43	2132.35	2227.21	2325.13	2431.52	2545.92	2658.90	2781.78	2905.59	3044.46	3214.29	40.18	Top	
Hourly	24.43	25.48	26.65	27.84	29.06	30.39	31.82	33.24	34.77	36.32	38.06	40.18	0.19	HHS Adjust	
Merit 6	4255	4436	4642	4848	5061	5295	5542	5787	6056	6325	6627	6931	39.99	Merit Max	

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Public Health Nurse 84 MERIT	4287	4471	4677	4884	5099	5387	5636	5887	6163	6437	6746	6983	7282	
Bi-Weekly	1978.64	2063.38	2158.48	2254.04	2353.38	2486.13	2601.00	2717.28	2844.39	2971.02	3113.67	3222.89	3360.82	42.01 Top
Hourly	24.73	25.79	26.98	28.18	29.42	31.08	32.51	33.97	35.55	37.14	38.92	40.29	42.01	0.22 HHS Adjust
Merit 4	4255	4436	4642	4848	5061	5295	5542	5787	6056	6325	6627	6931	7244	41.79 Merit Max

	1	2	3	4	5	6	7	8	9	9.5	10	10.25 to 12	10.5	11	12	
Social Worker 84 MERIT	4247	4441	4662	4860	5084	5311	5544	5805	6062	6244	6301	6501	6522	6566	6662	
Bi-Weekly	1960.28	2049.73	2151.89	2243.22	2346.31	2451.30	2558.63	2679.15	2797.78	2882.05	2907.94	3000.68	3009.99	3030.34	3074.59	38.43 Top
Hourly	24.50	25.62	26.90	28.04	29.33	30.64	31.98	33.49	34.97	36.03	36.35	37.51	37.62	37.88	38.43	0.20 HHS Adjust
Merit 6	4056	4255	4436	4642	4848	5061	5295	5542	5787		6056			6325	6627	38.23 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	
Care Coordinator 84 MERIT	4247	4441	4662	4860	5084	5311	5544	5805	6062	6301	6566	6662	
Bi-Weekly	1960.28	2049.73	2151.89	2243.22	2346.31	2451.30	2558.63	2679.15	2797.78	2907.94	3030.34	3074.59	38.43 Top
Hourly	24.50	25.62	26.90	28.04	29.33	30.64	31.98	33.49	34.97	36.35	37.88	38.43	0.20 HHS Adjust
Merit 6	4056	4255	4436	4642	4848	5061	5295	5542	5787	6056	6325	6627	38.23 Merit Max

** This classification not in use frozen status 2015 rates ***													
	1	2	3	4	5	6	7	8	9	10	11		
Licensed Clinical Social Worker 85 MERIT	4426	4631	4835	5048	5283	5527	5773	6040	6309	6611	6695		
Bi-Weekly	2042.67	2137.29	2231.45	2329.84	2438.11	2551.10	2664.55	2787.90	2911.71	3051.06	3089.90		
Hourly	25.53	26.72	27.89	29.12	30.48	31.89	33.31	34.85	36.40	38.14	38.62	**	** Frozen 2015
Merit 5	4436	4642	4848	5061	5295	5542	5787	6056	6325	6627	6931		Merit 2017

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Financial Assistance Supervisor II MERIT	4436	4620	4825	5037	5268	5514	5760	6026	6294	6595	6897	7209	7564	
Bi-Weekly	2047.38	2132.11	2226.74	2324.66	2431.52	2544.98	2658.43	2781.30	2905.12	3043.99	3183.34	3327.40	3490.87	43.64 Top
Hourly	25.59	26.65	27.83	29.06	30.39	31.81	33.23	34.77	36.31	38.05	39.79	41.59	43.64	0.00 HHS Adjust
Merit 5	4436	4642	4848	5061	5295	5542	5787	6056	6325	6627	6931	7244	7563	43.64 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	
Public Health Nursing/Community Health Supervisor 86 MERIT	5100	5335	5582	5848	6119	6390	6698	7002	7321	7620	7933	
Bi-Weekly	2353.85	2462.12	2576.52	2698.92	2824.14	2949.37	3091.54	3231.83	3378.71	3517.00	3661.17	45.76 Top
Hourly	29.42	30.78	32.21	33.74	35.30	36.87	38.64	40.40	42.23	43.96	45.76	0.23 HHS Adjust
Merit 6	5061	5295	5542	5787	6056	6325	6627	6931	7244	7563	7893	45.53 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	
Social Service Supervisor 87 MERIT	5749	6001	6281	6556	6875	7188	7518	7844	8188	8385	8741	8847	
Bi-Weekly	2653.26	2769.54	2899.00	3025.99	3172.98	3317.51	3470.04	3620.22	3778.86	3870.19	4034.49	4083.22	51.04 Top
Hourly	33.17	34.62	36.24	37.82	39.66	41.47	43.38	45.25	47.24	48.38	50.43	51.04	0.26 HHS Adjust
Merit 5	5421	5658	5920	6180	6481	6775	7087	7393	7720	8061	8422	8802	50.78 Merit Max

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Deputy Health & Human Services Director (DHSD) 88 MERIT	6102	6374	6678	6983	7300	7619	7952	8300	8665	9045	9479	9900	10314	
Bi-Weekly	2816.14	2941.84	3082.13	3222.89	3369.30	3516.65	3670.12	3830.65	3999.18	4174.78	4374.86	4569.29	4760.42	59.51 Top
Hourly	35.20	36.77	38.53	40.29	42.12	43.96	45.88	47.88	49.99	52.18	54.69	57.12	59.51	0.31 HHS Adjust
Merit 4	6056	6325	6627	6931	7244	7563	7893	8239	8601	8977	9408	9826	10262	59.20 Merit Max

	1	2	3	4	5	6	7	8	9		
Health & Human Services Director (HSDIV) 90 COUNTY	7720	7887	8239	8611	9003	9402	9824	10440	11015		
Bi-Weekly	3563.25	3639.99	3802.40	3974.23	4155.01	4339.55	4534.33	4818.32	5083.72	63.55 Top	
Hourly	44.54	45.50	47.53	49.68	51.94	54.24	56.68	60.23	63.55	0.32 HHS Adjust	
Merit 7	7720	8061	8422	8802	9204	9614	10042	10489	10960	63.23 Merit Max	



Goodhue County Health and Human Services

DATE: January 17, 2017
TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, HHS Director
RE: **2017 Per Diem Rates**

On December 20, 2016 the County Goodhue County Board set 2017 County per diem payment at \$50.00 per day. This will be also utilized for the HHS Board Members meetings as allowable under MS 375.055.

This is to request the HHS Board adopt the rate set by Goodhue County Board.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2016	Staff Lead:	Mike Zorn
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve December 2016 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for December 2016:

	Date of Warrant	Check No.	Series	Total Batch
IFS	December 2, 2016	ACH	-	-
IFS	December 2, 2016		429434	429454 \$ 23,687.48
IFS	December 9, 2016	ACH	21659	21674 \$ 14,976.70
IFS	December 9, 2016		429577	429661 \$ 36,811.18
IFS	December 16, 2016	ACH	21675	21677 \$ 6,547.00
IFS	December 16, 2016		429662	429695 \$ 21,433.52
IFS	December 22, 2016	ACH	21705	21706 \$ 2,042.91
IFS	December 22, 2016		429811	429828 \$ 12,327.09
SSIS	December 30, 2016	ACH	21707	21731 \$ 42,565.71
SSIS	December 30, 2016		429829	429893 \$ 212,604.48
IFS	December 30, 2016	ACH	21732	21780 \$ 6,278.41
IFS	December 30, 2016		429894	429905 \$ 89,992.01
IFS	December 30, 2016	ACH	21781	21783 \$ 326.16
IFS	December 30, 2016		429906	429963 \$ 12,445.43
			Total	\$ 482,038.08

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	January 17, 2017	Staff Lead:	Nina Arneson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve New Position – Office Support Specialist – Social Services Division		

BACKGROUND:

This item will be brought forward for the County Personnel Committee’s review on January 17, 2017 at 8:30a.m.

Please see the attached memo. The HHS Department staff will inform the HHS Board of the Personnel Committee’s actions at our January 17, 2017 Health and Human Services Board meeting.

RECOMMENDATION: GCHHS Department recommends approval as requested.



Goodhue County Health and Human Services

DATE: January 10, 2017

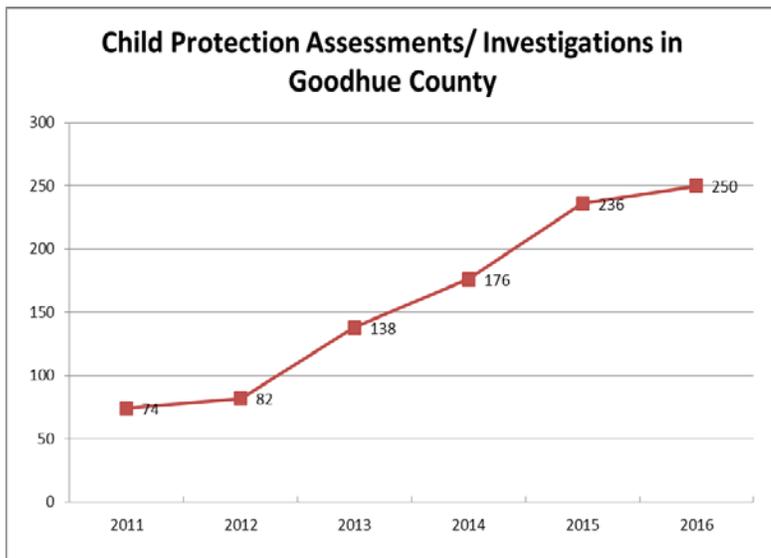
TO: Goodhue County Personnel Committee
Goodhue County Health and Human Services Board

FROM: Nina Arneson, HHS Director

RE: **Office Support Specialist - New Position – Social Services Division**

BACKGROUND:

Child Protection assessments and investigations in Goodhue County have increase over 237% in the past five years, and the increase has resulted in additional ongoing case management cases and children in out of home placement. Documentation, performance outcomes, and additional legislative requirements have also greatly increased. The child protection team has benefited from additional staff, but there is still a deficit in support staff to assist with additional document and support requirements. This new additional position was included, discussed during the 2017 budget process and the HHS 2017 approved budget includes funding for one full time Office Support Specialist for the Social Services Division.



	2017	2017
Office Support Specialist	Single Health	Family Health
Rate Step 1	\$14.66	\$14.66
Gross	\$30,493.00	\$30,493.00
PERA/FICA/Medicare/Life	\$4,683.00	\$4,683.00
Health Coverage/H.S.A.	\$9,112.00.00	\$19,776.00
Total Cost	\$44,288.00	\$54,952.00

RECOMMENDATION:

The HHS Department recommends approving the following:

1. Moving forward immediately to post for 1 Office Support Specialist (1 FTE) utilizing the MN Merit system. This posting would be for internal and external candidates. If an internal candidate is selected then move forward immediately to back fill that position until an external candidate has been hired to finish the process.
2. Hire after GCHHS Board's review and approval.

