



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

SEPTEMBER 15, 2020

10:30 A.M.

WEB ACCESS: [HTTPS://GLOBAL.GOTOMEETING.COM/JOIN/496206573](https://global.gotomeeting.com/join/496206573)

CALL IN NUMBER: 1 866 899 4679

ACCESS CODE: 496-206-573

VIRTUAL MEETING NOTICE

"Due to concerns surrounding the spread of COVID-19, it has been determined that in-person meetings or meetings conducted under Minn. Stat. 13D.02 a are not practical or prudent. Therefore, meetings that are governed by the Open Meeting Law will temporarily be conducted by telephone or other electronic means pursuant to Minn. Stat. 13D.021."

Goodhue County Health and Human Services Board will be conducting a board meeting pursuant to this section on September 15, 2020 at 10:30 a.m. via GoToMeeting platform. The board and staff will attend the meeting via GoToMeeting by video or phone. The public is welcome to monitor the meeting by logging into <https://global.gotomeeting.com/join/496206573> or calling 1 866 899 4679 beginning at 10:20 a.m. or any time during the meeting. Access Code:496-206-573

New to GoToMeeting: Get the app now and be ready when your meeting starts

Tips for the Virtual Meeting

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:
 - a. August 18, 2020 HHS Board Minutes

Documents:

[AUGUST 18, 2020 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. Toward Zero Deaths (TZD) Grant Resolution Agreement

Documents:

[TZD GRANT RESOLUTION AGREEMENT.PDF](#)

c. Child And Teen Checkup Contract

Documents:

[CHILD AND TEEN CHECKUP CONTRACT.PDF](#)

5. INTRODUCTION OF NEW & PROMOTED STAFF

6. ACTION ITEMS:

a. Accounts Payable
Mike Zorn

Documents:

[ACCOUNTS PAYABLE.PDF](#)

b. Personnel Request
Nina Arneson

Documents:

[PERSONNEL REQUEST.PDF](#)

7. INFORMATIONAL ITEMS:

a. GCHHS COVID-19 Update
Nina Arneson

Documents:

[9-2020 COVID-19 UPDATE OUTLINE.PDF](#)

8. FYI-MONTHLY REPORTS:

a. Placement Report

Documents:

[PLACEMENT REPORT.PDF](#)

b. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

9. ANNOUNCEMENTS/COMMENTS:

10. ADJOURN

a. Next Meeting Will Be October 20, 2020 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 AUGUST 18, 2020**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:45 A.M., Tuesday, August 18, 2020, via GoToMeeting Platform.

BOARD MEMBERS PRESENT:

Brad Anderson, Paul Drotos, Linda Flanders, Susan Johnson, Jason Majerus, Barney Nesseth, and Nina Pagel.

STAFF AND OTHERS PRESENT:

Nina Arneson, Mary Heckman, Mike Zorn, Lisa Woodford, Ruth Greenslade, Scott Arneson, Kris Johnson, Scott McConkey, Sheila Denton, Mitch Grabao, Jessica Seide, Jessica Schlick, Brian Anderson, Kristen Oster, Brooke Hawkenson, and Heather Arndt.

AGENDA:

On a motion by P. Drotos and seconded by J. Majerus, the Board unanimously approved the August 18, 2020 Agenda.

MEETING MINUTES:

On a motion by S. Johnson and seconded by J. Majerus, the Board unanimously approved the Minutes of the H&HS Annual Board Meeting on July 21, 2020.

CONSENT AGENDA:

On a motion by J. Majerus and seconded by N. Pagel, the Board unanimously approved all items on the consent agenda.

ACTION ITEMS:

On a motion by B. Anderson and seconded by J. Majerus, the Board unanimously approved payment of all accounts as presented.

INFORMATIONAL ITEMS:

Toward Zero Deaths (TZD) presentation given by Jessica Seide
HHS COVID-19 Update by Nina Arneson

FYI & REPORTS:

Placement Report
Child Protection Report

Goodhue County Health & Human Services Board
Meeting Minutes of August 18, 2020

HHS Staffing Report
Child Safety and Permanency and Self-Support Index Report

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by P. Drotos and seconded by B. Anderson, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:50 am.