Minnesota Family Investment Program Diversionary Work Program 2016

Goodhue County



Jobs find your career
Technology Careers
General Career
Education Career

2016 Success

- Participant and Career Counselor worked together on job search and interviewing skills while participant attended GED classes. Passed the GED and obtained their first full time job.
- Career Counselor worked with local employer to help set up a schedule that would align with participant's child care. This ensured job retention and the participant is now moving off MFIP due to income.
- All participants who worked with Career Counselor and obtained degrees from the Technical College are working full time and off assistance.
- Worked with a participant who wasn't finding a lot of success locally. One of the participant's long term goals was to complete post secondary schooling in a program that was not offered in this area. Counselor helped participant by connecting them with the proper agencies and housing in the area where education program could be completed. Participant was able to port Section 8 and get into the housing out of town and was enrolled and ready to start school in the fall when they left this area. Before leaving this counselor also showed participant how to look up licensed child care providers and centers for new area. Participant is now living in the area where she has other family members who can help with back up child care.
- Worked together with participants to help them apply for and follow through with the Social Security disability process. That long process requires a lot of patience and follow through. If the participant is denied they need to appeal within a short window of time. By advocating for the participant, the counselor can connect them with lists of legal help for appeal. This has proven to be quite successful in getting participants with long term disabilities approved for Social Security disability benefits. This brings more, stable income into the home.

2016 Success

- A participant was dealing with divorce and lack of child support. She was working part-time but not making ends meet. She worked with the counselor to update her resume. Within 4 days she was hired to a full-time position making \$20 per hour as a Purchasing Associate in the Twin Cities.
- Many of our participants face multiple employment challenges. One participant has felony and was in jail/prison and until January, 2016. He participated in our Accelerated Welding Program in May 2016. He attended job search class and the counselor was very impressed with his determination and character. The counselor provided a letter of recommendation letter on his behalf. They went over a list of employers that may work with his felony record. Counselor received a call from the HR department of a local factory wanting a reference and they stated he did very well in his interview. He got the job which includes benefits, in a local production facility.
- Another referred participant and her child were without a home. They had been living with an ex but had to move out. They worked with the counselor and found a place to live and she found a 30 hour per week job at a local coffee shop. WDI was able to assist in getting a check for her to update her drivers license with her new address. Support services will be helping her get on her feet while she earns her first few paychecks.

Employment Highlights

10/1/2015-9/30/2016 MFIP & DWP

Largest Employers

Manpower

- 5, Average wage \$12.79

Accra

- 3, Average wage \$12.65

Deer Crest Ebenezer

- 3, Average wage \$11.54

Red Wing Healthcare Community

- 3, Average wage \$10.94

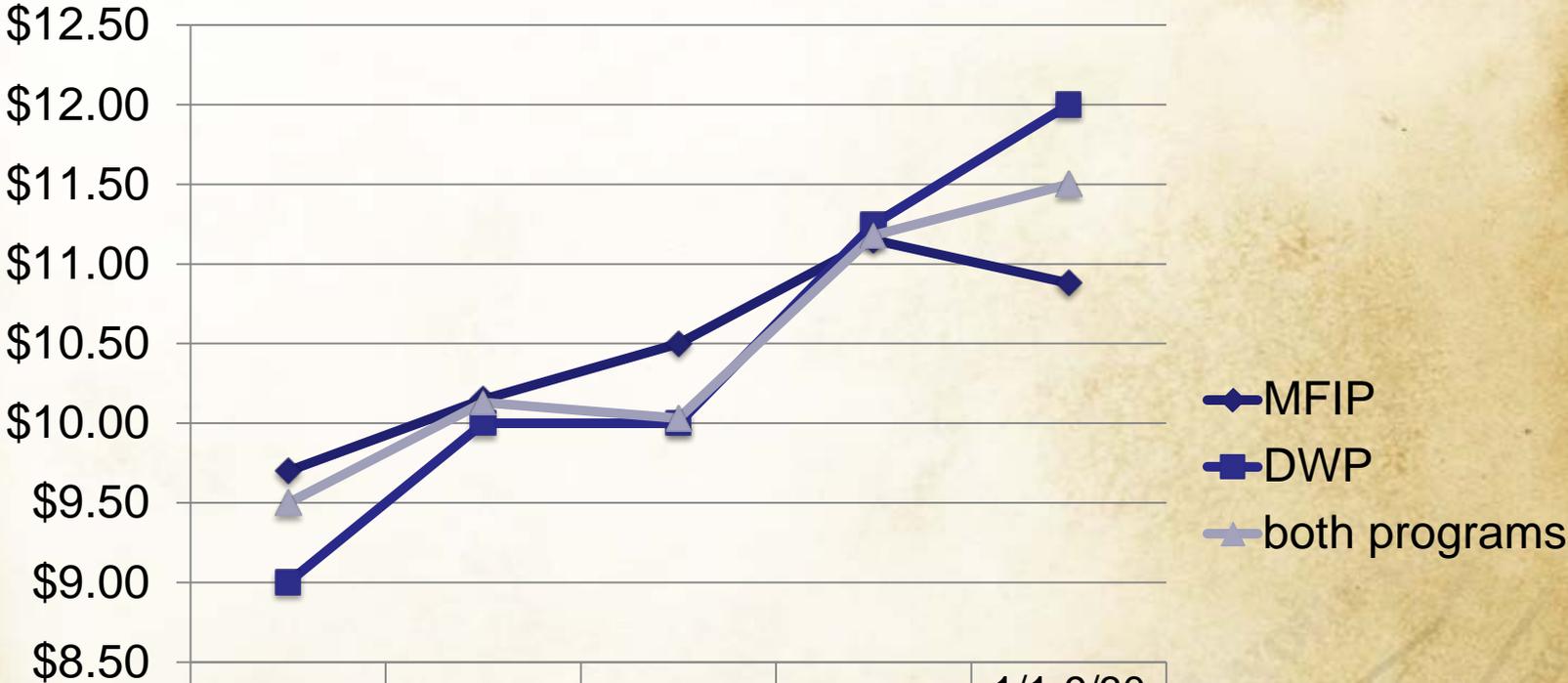
Three Highest Wages

\$20.50

\$17.60

\$16.65

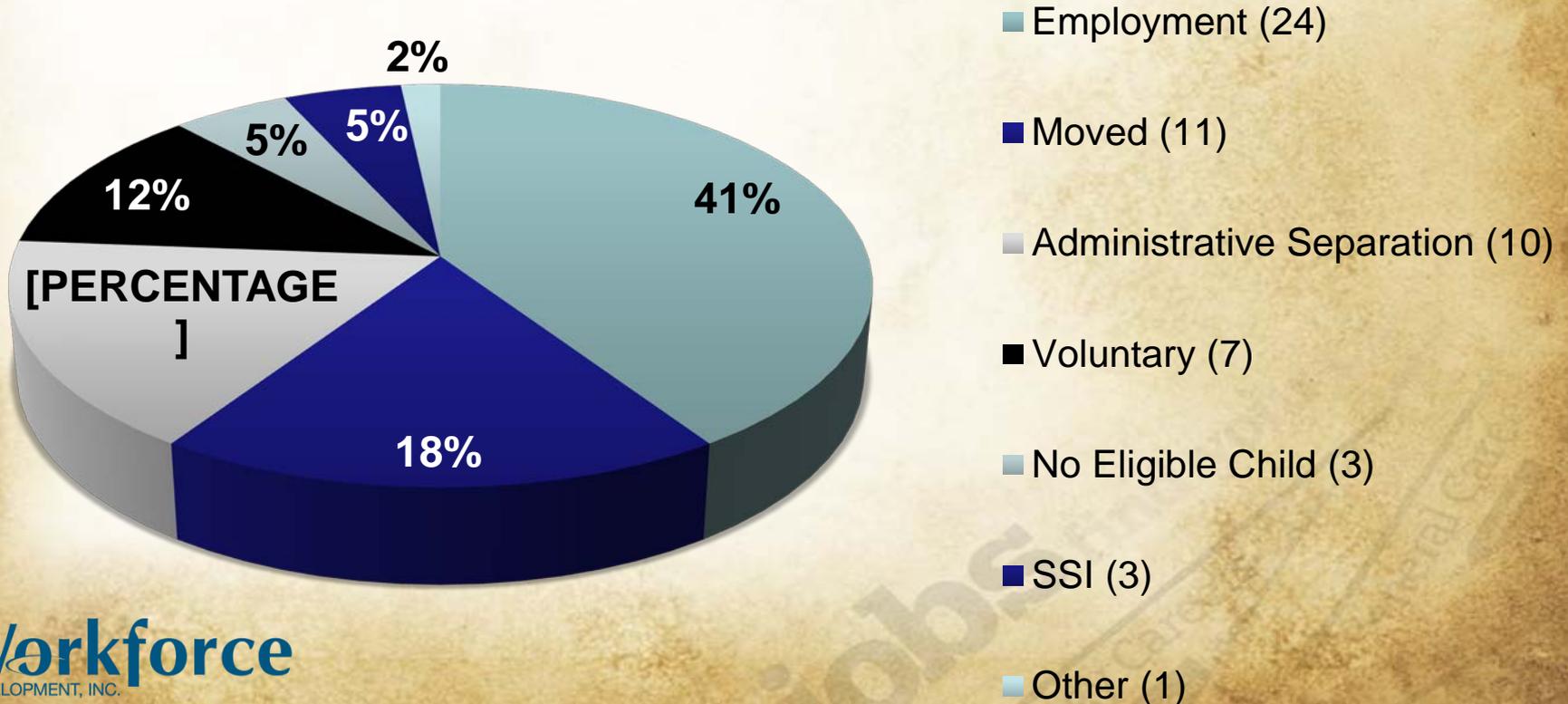
Median Exit Wage



	2012	2013	2014	2015	1/1-9/30 2016
MFIP	\$9.70	\$10.15	\$10.50	\$11.15	\$10.88
DWP	\$9.00	\$10.00	\$10.00	\$11.25	\$12.00
both programs	\$9.50	\$10.13	\$10.03	\$11.18	\$11.50

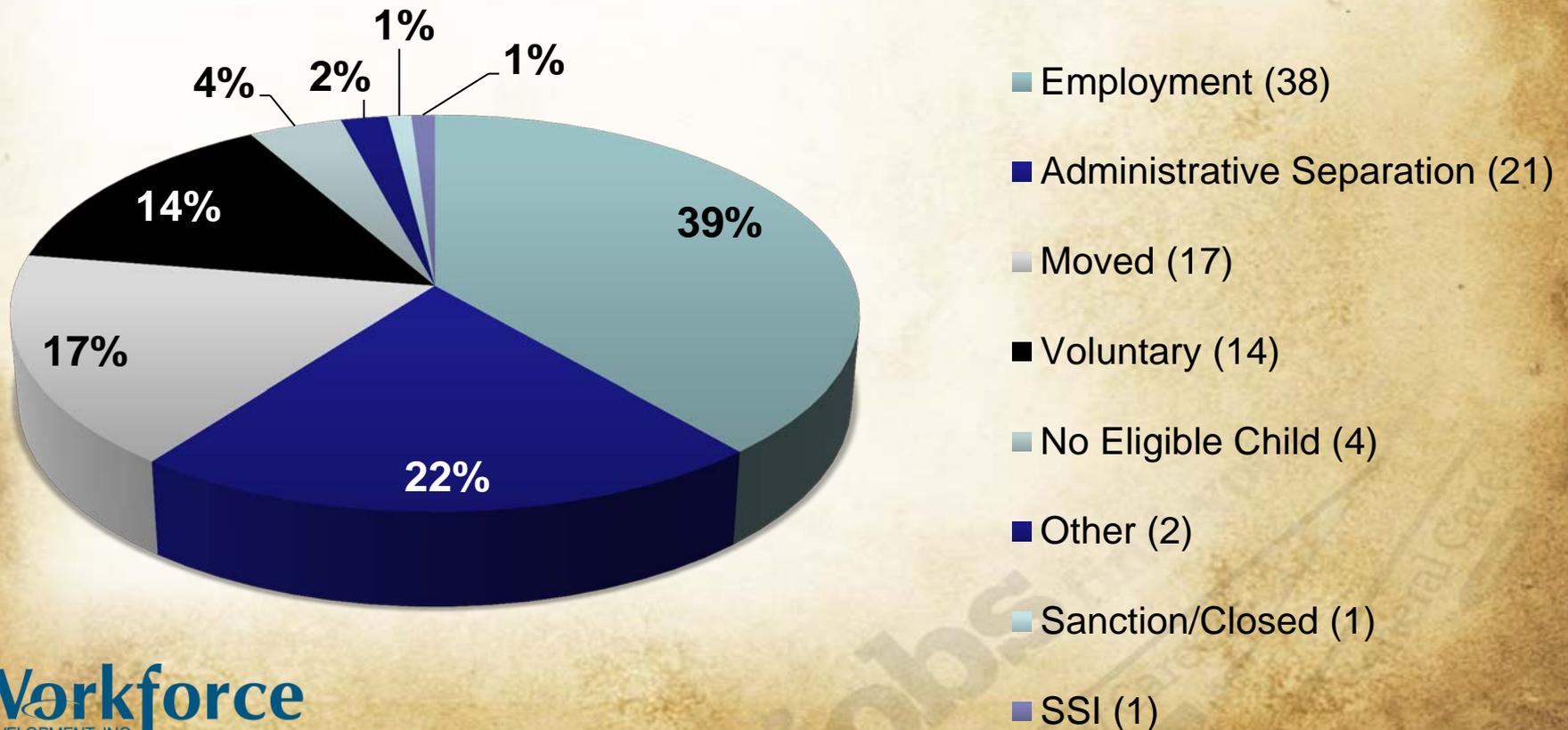
1/1/2016-9/30/2016 MFIP Terms

Exit Reason



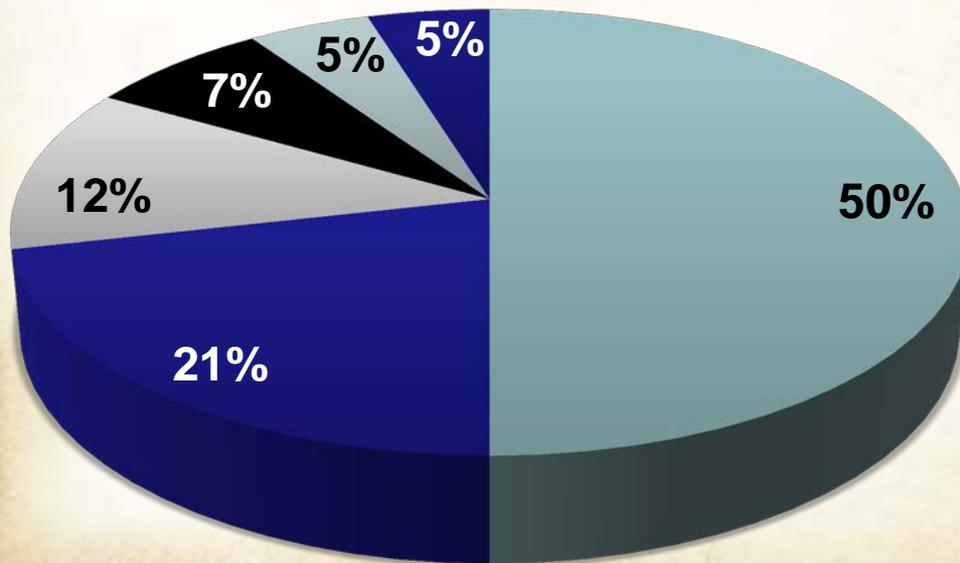
2015 MFIP Terms

Exit Reason



1/1/2016-9/30/2016 DWP Terms

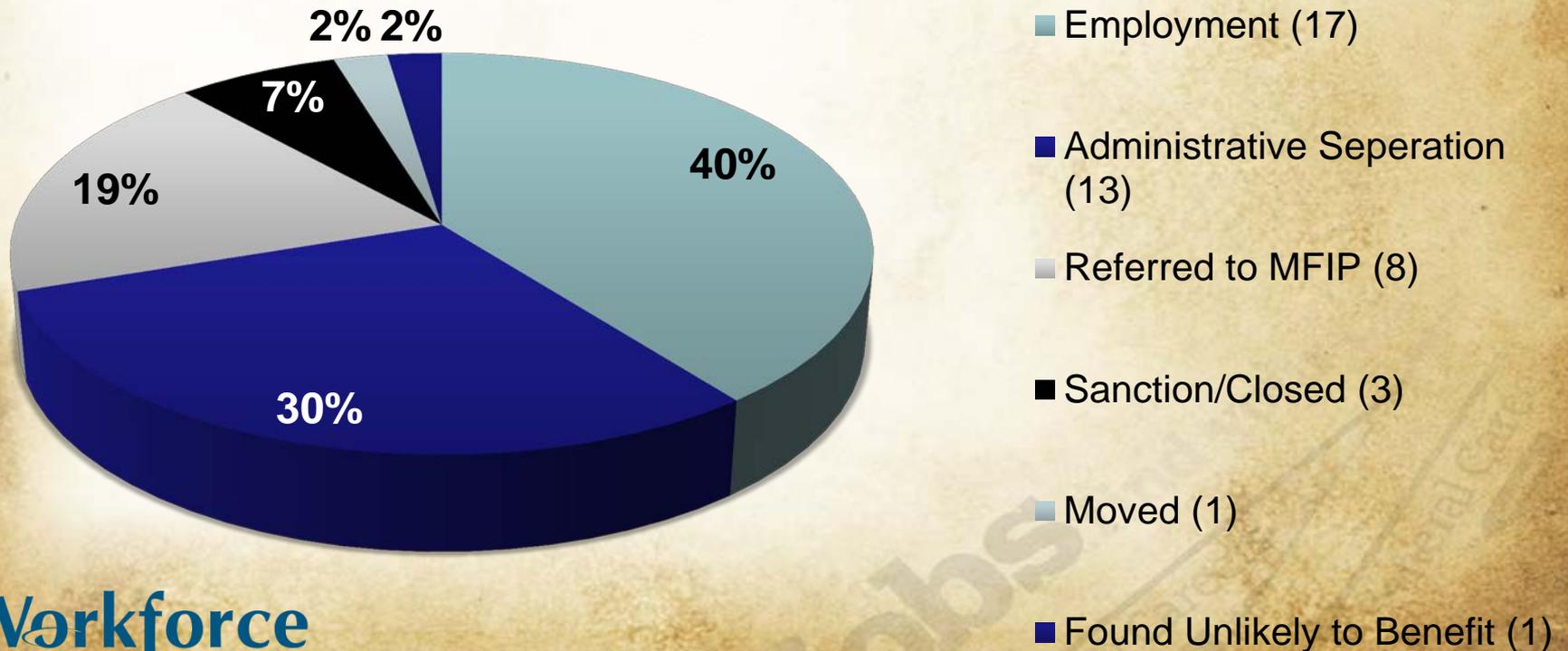
Exit Reason



- Employment (21)
- Referred to MFIP (9)
- Administrative Separation (5)
- Found Unlikely to Benefit (3)
- Voluntary (2)
- Sanction/Closed (2)

2015 DWP Terms

Exit Reason



MFIP Demographic Information

1/1/2016-9/30/2016

- 145 individuals served with 79 new enrollments and 59 exits.
- Average hourly wage at time of enrollment was \$10.40*. Average hourly wage at time of exit was \$11.48 with an average hourly wage gain of \$1.08.
- Average age at time of enrollment was 30.5 years.
- 76.6% of those served had their High School Diploma or GED. 31.7% of individuals had additional post secondary training.
- 43% of new enrollments disclosed they had a disability which was a barrier to employment.
- 21.5% of new enrollments disclosed they were an ex-offender.
- 39.2% of new enrollments used 12 or less months of TANF assistance.

DWP Demographic Information

1/1/2016-9/30/2016

- Served 49 individuals with 46 new enrollments and 42 exits.
- Average hourly wage at time of enrollment was \$12.44*. Average hourly wage at time of exit was \$12.51 with an average hourly wage gain of \$.07.
- Average age at time of enrollment was 32.4 years.
- 83.7% of those served had their High School Diploma or GED. 22.5% of individuals had additional post secondary training.
- 4.1% of those served disclosed they were an ex-offender.
- 65.3% of individuals served used 12 or less months of TANF assistance.

Self Support Index History

Timeframe	Average Quarterly Number of Adults	Actual Three Year SSI	Lower Limit	Upper Limit	Outcome
4/15-3/16	184	71.6%	70.8%	77.4%	Within
4/14-3/15	212	74.3%	73.0%	80.8%	Within
4/13-3/14	240	77.9%	73.4%	82.3%	Within
4/12-3/13	220	76.7%	73.6%	79.4%	Within
4/11-3/12	NA	74.0%	72.1%	79.4%	Within
4/10-3/11	NA	71.6%	73.6%	79.4%	Below
4/09-3/10	NA	74.9%	73.1%	80.4%	Within



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GOODHUE COUNTY HEALTH & HUMAN SERVICES



426 WEST AVENUE
 RED WING, MN 55066-2473
 (651) 385-3232
 FAX: (651) 385-3191

MEMORANDUM

DATE: January 17, 2017
TO: Goodhue County Health & Human Services Board
FROM: Mike Zorn, Deputy Director
RE: 2017 HHS Final Budget

 The 2017 HHS budget was approved at the December 20, 2016 County Board Meeting. The levy request represents an increase in levy of \$378,723 over the 2016 approved levy. The overall 2017 budget increased \$556,908 over the 2016 budget.

	2014	2015	2016	2017
Budget	\$13,465,456	\$13,934,623	\$14,320,943	\$14,877,851
County Levy	\$5,367,654	\$5,367,654	\$5,218,251	\$5,596,974

Budget Considerations.

- The current budget represents a 2% general wage adjustment for employees for 2017.
- Step increases have been factored in where appropriate based on a positive performance evaluation.
- Use of Fund Balance of \$87,532 for SCHA Community Reinvestment Grant (all funds for 3 year grant was received in 2015).

Sources of Budget Financing

	2014	2015	2016	2017
State Revenue	14.66%	16.82%	17.38%	17.07%
Federal Revenue	29.79%	29.42%	31.58%	31.96%
Misc Services, charges & fees	15.69%	15.24%	14.60%	13.35%
County Property Tax Levy	39.86%	38.52%	36.44%	37.62%
	100.00%	100.00%	100.00%	100.00%

Options: 1 = Budget Amount, 2 = Yearly Amount, 3 = Dashed Lines, 4 = Estimated

Page Break Option: 1 1 - Page Break by Fund
2 - Page Break by Dept
3 - Page Break by Program

Column Selector 1 0 0 0 0

Column 2017
Headings: Budget

Line Spacing: 1 1 - Single Spaced
2 - Double Spaced

Year:
Months:

Print Subtotal By Fund N
Print Subtotal By Dept N
Print Subtotal By Program N
Print Subtotal By Object Range N

Report Basis: 1 1 - Cash
2 - Modified Accrual
3 - Full Accrual

Include on the Report 1 1 - All G/L Accounts
2 - Only G/L Accounts with Budget
Amts.
3 - Only G/L Accounts without
Budget Amt.
4 - Only Budget Accounts with
zero Amt.
5 - Only Active G/L Accounts

Include Zero Dollar Accts: N
Save Report: N
Comment:

Fund Range From 11 Thru 11

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>		<u>Account Description</u>	<u>2017 Budget</u>
400	Dept Health & Human Services General		
	11-400-000-0000-5001	Current Real & Personal Property T	5,515,035 -
	11-400-000-0000-5207	PILT-Wildlife Management	3,537 -
	11-400-000-0000-5208	PILT-Gross Shelter Rent	5,500 -
	11-400-000-0000-5209	PILT-30% Rental Reimbursement T:	60 -
	11-400-000-0000-5211	Market Value Credit Aid	81,939 -
	11-400-000-0000-5213	PERA Rate Aid	23,422 -
	11-400-000-0000-5947	Transfers In H&HS	10,806 -
420	Dept Income Maintenance-Economic Assistance		
	11-420-600-0010-5401	Jail Pay To Stay	20,000 -
	11-420-600-0010-6101	Salaries & Wages - Permanent	732,534
	11-420-600-0010-6102	Salaries & Wages-Part Time w/ Ben	32,050
	11-420-600-0010-6106	Per Diem in Lieu of Salaries	1,200
	11-420-600-0010-6107	Salaries & Wages - Department Hea	67,414
	11-420-600-0010-6151	Group Health Insurance	72,574
	11-420-600-0010-6152	HSA Contribution	34,548
	11-420-600-0010-6153	Family Insurance Supplement	42,370
	11-420-600-0010-6154	Life Insurance	871
	11-420-600-0010-6155	Dental Insurance-County Paid	3,595
	11-420-600-0010-6156	Accident Insurance-County Paid	1,086
	11-420-600-0010-6161	PERA	62,400
	11-420-600-0010-6171	FICA	51,584
	11-420-600-0010-6173	Workmans Compensation	3,123
	11-420-600-0010-6174	Mandatory Medicare	12,064
	11-420-600-0010-6201	Telephone	4,800
	11-420-600-0010-6202	Cell Phone	1,600
	11-420-600-0010-6203	Postage	16,200
	11-420-600-0010-6206	Data Cards	1,300
	11-420-600-0010-6209	Internet	480
	11-420-600-0010-6241	Advertising	1,200
	11-420-600-0010-6243	Association Dues	1,000
	11-420-600-0010-6244	Subscriptions	110
	11-420-600-0010-6268	Software Maintenance Contracts	46,879
	11-420-600-0010-6274	Audit Fees	2,100
	11-420-600-0010-6283	Oth Profess,Tech & Merit Services	21,563
	11-420-600-0010-6302	Copies/Copier Maintenance	8,400
	11-420-600-0010-6331	Mileage	1,000

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-420-600-0010-6332	Meals & Lodging	300
11-420-600-0010-6335	Motor Pool Vehicle Usage	1,600
11-420-600-0010-6342	Rent/Lease Income Maintenance	111,569
11-420-600-0010-6345	Postage Meter	1,200
11-420-600-0010-6351	Liability Insurance	6,304
11-420-600-0010-6357	Conferences/Schools/Training	5,500
11-420-600-0010-6358	Other Charges	500
11-420-600-0010-6382	Data Processing Charges Goodhue	17,300
11-420-600-0010-6401	Printing Services	200
11-420-600-0010-6405	Office Supplies	7,600
11-420-600-0010-6432	Other Furniture & Equipment	3,150
11-420-600-0010-6480	Equipment/Furniture<\$5,000	22,000
11-420-600-0010-6663	Vehicles Purchased	11,220
11-420-600-0020-6101	Salaries & Wages - Permanent	1,068,066
11-420-600-0020-6104	Salaries & Wages-Overtime	50,000
11-420-600-0020-6151	Group Health Insurance	87,858
11-420-600-0020-6152	HSA Contribution	35,375
11-420-600-0020-6153	Family Insurance Supplement	88,336
11-420-600-0020-6154	Life Insurance	1,186
11-420-600-0020-6155	Dental Insurance-County Paid	2,097
11-420-600-0020-6156	Accident Insurance-County Paid	711
11-420-600-0020-6161	PERA	83,855
11-420-600-0020-6171	FICA	69,320
11-420-600-0020-6174	Mandatory Medicare	16,212
11-420-600-0020-6332	Meals & Lodging	150
11-420-610-0000-5353	93.558 TANF Co Wide Admin	86,631 -
11-420-610-0000-5830	Maxis Afdc Recoveries	10,000 -
11-420-610-0100-6025	County Share Of State & Fed Disb	7,500
11-420-620-0000-5830	Maxis Ga Recoveries	1,500 -
11-420-620-0100-6025	Central Disb County Share	1,800
11-420-620-0600-6020	Co Burials Payment For Recipients	15,000
11-420-621-0000-5830	Recoveries Gamc County Share	100 -
11-420-630-0000-5312	10.561 FS Direct Admin FSPFNS Aic	310,000 -
11-420-630-0000-5830	Maxis Food Stamp Recovery	7,000 -
11-420-630-0100-6025	Central Disb County Share	5,250
11-420-640-0000-5289	DHS-St Incent MA C/S Ins & Health	35,000 -
11-420-640-0000-5290	DHS-IVD C/S State Incentives	12,000 -

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-420-640-0000-5355	93.563 IVD Federal Admin Reimb	781,236 -
11-420-640-0000-5356	93.563 IVD Federal Incentive Incorr	115,000 -
11-420-640-0000-5379	93.778 Fed MA C/S Medical Incenti	18,000 -
11-420-640-0000-5848	Admin Recovery Blood Test	800 -
11-420-640-0010-6101	Salaries & Wages - Permanent	426,449
11-420-640-0010-6102	Salaries & Wages-Part Time w/ Ben	55,874
11-420-640-0010-6151	Group Health Insurance	45,896
11-420-640-0010-6152	HSA Contribution	17,888
11-420-640-0010-6153	Family Insurance Supplement	53,984
11-420-640-0010-6154	Life Insurance	562
11-420-640-0010-6155	Dental Insurance-County Paid	1,128
11-420-640-0010-6156	Accident Insurance-County Paid	305
11-420-640-0010-6161	PERA	36,174
11-420-640-0010-6171	FICA	29,904
11-420-640-0010-6173	Workmans Compensation	813
11-420-640-0010-6174	Mandatory Medicare	6,994
11-420-640-0010-6201	Telephone	1,000
11-420-640-0010-6203	Postage	10,050
11-420-640-0010-6209	Internet	1,920
11-420-640-0010-6268	Software Maintenance Contracts	38,544
11-420-640-0010-6277	Spec Costs (Sheriff Sop, Pat, Rop)	11,000
11-420-640-0010-6283	Oth Profess,Tech & Merit Service	2,760
11-420-640-0010-6285	Child Support Blood Tests	700
11-420-640-0010-6302	Copies/Copier Maintenance	3,700
11-420-640-0010-6331	Mileage	1,000
11-420-640-0010-6332	Meals & Lodging	100
11-420-640-0010-6335	Motor Pool Vehicle Usage	200
11-420-640-0010-6342	Rent/Lease Child Support	35,990
11-420-640-0010-6345	Postage Meter	1,500
11-420-640-0010-6351	Liability Insurance	3,170
11-420-640-0010-6357	Conferences/Schools/Training	510
11-420-640-0010-6382	Data Processing Charges	3,000
11-420-640-0010-6385	Cs Federal Offset Fee	3,500
11-420-640-0010-6386	County Attorney Fees	50,000
11-420-640-0010-6405	Office Supplies	3,600
11-420-640-0010-6432	Other Furniture & Equipment	3,600
11-420-640-0010-6480	Equipment/Furniture<\$5,000	2,660

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-420-650-0000-5288	DHS-State Share MA Access	53,850 -
11-420-650-0000-5378	93.778 IGR Federal Share MA Acces	53,850 -
11-420-650-0000-5381	93.778 Fed MA Admin Aid	534,643 -
11-420-650-0000-5401	SCHA MA ACCESS	90,000 -
11-420-650-0000-5830	Ma Recovery County Share	5,000 -
11-420-650-0010-6009	Ma Access Mileage	80,000
11-420-650-0010-6011	Ma Access Parking	1,400
11-420-650-0010-6012	Ma Access Meals	1,200
11-420-650-0010-6013	Ma Access Lodging	2,500
11-420-650-0010-6014	Ma Access Interpreter	600
11-420-650-0010-6016	MA Access Three Rivers	112,000
11-420-650-0100-6020	Nh < 65 Asst Living/Resid Care (9C	160,000
11-420-650-0400-5240	DHS-MA Cost Eff & Med Part B Ins	216,000 -
11-420-650-0400-5379	93.778 IGR MA Cost Eff Insurance f	184,000 -
11-420-650-0400-6020	Cost Eff Insur Payments	400,000
11-420-680-0000-5358	93.566 Federal Administration - Re	900 -
11-420-710-0000-5366	93.658 Federal IVE IM Admin	3,500 -
430 Dept	Health and Social Services	
11-430-000-0000-5949	Use of Fund Balance-Health & Soci	87,532 -
11-430-700-0000-5289	DHS-Vulnerable Children & Adults	371,817 -
11-430-700-0000-5292	DHS-MA LTSS MNChoices/State S5	300,000 -
11-430-700-0000-5367	93.658 Federal SSIS Project Reimb	28,000 -
11-430-700-0000-5370	93.667 SS Block Grant Title XX F	199,833 -
11-430-700-0000-5383	93.778 MA LTSS MNChoices-Fed F	300,000 -
11-430-700-0000-5840	Admin Refunds - Swf Rep Fee & Ac	500 -
11-430-700-0010-5404	Psych Evaluations Court Services M	10,500 -
11-430-700-0010-6101	Salaries & Wages - Permanent	1,933,600
11-430-700-0010-6102	Salaries & Wages-Part Time w/ Ben	74,332
11-430-700-0010-6104	Salaries & Wages - Overtime	23,400
11-430-700-0010-6106	Per Diem in Lieu of Salaries	1,180
11-430-700-0010-6107	Salaries & Wages - Department Hea	64,770
11-430-700-0010-6151	Group Health Insurance	135,859
11-430-700-0010-6152	HSA Contribution	72,877
11-430-700-0010-6153	Family Insurance Supplement	215,973
11-430-700-0010-6154	Life Insurance	1,944
11-430-700-0010-6155	Dental Insurance-County Paid	4,695
11-430-700-0010-6156	Accident Insurance-County Paid	1,383

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-430-700-0010-6161	PERA	157,208
11-430-700-0010-6171	FICA	129,958
11-430-700-0010-6173	Workmans Compensation	5,697
11-430-700-0010-6174	Mandatory Medicare	30,394
11-430-700-0010-6201	Telephone	4,000
11-430-700-0010-6202	Cell Phone	4,000
11-430-700-0010-6203	Postage	7,200
11-430-700-0010-6206	Data Cards	950
11-430-700-0010-6209	Internet	480
11-430-700-0010-6241	Advertising	1,153
11-430-700-0010-6243	Association Dues	1,000
11-430-700-0010-6244	Subscriptions	100
11-430-700-0010-6268	Software Maintenance Contracts	52,849
11-430-700-0010-6274	Audit Fees	2,000
11-430-700-0010-6283	Oth Profess,Techn & Merit Service	31,629
11-430-700-0010-6302	Copies/Copier Maintenance	3,400
11-430-700-0010-6331	Mileage	25,000
11-430-700-0010-6332	Meals & Lodging	1,500
11-430-700-0010-6333	Other Travel Expense	100
11-430-700-0010-6335	Motor Pool Vehicle Usage	22,000
11-430-700-0010-6342	Rent/Lease Social Services	104,371
11-430-700-0010-6345	Postage Meter	700
11-430-700-0010-6351	Liability Insurance	7,751
11-430-700-0010-6357	Conferences/Schools/Training	6,100
11-430-700-0010-6358	Other Charges	500
11-430-700-0010-6363	Csp Program and Activities Expens	5,000
11-430-700-0010-6382	Data Processing Charges Goodhue	11,000
11-430-700-0010-6405	Office Supplies	7,500
11-430-700-0010-6432	Other Furniture & Equipment	467
11-430-700-0010-6480	Equipment/Furniture<\$5,000	8,460
11-430-700-0010-6663	Vehicles Purchased	10,780
11-430-700-3810-5380	93.778 MA Non-Waivered SSTS Adr	167,565 -
11-430-710-0000-5289	Child Protection State Grant S04	117,234 -
11-430-710-0000-5401	Out-Of-Home Placement Fees	60,000 -
11-430-710-3110-6020	Mental Health Screenings	31,630
11-430-710-3150-6020	Interpretation Services	500
11-430-710-3390-6020	GCED Edu Assist Settting IV Special	571,870