DRAFT

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



REQUEST FOR BOARD ACTION

Requested Board Date:	September 15, 2020	Staff Lead:	Katie Bystrom
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:

- Marie Otte Cannon Falls
- Brooke Williams Goodhue
- Sara Kukowski Pine Island
- Michelle Walters Pine Island
- Linda Rietmann Pine Island
- Priscilla Scheffler-Keller Pine Island
- Kayla Ness Zumbrota

Child Care Licensures:

Number of Licensed Family Child Care Homes: 80

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

Promote, Strengthen and Protect the Health of Individuals, Families and Communities!
 Equal Opportunity Employer
www.co.goodhue.mn.us/HHS



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



REQUEST FOR BOARD ACTION

Requested Board Date:	September 15, 2020	Staff Lead:	Ruth Greenslade
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Authorize execution of 2021 Towards Zero Deaths Safe Roads grant agreement		

BACKGROUND:

The Minnesota Department of Public Safety, Office of Traffic Safety (OTS) awarded Goodhue County Health and Human Services a Towards Zero Deaths (TZD) Safe Roads grant for the period from October 1, 2020 through September 30, 2021.

The purpose of the TZD Safe Roads grant is to continue coalition work toward the goal of zero traffic deaths and serious injuries on Minnesota’s roads. Research shows that education, media campaigns, or public information efforts on their own are not effective in changing traffic safety behaviors. To be effective, these initiatives must be paired with a larger activity, such as enhanced enforcement. The perception of a high likelihood of receiving a citation for violating traffic laws has a strong impact on driver and passenger behaviors. The TZD Safe Roads grant program uses a data-driven, interdisciplinary approach, integrating education with enforcement, engineering, and emergency medical and trauma services (the “4Es”).

Goodhue County Health and Human Services has received TZD Safe Roads funds since October 1, 2010. For the year October 1, 2020 to September 30, 2021 the grant will be \$20,647.

The Department of Public Safety has requested a resolution from grantees. The RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT assures the governing body supports participating in the proposed project. The resolution authorizes the Goodhue County Health and Human Services Director to sign the grant agreement.

RECOMMENDATION:

HHS Department recommends approval of the resolution authorizing execution of agreement, which authorizes the GCHHS Director to sign the 2021 Towards Zero Deaths Safe Roads grant agreement.

RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT

Be it resolved that Goodhue County Health and Human Services enter into a grant agreement
(Name of Agency)
with the Minnesota Department of Public Safety, for traffic safety projects during the
period from October 1, 2020 through September 30, 2021.

The Director of Health and Human Services is hereby authorized to execute such
(Title of Agency Authorized Official)
agreements and amendments as necessary to implement the project on behalf of
Goodhue County Health and Human Services
(Name of Agency)

I certify that the above resolution was adopted by the Goodhue County HHS Board
(Executive Body)
of Goodhue County Health and Human Services on September 15, 2020
(Name of Agency) *(Date)*

SIGNED:

WITNESSETH:

(Signature)

(Signature)

Goodhue County HHS Board Chair

Goodhue County HHS Director

(Title)

(Title)

September 15, 2020

September 15, 2020

(Date)

(Date)

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (H&HS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	September 15, 2020	Staff Lead:	Brooke Hawkenson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approval of Child and Teen Checkup Contract, budget and work plan for 2021		

BACKGROUND:

The Child and Teen Checkup Program is a comprehensive and periodic screening program to help assure children are visiting their physician for appropriate well child exams and treatment. This is a federal program that is administered by the Minnesota Department of Human Services (DHS), whom we get our funding from. Children newborn through the age of 21 who are enrolled in medical assistance are eligible for this program.

Public Health staff is required by this program to do outreach to these families to inform and assist them with getting the medical and dental services they need. Phone calls and letters are mailed out to families, as well as some face to face visits, to encourage regular and routine well child visits.

Staff also connects with medical clinics to assist them with resources so they can do a complete checkup and answer potential billing questions so the clinics can get appropriate reimbursement for these services.

The budgeted amount for these services this year from the DHS is \$101,468.00.

RECOMMENDATION:

HHS recommends approval of the Child and Teen Checkup Contract, budget and work plan to continue these services in our county.

text only



2021 Administrative Services Contract

The Minnesota Department of Human Services (DHS) contracts with community health boards (CHBs) and tribal governments (Tribal Nations) to provide direct support to administer required outreach and follow-up activities for the federal Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. In Minnesota, EPSDT is known as the Child and Teen Checkups (C&TC) program. This program is designed to ensure that children enrolled in Medical Assistance (MA) receive comprehensive health care.

The information collected in this survey will be used to prepare the 2021 Child and Teen Checkups (C&TC) Administrative Services contract documents. Your response is due by Friday, September 25. Due to COVID, an extension can be requested by emailing dhs.childteencheckups@state.mn.us. Remember, all contract documents must have appropriate signatures by December 31, 2020. Work for the new contract year cannot begin until a fully signed contract is in place.