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-430-710-3410-5401	Ehm Fees M1	6,000 -
11-430-710-3410-6020	Electric Home Monitoring	10,000
11-430-710-3460-5372	93.674 Federal Grants - Self Regul	5,800 -
11-430-710-3460-6020	Self-Regular	5,800
11-430-710-3621-6021	SS Sex Offender Therapy	2,000
11-430-710-3624-6020	Fernbrook Contract	3,000
11-430-710-3640-5289	DHS-Alternative Response State 27	3,954 -
11-430-710-3640-5352	93.556 Alternative Response IVB2 4	6,444 -
11-430-710-3640-5364	93.645 Alternative Response IVB1 2	4,247 -
11-430-710-3640-6020	Family Assessment Response	14,645
11-430-710-3660-6020	Family Group Decision Making	3,000
11-430-710-3670-5289	DHS-Parental Support Outreach St	8,958 -
11-430-710-3670-5352	93.556 Parental Support IVB2 F08	8,959 -
11-430-710-3670-5361	93.590 Children's Trust Funds F09	8,959 -
11-430-710-3670-5364	93.645 Parental Support IVB1 F08	8,959 -
11-430-710-3670-6020	Parental Support Outreach	35,835
11-430-710-3671-6020	SCHA Community Reinvestment	5,071
11-430-710-3710-6020	Child Shelter-SS	2,500
11-430-710-3711-6020	CHILD SHELTER-CS	1,000
11-430-710-3800-6057	Treatment Foster Care -Ss	140,000
11-430-710-3800-6077	Ive Treatment Foster Care - Ss	5,000
11-430-710-3810-5289	NS Care for Children Fiscal FC S03	2,300 -
11-430-710-3810-5366	93.658 Foster Care IV-E Federal	110,000 -
11-430-710-3810-5367	93.658 Foster Care IV-E SSTS Admi	70,000 -
11-430-710-3810-5402	Foster Care Fees (Iv-E) M1	2,500 -
11-430-710-3810-6057	Regular Foster Care-Ss	280,000
11-430-710-3810-6058	Regular Foster Care-Ss-Cs Expense	15,000
11-430-710-3810-6063	Foster Parent Training	500
11-430-710-3810-6064	Background Check/Daycare & Foste	1,200
11-430-710-3810-6077	Iv-E Foster Care-Ss	80,000
11-430-710-3814-6056	Emergency Foster Care Provider	7,000
11-430-710-3820-6020	Relative Custody Assistance	2,000
11-430-710-3830-6020	Payments For Recipients-Rule 8 Ss	1,000
11-430-710-3831-6020	Payments For Recipients-Rule 8 Cs	12,000
11-430-710-3850-6020	Dept Of Corr Group Facility Ss	300,000
11-430-710-3850-6077	Dept Of Corr Group Facility Ive	105,000
11-430-710-3852-6020	Dept Of Corr Group Facility Cs	60,000

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-430-710-3880-6077	Extend Foster Care-Ind Living IVE	15,000
11-430-710-3890-6020	Short Term Foster Care	1,500
11-430-710-3930-5381	93.778 IGR MA Fed CW/TCM	275,000 -
11-430-710-3930-5832	GCED Child Gen Case Mgmt	165,000 -
11-430-710-3970-5366	93.658 FSC LCTS IV-E Admin F	55,000 -
11-430-710-3970-5379	93.778 MA FSC LCTC Admin F	52,000 -
11-430-710-3970-5832	GCFSC No Seagr	3,600 -
11-430-710-3970-6020	Gc Family Services Collaborative	107,000
11-430-720-3110-5290	DHS-State Child Care BSF Admin	9,000 -
11-430-720-3110-5362	93.575 Federal Child Care BSF Adm	13,000 -
11-430-720-3110-6026	Bsf County Match	23,800
11-430-720-3120-5289	DHS-Child Care MFIP Admin State	6,000 -
11-430-720-3120-5362	93.575 Child Care MFIP Admin Fed	6,000 -
11-430-720-3140-6069	Other Child Care Fee	19,000
11-430-720-3140-6077	Day Care Other/Ive	1,000
11-430-720-3370-5289	DHS-MFIP Employment Services TA	17,300 -
11-430-720-3370-5353	93.558 MFIP Employment Services	174,921 -
11-430-720-3370-6020	Pmts For Recipients-Stride/Mfip Er	180,731
11-430-720-3980-5401	Daycare Licensing Application Fee	10,000 -
11-430-730-3021-6020	Drug Tests-RS Eden	20,000
11-430-730-3050-5380	93.778 MA/SSTS Rule 25 F	65,000 -
11-430-730-3050-6020	Payments For Recipients Rule 25 A:	10,000
11-430-730-3590-5289	DHS-State Share CCDTF Admin	10,000 -
11-430-730-3590-6020	Purchase Of Serv State Of Mn Ccdtf	130,000
11-430-730-3712-5401	Detox Fees/Rule 25 M9	85,000 -
11-430-730-3712-6020	Detox Costs	200,000
11-430-740-3030-5289	DHS-Adult CSP/Rule 78/IMD Alt	190,750 -
11-430-740-3030-5290	DHS-Adult MH Initiative Olmsted S	65,537 -
11-430-740-3080-6020	Mh Assessments	75,400
11-430-740-3160-6020	Transportation Mh Proact Txx	15,000
11-430-740-3161-6020	Transportation-MH Client-Gas Car	4,000
11-430-740-3180-6020	Client Flex Funds ADMHI	16,000
11-430-740-3300-5289	DHS-Childrens MH Screening	69,851 -
11-430-740-3360-6020	Adult Crisis Stabilization	1,000
11-430-740-3370-6050	Comm Based Supp Empl-Not Armf	61,000
11-430-740-3371-6050	Center Based Supp Empl-Not Armf	74,000
11-430-740-3430-6020	Housing Subsidy	7,500

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-430-740-3510-6020	Zvmhc-24 Hr Hotline	200
11-430-740-3520-6020	Adult Outpatient Psychotherapy	106,600
11-430-740-3540-6050	TXX Medication Management	75,400
11-430-740-3720-6020	Recipients-Living In State/Private F	200,000
11-430-740-3721-6020	State Hosp-Mh Hold Order	1,000
11-430-740-3722-6020	Sex Offender Prgm State Oper Serv	35,000
11-430-740-3830-6020	Rule 5 Social Services	200,000
11-430-740-3830-6077	Iv-E Rule 5 Social Services	30,000
11-430-740-3831-6020	Rule 5 Court Services	30,000
11-430-740-3890-5289	DHS-MH Respite Services S6	25,000 -
11-430-740-3890-6020	Respite MH Child - Fernbrook	25,000
11-430-740-3900-5381	93.778 IGR MA MH Case Mgmt/Chi	35,000 -
11-430-740-3900-5401	Children MH-TCM SCHA	12,000 -
11-430-740-3900-5832	GCED Child Rule 79 Case Mgmt	120,000 -
11-430-740-3900-6025	Non Fed Share Mh-Tcm Cont Vend.	160,000
11-430-740-3910-5381	93.778 IGR MA Fed MH Case Mgmt	200,000 -
11-430-740-3910-5401	Adult MH-TCM SCHA/MEDICA	300,000 -
11-430-740-3910-6020	Adult Rule 79 Case Mgmnt	6,000
11-430-740-3930-5401	Healthy Pathways M13	32,000 -
11-430-740-3930-6020	General Case Mgmt Purchased	1,800
11-430-750-0000-5240	DHS-MR Waiver Services State Shar	140,000 -
11-430-750-0000-5382	93.778 IGR MA MR Waiver Svcs Fed	140,000 -
11-430-750-3160-6050	Transportation Dd Proact Txx	14,000
11-430-750-3340-5289	DHS-DD SILS Program S:	57,540 -
11-430-750-3340-6050	Txx Purchase Of Service-Sils	82,200
11-430-750-3350-5289	DHS-DD Family Support Program	44,864 -
11-430-750-3350-6083	Family Support Program Subsidy	44,864
11-430-750-3381-6020	Community Based Employment	60,000
11-430-750-3382-6020	Center Based Employment	30,000
11-430-750-3410-6094	Mr Waiver Adaptive Aids	3,500
11-430-750-3660-6050	Txx Payments For Recipients Adult	15,000
11-430-750-3740-6020	Icf/Mr +7	30,000
11-430-750-3910-5832	GCED DD Waiver Case Mgmt N	90,873 -
11-430-760-3022-6020	Caregiver Support/Adult	2,000
11-430-760-3580-5240	DHS-Consumer Support Grant	4,000 -
11-430-760-3930-5381	93.778 IGR MA VA/DD-TCM Adlt 1	50,000 -
11-430-760-3950-6050	Guardianship/Conservatorship Txx	150,000

<u>Account Number</u>		<u>Account Description</u>	2017 <u>Budget</u>
	11-430-760-3980-5401	Adult Foster Care Licensing & Bg	1,500 -
463	Dept	Quality Assurance-Health Svcs	
	11-463-463-0000-5290	DHS-Alternative Care Waiver	25,000 -
	11-463-463-0000-5291	DHS-Waivers/State	230,000 -
	11-463-463-0000-5381	93.778 IGR Waivers/Federal	240,000 -
	11-463-463-0000-5402	SCHA Ability Care	250,000 -
	11-463-463-0000-5410	Consultation Fees/Contract Fees	2,700 -
	11-463-463-0000-5428	Spenddown Fees From Client	10,000 -
	11-463-463-0000-5429	SCHA/Elderly Waiver/Care Coordin	210,000 -
	11-463-463-0000-5435	SCHA/MA & PHN Clinic	1,000 -
	11-463-463-0000-5859	SCHA/CCC Reimbursement	75,000 -
	11-463-463-0000-6010	Other-Billable Medical Supplies	20,000
	11-463-463-0000-6020	Payments For Recipients Case Manag	135,000
	11-463-463-0000-6101	Salaries & Wages - Permanent	973,591
	11-463-463-0000-6102	Salaries & Wages-Part Time w/ Ben	66,860
	11-463-463-0000-6151	Group Health Insurance	63,543
	11-463-463-0000-6152	HSA Contribution	24,776
	11-463-463-0000-6153	Family Insurance Supplement	80,725
	11-463-463-0000-6154	Life Insurance	927
	11-463-463-0000-6155	Dental Insurance-County Paid	323
	11-463-463-0000-6156	Accident Insurance-County Paid	135
	11-463-463-0000-6161	PERA	78,034
	11-463-463-0000-6171	FICA	64,508
	11-463-463-0000-6174	Mandatory Medicare	15,087
	11-463-463-0000-6202	Cell Phone	170
	11-463-463-0000-6206	Data Cards	950
	11-463-463-0000-6209	Internet	960
	11-463-463-0000-6241	Advertising	110
	11-463-463-0000-6245	State Required Registration or Licer	300
	11-463-463-0000-6331	Mileage	7,500
	11-463-463-0000-6332	Meals & Lodging	600
	11-463-463-0000-6333	Other Travel Expense	50
	11-463-463-0000-6335	Motor Pool Vehicle Usage	5,000
	11-463-463-0000-6342	Land & Building Lease/Rent	100
	11-463-463-0000-6357	Conferences/Schools/Training	800
466	Dept	Healthy Communities/Behaviors	
	11-466-437-0000-5201	Clearway Grant	180,000 -

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-466-437-0000-6101	Salaries & Wages - Permanent	65,688
11-466-437-0000-6151	Group Health Insurance	7,412
11-466-437-0000-6152	HSA Contribution	3,435
11-466-437-0000-6154	Life Insurance	75
11-466-437-0000-6155	Dental Insurance-County Paid	323
11-466-437-0000-6156	Accident Insurance-County Paid	135
11-466-437-0000-6161	PERA	4,927
11-466-437-0000-6171	FICA	4,073
11-466-437-0000-6174	Mandatory Medicare	952
11-466-437-0000-6202	Cell Phone	360
11-466-437-0000-6241	Advertising/Communications Mark	17,341
11-466-437-0000-6331	Mileage & Transportation	2,200
11-466-437-0000-6335	Motor Pool Vehicle Usage	600
11-466-437-0000-6357	Conferences/Schools/Training	7,200
11-466-437-0000-6407	Grant Supplies	960
11-466-437-0000-6850	County Allocation	75,200
11-466-450-0000-5203	Local Follow Along Program (FSC)	5,000 -
11-466-450-0000-5280	MDH-Local Public Health Grant	60,586 -
11-466-450-0000-5284	MDH-State Follow Along Program F	1,933 -
11-466-450-0000-5289	DHS-Medical Assistance-State	7,500 -
11-466-450-0000-5291	DHS-Waivers/State	65,000 -
11-466-450-0000-5347	93.251 Universal Newborn Hearing	100 -
11-466-450-0000-5353	93.558 TANF Grant - Federal Fund:	47,462 -
11-466-450-0000-5374	93.767 State Children's Insurance P	500 -
11-466-450-0000-5379	93.778 IGR Medical Assistance-Fed	7,500 -
11-466-450-0000-5381	93.778 IGR Waivers/Federal	65,000 -
11-466-450-0000-5389	93.994 MCH Block Grant	44,234 -
11-466-450-0000-5410	Consultation Fees/Contract Fees	4,500 -
11-466-450-0000-5424	Health Insurance Fees	6,500 -
11-466-450-0000-5435	SCHA/MA & PHN Clinic	100,000 -
11-466-450-0000-6101	Salaries & Wages - Permanent	91,377
11-466-450-0000-6102	Salaries & Wages-Part Time w/ Ben	192,175
11-466-450-0000-6151	Group Health Insurance	20,438
11-466-450-0000-6152	HSA Contribution	7,553
11-466-450-0000-6153	Family Insurance Supplement	7,874
11-466-450-0000-6154	Life Insurance	251
11-466-450-0000-6155	Dental Insurance-County Paid	1,166

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-466-450-0000-6156	Accident Insurance-County Paid	325
11-466-450-0000-6161	PERA	21,266
11-466-450-0000-6171	FICA	17,580
11-466-450-0000-6174	Mandatory Medicare	4,112
11-466-450-0000-6202	Cell Phone	360
11-466-450-0000-6232	Publications & Brochures	1,000
11-466-450-0000-6245	State Required Registration or Licer	300
11-466-450-0000-6278	Consultant Fees	800
11-466-450-0000-6331	Mileage	4,000
11-466-450-0000-6332	Meals & Lodging	25
11-466-450-0000-6335	Motor Pool Vehicle Usage	1,400
11-466-450-0000-6357	Conferences/Schools/Training	250
11-466-450-0000-6407	Grant Supplies	600
11-466-458-0000-5292	DHS-CTC Outreach/State	48,111 -
11-466-458-0000-5382	93.778 IGR CTC Outreach/Federal	48,111 -
11-466-458-0000-6101	Salaries & Wages - Permanent	39,780
11-466-458-0000-6102	Salaries & Wages-Part Time w/ Ben	5,320
11-466-458-0000-6151	Group Health Insurance	6,435
11-466-458-0000-6152	HSA Contribution	1,246
11-466-458-0000-6153	Family Insurance Supplement	161
11-466-458-0000-6154	Life Insurance	54
11-466-458-0000-6155	Dental Insurance-County Paid	37
11-466-458-0000-6156	Accident Insurance-County Paid	12
11-466-458-0000-6161	PERA	3,382
11-466-458-0000-6171	FICA	2,796
11-466-458-0000-6174	Mandatory Medicare	654
11-466-458-0000-6331	Mileage	100
11-466-458-0000-6335	Motor Vehicle Pool	400
11-466-458-0000-6357	Conferences/Schools/Training	150
11-466-458-0000-6405	Office Supplies	80
11-466-458-0000-6407	Grant Supplies	1,300
11-466-462-0000-5310	10.557 WIC Grant	170,236 -
11-466-462-0000-6021	Consulting Contracts	3,000
11-466-462-0000-6024	Contracts	5,000
11-466-462-0000-6101	Salaries & Wages - Permanent	96,287
11-466-462-0000-6102	Salaries & Wages-Part Time w/ Ben	18,475
11-466-462-0000-6151	Group Health Insurance	6,814

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-466-462-0000-6152	HSA Contribution	3,498
11-466-462-0000-6153	Family Insurance Supplement	344
11-466-462-0000-6154	Life Insurance	135
11-466-462-0000-6155	Dental Insurance-County Paid	339
11-466-462-0000-6156	Accident Insurance-County Paid	142
11-466-462-0000-6161	PERA	8,607
11-466-462-0000-6171	FICA	7,115
11-466-462-0000-6174	Mandatory Medicare	1,664
11-466-462-0000-6202	Cell Phone	1,400
11-466-462-0000-6203	Postage/Freight	350
11-466-462-0000-6245	State Required Registration or Licer	100
11-466-462-0000-6331	Mileage	400
11-466-462-0000-6332	Meals And Lodging	150
11-466-462-0000-6335	Motor Pool Vehicle Usage	850
11-466-462-0000-6357	Conferences/Schools/Training	1,000
11-466-462-0000-6405	Office Supplies	200
11-466-462-0000-6407	Grant Supplies	1,900
11-466-466-0000-5218	Indian Casino Aid	30,000 -
11-466-466-0000-5280	MDH-Local Public Health Grant	41,376 -
11-466-466-0000-6101	Salaries & Wages - Permanent	112,205
11-466-466-0000-6151	Group Health Insurance	4,505
11-466-466-0000-6152	HSA Contribution	5,045
11-466-466-0000-6153	Family Insurance Supplement	17,176
11-466-466-0000-6154	Life Insurance	110
11-466-466-0000-6155	Dental Insurance-County Paid	249
11-466-466-0000-6156	Accident Insurance-County Paid	104
11-466-466-0000-6161	PERA	8,415
11-466-466-0000-6171	FICA	6,957
11-466-466-0000-6174	Mandatory Medicare	1,627
11-466-466-0000-6331	Mileage	663
11-466-466-0000-6332	Meals & Lodging	260
11-466-466-0000-6333	Other Travel Expenses	50
11-466-466-0000-6335	Motor Pool Vehicle Usage	205
11-466-466-0000-6353	Special Project	4,500
11-466-466-0000-6357	Conferences/Schools/Training	1,000
11-466-466-0000-6405	Office Supplies	380
11-466-468-0000-5336	20.600 TZD Grant (Toward Zero De	14,976 -

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-466-468-0000-6101	Salaries & Wages - Permanent	13,048
11-466-468-0000-6151	Group Health Insurance	1,346
11-466-468-0000-6152	HSA Contribution	730
11-466-468-0000-6154	Life Insurance	14
11-466-468-0000-6155	Dental Insurance-County Paid	74
11-466-468-0000-6156	Accident Insurance-County Paid	31
11-466-468-0000-6161	PERA	979
11-466-468-0000-6171	FICA	809
11-466-468-0000-6174	Mandatory Medicare	189
11-466-468-0000-6202	Cell Phone	209
11-466-468-0000-6331	Mileage	567
11-466-468-0000-6332	Meals & Lodging	345
11-466-468-0000-6335	Motor Pool Vehicle Usage	195
11-466-468-0000-6357	Conferences/Schools/Training	470
11-466-468-0000-6407	Grant Supplies	650
11-466-468-0000-6414	Food & Beverages	150
11-466-472-0000-5282	MDH-SHIP Grant	183,431 -
11-466-472-0000-6024	Contracts	34,200
11-466-472-0000-6101	Salaries & Wages - Permanent	55,638
11-466-472-0000-6154	Life Insurance	62
11-466-472-0000-6161	PERA	4,173
11-466-472-0000-6171	FICA	3,450
11-466-472-0000-6174	Mandatory Medicare	807
11-466-472-0000-6241	Advertising	1,000
11-466-472-0000-6331	Mileage & Transportation	305
11-466-472-0000-6332	Meals & Lodging	400
11-466-472-0000-6335	Motor Pool Vehicle Usage	1,560
11-466-472-0000-6353	Special Project	77,186
11-466-472-0000-6357	Conferences/Schools/Training	500
11-466-472-0000-6401	Printing Services	1,925
11-466-472-0000-6405	Office Supplies	331
11-466-472-0000-6407	Grant Supplies	1,000
11-466-472-0000-6414	Food & Beverages	583
467 Dept Disaster Preparedness		
11-467-467-0000-5346	93.069 PHEP (EP Grant)	41,406 -
11-467-467-0000-6101	Salaries & Wages - Permanent	33,063
11-467-467-0000-6154	Life Insurance	62

11 Fund Health & Human Service Fund

Report Basis: Cash

		2017
<u>Account Number</u>	<u>Account Description</u>	<u>Budget</u>
11-467-467-0000-6161	PERA	2,480
11-467-467-0000-6171	FICA	2,050
11-467-467-0000-6174	Mandatory Medicare	479
11-467-467-0000-6202	Cell Phone	180
11-467-467-0000-6331	Mileage & Transportation	155
11-467-467-0000-6332	Meals & Lodging	450
11-467-467-0000-6335	Motor Pool Vehicle Usage	900
11-467-467-0000-6357	Conferences/Schools/Training	1,800
11-467-467-0000-6407	Grant Supplies	500
471 Dept	Infectious Disease	
11-471-471-0000-5280	MDH-Local Public Health Grant	45,809 -
11-471-471-0000-5348	93.268 Child Imm (IPI & PERI Hep B	2,400 -
11-471-471-0000-5407	Immunizations-Private	3,000 -
11-471-471-0000-5424	Health Insurance Immun/Reimb	1,000 -
11-471-471-0000-6020	Non-Billable Medical Supplies	500
11-471-471-0000-6101	Salaries & Wages - Permanent	16,184
11-471-471-0000-6102	Salaries & Wages-Part Time w/ Ben	69,905
11-471-471-0000-6151	Group Health Insurance	1,328
11-471-471-0000-6152	HSA Contribution	2,301
11-471-471-0000-6153	Family Insurance Supplement	13,740
11-471-471-0000-6154	Life Insurance	73
11-471-471-0000-6161	PERA	6,457
11-471-471-0000-6171	FICA	5,338
11-471-471-0000-6174	Mandatory Medicare	1,248
11-471-471-0000-6331	Mileage	500
11-471-471-0000-6335	Motor Pool Vehicle Usage	400
11-471-471-0000-6357	Conferences/Schools/Training	200
11-471-471-0000-6405	Office Supplies	60
11-471-471-0000-6431	Drugs & Medicine	3,500
11-471-471-0000-6435	Infection Control	600
479 Dept	PHS Administration	
11-479-478-0000-5280	MDH-Local Public Health Grant	7,500 -
11-479-478-0000-6173	Workmans Compensation	3,930
11-479-478-0000-6201	Telephone	1,200
11-479-478-0000-6202	Cell Phone	360
11-479-478-0000-6203	Postage/Freight	2,100
11-479-478-0000-6243	Association Dues	1,000

11 Fund Health & Human Service Fund

Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-479-478-0000-6246	Adm/Processing Fees	225
11-479-478-0000-6268	Software Maintenance Contracts	9,193
11-479-478-0000-6269	Software Enhancements	1,961
11-479-478-0000-6278	Consultant Fees	300
11-479-478-0000-6283	Other Professional & Tech Fees	4,286
11-479-478-0000-6302	Copies/Copier Maintenance	2,580
11-479-478-0000-6331	Mileage	125
11-479-478-0000-6342	Land & Building Lease/Rent	32,391
11-479-478-0000-6351	Insurance	3,702
11-479-478-0000-6405	Office Supplies	1,200
11-479-478-0000-6414	Food & Beverages	92
11-479-478-0000-6420	Other General Supplies	185
11-479-478-0000-6997	Transfers Out	7,500
11-479-479-0000-5947	Transfers In - CEP Funds	5,874 -
11-479-479-0000-6101	Salaries & Wages - Permanent	74,859
11-479-479-0000-6151	Group Health Insurance	6,406
11-479-479-0000-6152	HSA Contribution	1,794
11-479-479-0000-6153	Family Insurance Supplement	4,809
11-479-479-0000-6154	Life Insurance	100
11-479-479-0000-6161	PERA	5,614
11-479-479-0000-6171	FICA	4,641
11-479-479-0000-6173	Workmans Compensation	15,540
11-479-479-0000-6174	Mandatory Medicare	1,085
11-479-479-0000-6201	Telephone	3,000
11-479-479-0000-6202	Cell Phone	660
11-479-479-0000-6203	Postage/Freight	4,900
11-479-479-0000-6241	Advertising	126
11-479-479-0000-6243	Association Dues	2,000
11-479-479-0000-6245	State Required Registration or Licer	63
11-479-479-0000-6268	Software Maintenance Contracts	21,797
11-479-479-0000-6269	Software Enhancements	3,339
11-479-479-0000-6278	Consultant Fees	700
11-479-479-0000-6283	Other Professional & Tech Fees	8,530
11-479-479-0000-6302	Copies/Copier Maintenance	6,020
11-479-479-0000-6331	Mileage	100
11-479-479-0000-6332	Meals & Lodging	500
11-479-479-0000-6335	Motor Pool Vehicle Usage	200

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11 Fund Health & Human Service Fund

Goodhue County

USER-SELECTED BUDGET REPORT



Report Basis: Cash

<u>Account Number</u>	<u>Account Description</u>	<u>2017 Budget</u>
11-479-479-0000-6342	Land & Building Lease/Rent	75,579
11-479-479-0000-6351	Insurance	8,638
11-479-479-0000-6357	Conferences/Schools/Training	400
11-479-479-0000-6405	Office Supplies	2,800
11-479-479-0000-6414	Food & Beverages	158
11-479-479-0000-6420	Other General Supplies	315
11-479-479-0000-6480	Equipment/Furniture<\$5,000	5,874
Final Totals	Revenue	14,877,851 -
	Expend.	14,877,851
	Net	0

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)**



Monthly Report

CD Placements

CONSOLIDATED FUNDING LIST FOR JANUARY 2017

In-Patient Approval:

#00755114R – 62 year old male – one previous treatment – Cochran Programs, Hastings

#00846172R – 25 year old male – one previous treatment – New Beginnings, Waverly

#04593057R – 31 year old male – two previous treatments – Life Renewal, Adult & Teen Challenge, Rochester

#05219828 – 34 year old female – no previous treatment – Meadow Creek, Pine City

#00865273R – 29 year old male – four previous treatments – Douglas Place, East Grand Forks

Outpatient Approvals:

#04373350 – 26 year old male – previous treatment unknown, Alliance Clinic, Minneapolis

#04337530R – 49 year old male – three previous treatments – Empower CTC, Rochester

Halfway House Approvals: None

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



**Monthly Update
Child Protection Assessments/Investigations**

	2015	2016
January	18	18
February	11	26
March	23	16
April	24	32
May	24	21
June	7	17
July	14	18
August	17	19
September	31	25
October	30	18
November	20	22
December	17	15
Total	236	247

Promote, Strengthen, and Protect the Health of Individuals, Families, and Communities!

Goodhue County

Child Support and Adult Protection Report

Human Services Performance Management System
January 2017

For more information contact:

Minnesota Department of Human Services
Human Service Performance Management Team
DHS.HSPM@state.mn.us
(651) 431-5780

Report Date - January 2017

Child Support and Adult Protection Report

The purpose of this report is to share county performance data on the Child Support and Adult Protection measures as they relate to the Human Services Performance Management system (referred to as the Performance Management system).

This report compares performance to the thresholds established for the Performance Management system. The Performance Management system defines a threshold as the minimum level of acceptable performance below which counties will need to complete a Performance Improvement Plan (PIP), as part of the remedies process defined in statute. For counties below the threshold, an official PIP notification with instructions for completing PIP forms and a description of available technical assistance will be sent as a follow-up to this report.

This report includes:

- 2016 Federal Fiscal Year (Oct 15' – Sept 16') performance data for the Child Support measures and 2015 Calendar Year data for the Adult Protection measures with:
- Performance data from recent years as a baseline; and
- A comparison to other counties in the Minnesota Association of County Social Services Administrators (MACSSA) region

Supplemental information about the Performance Management System can be found on [CountyLink](#) :

- A description of how the historical threshold for Current Child Support Paid is calculated.
- A description of how the performance of counties with 20 or fewer people or events in a measure are assessed.
- A description of how race and ethnicity data are reported.
- Information about the Performance Management system's history, outcomes, mission, vision, and Council.

Adult Protection Measure and PIP Changes

In 2015, counties received baseline information on the newly introduced Repeat Adult Maltreatment measure with the expectation that PIPs would be required in 2016 if performance was below the threshold. However, with the implementation of a centralized call center (the Minnesota Adult Abuse Reporting Center, or MAARC) for the collection of suspected maltreatment of vulnerable adults, a new database was developed for tracking cases.

As a result of this change in the reporting structure, extra time will be required to adequately analyze and review data from 2015. Additionally, the timeframe for pulling the data will be extended. Previously, data was pulled from January 1st through December 31st. Data will now be pulled from January 1st through September 30th, 2016. This expanded timeframe allows for more accuracy around initial cases of maltreatment that are substantiated in December of a given year. This change also ensures consistency with existing report in the Adult Protection area.

Data on the Repeat Adult Maltreatment measure in this report is baseline data due to the statewide increases in reporting that have resulted from MAARC. PIPs on this measure will be required in 2017.

Child Support and Adult Protection Report

Child Support Measures

The criteria used to determine whether a county is required to complete a PIP for the percent of child support paid measure was updated in 2016 to be determined as follows:

- County performance will be assessed against the historical threshold provided in the previous year's performance report;
- Counties whose performance did not meet their historical performance threshold but is above the state median (75.88 percent for FFY 2016) will have their PIP requirement waived; and
- Counties whose performance is below their historical threshold AND below the state median will be required to complete a PIP.

In 2017, the Performance Management Team will reconvene a work group to review the Current Child Support Paid measure's methodology. The results of the work group will be communicated with the reports issued in early 2018.

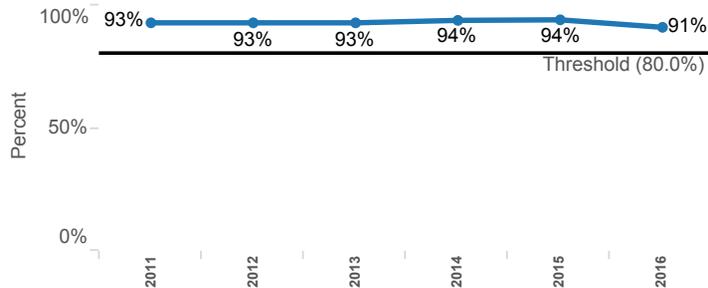
Current Child Support Paid – Historical Threshold Formula

Thistle County Historical Performance	Application of Formula
<ul style="list-style-type: none"> • 2012 = 75.35% Current Collections • 2013 = 76.01% Current Collections • 2014 = 75.53% Current Collections • 2015 = 77.45% Current Collections 	<ul style="list-style-type: none"> • Step 1 - Calculate YOY Change for past 3 years <ul style="list-style-type: none"> • 2013-2012 = 76.01 - 75.35 = 0.66 • 2014-2013 = 75.53 - 76.01 = -0.48 • 2015-2014 = 77.45 - 75.53 = 1.92 • Step 2 - Calculate average 3 year change <ul style="list-style-type: none"> • 3 year change = $(0.66 + -0.48 + 1.92) / 3 = .70$ pp • Step 3 - Calculate next year's threshold <ul style="list-style-type: none"> • 2016 Threshold = 77.45% + .70pp = 78.15% • Step 4 – Compare Performance to State Median <ul style="list-style-type: none"> • 2016 Performance = 78.15% > State Median 75.88%

Goodhue County Performance

Percent of Open Child Support Cases with an Order Established

County Performance Trend



Outcome: Children have the opportunity to develop to their fullest potential

What is this measure?

This measure divides the number of children in open Child Support cases that were not born in marriage in the previous federal fiscal year by the number of children in open Child Support cases that had paternities established in the report year. The paternities established by Child Support workers during the federal fiscal year may not necessarily be for the same children born of non-marital births in the previous year. This is why percentages often exceed 100 percent.

Why is this measure important?

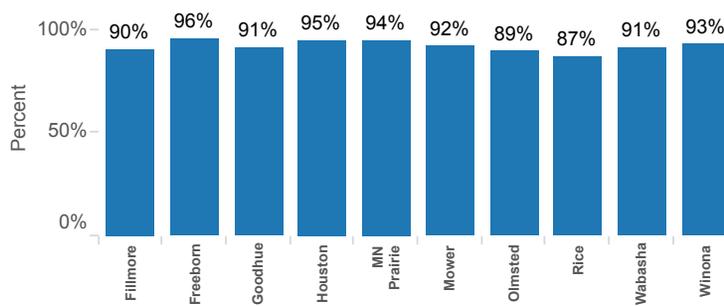
Establishing parentage gives a child born outside of marriage a legal father and the same legal rights as a child born to married parents. Parentage must be established before an order for support can be established. Within the Child Support program, counties are responsible for connecting parents and their children by locating parents and establishing paternity. The counties initiate court actions to determine parentage. Paternity is important not only for the collection of child support, but also for other legal matters like inheritance and survivor benefits.

What affects performance on this measure?

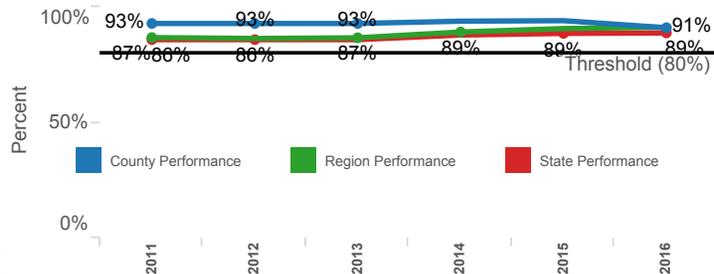
Minnesota overall and all counties perform very well on this measure. Factors that affect success include:

- * Service factors such as staff availability, the hours a county office is open, the location of the agency in relation to people needing services, and the age of technology and computer systems.
- * Staff factors such as staff training levels, staff-to-client ratios, and business continuity planning as older, more experienced workers retire.
- * Participant factors such as demographics, trust or mistrust of government, housing stability, and immigration status.
- * Environmental factors such as cooperation between law enforcement, counties, courts, and hospitals; working across state and American Indian reservation borders; and clients' ability to obtain transportation.

Current Regional Performance



County/Region/State Performance Trend



Goodhue PIP Decision

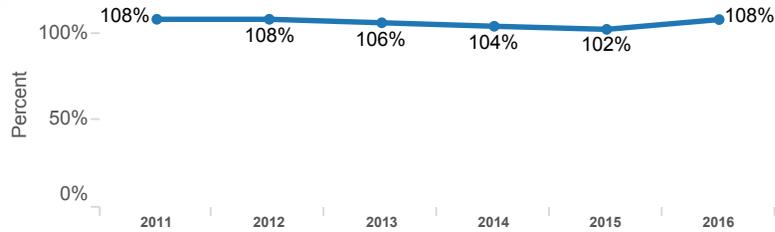
Above threshold of 80.0% for Child Support in 2016, PIP not required

Data Source: CDS InfoPac

Goodhue County Performance

Percent of Open Child Support Cases with Paternity Established

County Performance Trend



Outcome: Children have the opportunity to develop to their fullest potential

What is this measure?

This measure divides the number of children in open Child Support cases that were not born in marriage in the previous federal fiscal year by the number of children in open Child Support cases that had paternities established in the report year. The paternities established by Child Support workers during the federal fiscal year may not necessarily be for the same children born of non-marital births in the previous year. This is why percentages often exceed 100 percent.

Why is this measure important?

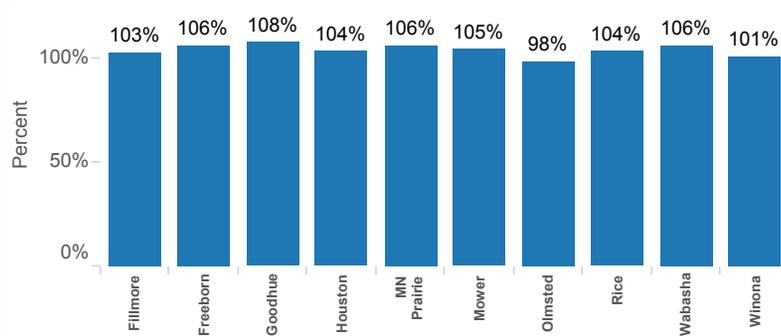
Establishing parentage gives a child born outside of marriage a legal father and the same legal rights as a child born to married parents. Parentage must be established before an order for support can be established. Within the Child Support program, counties are responsible for connecting parents and their children by locating parents and establishing paternity. The counties initiate court actions to determine parentage. Paternity is important not only for the collection of child support, but also for other legal matters like inheritance and survivor benefits.

What affects performance on this measure?

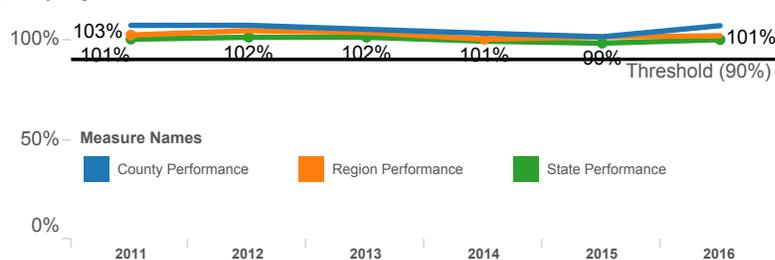
Minnesota overall and all counties perform very well on this measure. Factors that affect success include:

- * Service factors such as staff availability, the hours a county office is open, the location of the agency in relation to people needing services, and the age of technology and computer systems.
- * Staff factors such as staff training levels, staff-to-client ratios, and business continuity planning as older, more experienced workers retire.
- * Participant factors such as demographics, trust or mistrust of government, housing stability, and immigration status.
- * Environmental factors such as cooperation between law enforcement, counties, courts, and hospitals; working across state and American Indian reservation borders; and clients' ability to obtain transportation.

Current Regional Performance



County/Region/State Performance Trend



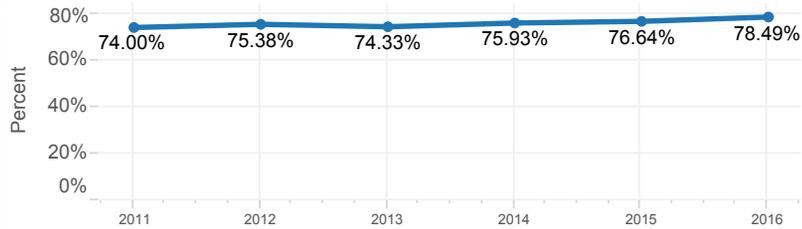
Goodhue PIP Decision

Above threshold of 90.0% for Child Support in 2016, PIP not required

Data Source: CDS InfoPac

Goodhue County Performance Percent of Current Child Support Paid

County Performance Trend



Outcome: Children have stability in their living situation

What is this measure?

This measure is the total amount of support distributed divided by the total amount of current support due during that fiscal year. The numerator and denominator are dollar amounts, rather than children, families, or people.

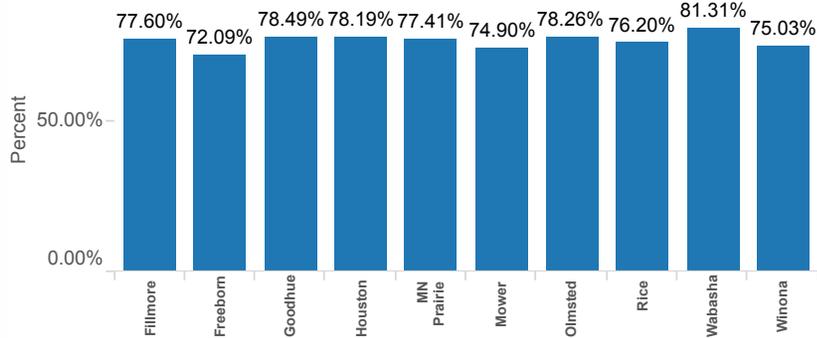
Why is this measure important?

Children need both parents contributing to their financial security, and child support is one means of accomplishing that. Counties, through their role in the Child Support program, help ensure that parents contribute to their children's economic support through securing enforceable orders, monitoring payments, providing enforcement activities, and modifying orders when necessary.

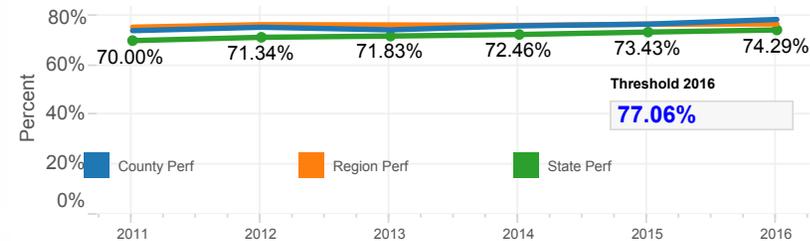
What affects performance on this measure?

- * Service factors that influence this measure include the size of the interstate caseload and ability to collect support across state boundaries, relationships with other counties and tribes, court processes, coordination with other county services, and technology that is sometimes out-of-date. For example, technology limitations do not allow non-custodial parents to pay by credit card.
- * Staff factors that influence this measure include caseload size, legacy planning and training of new staff as staff retires, and challenges attracting and retaining new staff.
- * Participant factors that influence this measure include parent initiative or interest in pursuing a modification of their order, non-cooperation by non-custodial parents, visitation schedules, employment rate, self-employment, and homelessness.
- * Environmental or external factors that influence this measure include the local economy, resources of the county attorney, the availability of community resources to help parents find and keep employment and address issues leading to unemployment, and the increased state minimum wage.

Current Regional Performance



County/Region/State Performance Trend



Goodhue PIP Decision

Above threshold of 77.06% for Child Support in 2016, PIP not required

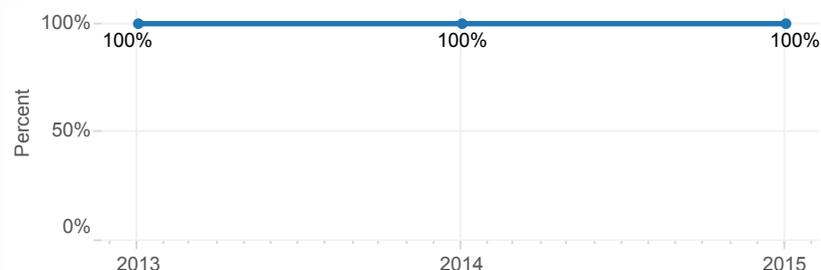
2017 Threshold

79.88%

Goodhue County Performance

Percent of Vulnerable Adults with a Maltreatment Determination with No Subsequent Determination Within Six Months

County Performance Trend



Outcome: Adults and children are safe and secure.

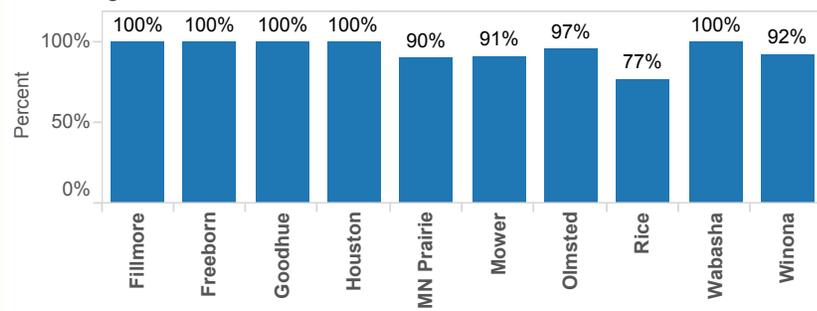
What is this measure?

Percent of vulnerable adults where a maltreatment allegation is found to be substantiated or inconclusive where there is not a substantiated or inconclusive allegation (and protective services were provided) of the same maltreatment type within six months and the county is the lead agency.

Why is this measure important?

County social services have the responsibility to safeguard the welfare and prevent further maltreatment of vulnerable adults who are the subject of reports of suspected maltreatment under the state's vulnerable adult reporting statute.

Current Regional Performance

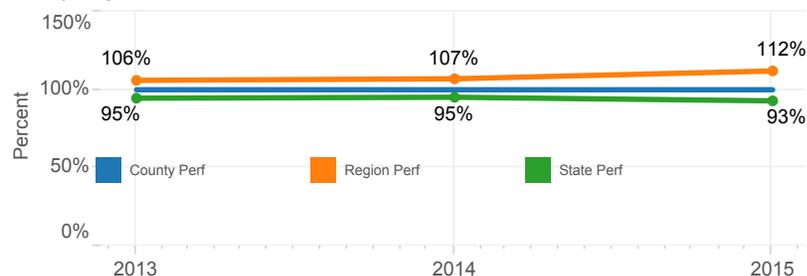


What affects performance on this measure?

Factors that affect success include:

- * Service factors that influence this measure are the number of maltreatment reports received service options and trained providers in the community, the type of allegation, funding for services, eligibility criteria of other programs and services, and oversight of service providers.
- * Staff factors that influence this measure include staff training and knowledge, burnout, the level of supervision available, staff having multiple responsibilities and roles within the organization, interpretation of policies, individual beliefs, and the number of staff available.
- * Participant factors that influence this measure include the safety of their living environment; cultural perceptions of safety, aging, and abuse; self-determination and right to refuse services; complex situations where both the perpetrator and victim have service needs; traumatic brain injury and dementia; ability to pay for services not covered by Medical Assistance; mental illness; lack of social support; physical isolation; and the needs of undocumented vulnerable adults.
- * Environmental or external factors that influence this measure include the increasing size of the elderly population, community support and awareness of abuse; the role of law enforcement and the courts, how care facilities view safety and risk, service provider payment policies, relationship with county attorney's office, and the impact of the Olmstead Act on service provision.

County/Region/State Performance Trend



Data Sources: SSIS