Due date: Friday, September 25, 2020

Budget Worksheet

Purpose: Balanced line item budget to maximize outreach funds.

Instructions: Attach the complete 2021 Budget Worksheet Excel document for DHS review and approval.

Once this budget document has been approved, line item amounts of \$10,000 or 10% of the total budget, whichever is less, may be moved without DHS approval. Any amount over that threshold will require DHS approval. Submit a budget revision request on the C&TC SharePoint site. Access to the SharePoint site is permission granted. Please contact dhs.childteencheckups@state.mn.us for site access.

To submit an attachment, click on the file attachment button to the left of the response box. A blue box will appear to allow you to choose a file. Once a file is chosen, a reference number will be assigned to the file. This reference number will appear in the response box. If the wrong file was selected by mistake, click the file attachment button again and clear the reference number from the response box. You should now be able to select a new file to attach as a response.

2021 Budget Worksheet (Excel)

ref:0000000088:Q2

Appendix B - Contractor Information Form

Purpose: Identify contractor information.

Instructions: This information populated on this form was taken from the 2020 Appendix B document. Please review for accuracy and make changes, as needed, for the 2021 contract year.

New for 2021 is the request for the CHB/Tribe Data Universal Numbering System (DUNS) number. The DUNS number is the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities.

We've also added the question, "Does the representative identified above have the authority to sign grant contracts on behalf of the CHB/Tribal Nation?". If yes, upload a copy of the board resolution document. If no, enter the contact information for the County/Tribal Attorney. This information will be used to send contract documents via DocuSign.

If additional signatures are needed on the contract documents (other than the Contract Authorized Representative and the County/Tribal Attorney), please send an email to dhs.childteencheckups@state.mn.us.

Contractor Information

Contractor name

Contractor mailing address

Social Security or Federal Employer ID number

Minnesota tax ID number (if applicable)

Data Universal Numbering System (DUNS) number

National Provider Identifier (NPI) number OR Unique Minnesota Provider Identifier (UMPI) number that will be used when submitting claims for 2021 C&TC Administrative Services expenses

Contractor Type

Single County CHB

C&TC Contract Authorized Representative Information

Representative first and last name

Email address

Phone number (000-000-0000)

Fax number (000-000-0000)

Does the representative identified above have the authority to sign grant contracts on behalf of the CHB/Tribal Nation?

- Yes
- No

Attach a copy of the board resolution document authorizing the representative above to sign and execute grant contracts on behalf of the CHB/Tribal Nation.

Data Privacy and Security Responsible Authority

First and last name

Email address

Phone number (000-000-0000)

How frequently will claims be submitted?

Monthly

Appendix C - Subcontractor or Consultant Information Form

Purpose: Identify subcontractor or consultant information to assist in meeting outreach contractual duties.

Instructions: The information populated on this form was taken from the 2020 Appendix C document(s). Please review for accuracy and make changes, as needed, for the 2021 contract year.

Does your CHB/Tribe plan to work with any subcontractors or consultants for the 2021 contract year?

- Yes
- No

Work Plan - Objective 1

Inform families and/or children from birth through age 20 enrolled in Medical Assistance (MA) about the C&TC Program.

Federal/State Requirements: Information about the C&TC Program must be provided to enrolled children birth through age 20 and/or their families within 60 days of the eligibility determination. Families/children must be effectively informed using a combination of written, oral, and face-to-face methods. Include information such as the benefits of preventive health care, the services available under the C&TC Program, where and how to obtain those services, that the services are without cost to the eligible child, and that transportation, interpreter, and scheduling assistance is available, etc.

Establish and implement a process to effectively inform foster care families/children.

Determine family response to C&TC Program participation. Documentation must be kept which indicates that recipients have accepted, declined, or are undecided about C&TC services AFTER receiving the information. Families/children which are undecided about participating in the C&TC screening program should be provided with additional information.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Maintain a current electronic list of eligible and newly eligible families and children. (CHB/Tribal Nation must know who the eligible population is to do outreach and follow-up.) Use the CATCH System according to DHS instructions to assist with maintaining this list.

Information available and updated monthly via the Catch software system database. Current list of eligible families/children is maintained through regular/timely Catch III monthly downloads.

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2. Effectively inform families/children about the benefits of participation in the C&TC Program within 60 days of eligibility determination. Use a combination of written, oral and face-to-face methods. Use clear, non-technical language, at or below a 7th-grade reading level in all written communication. Provide communication through an interpreter or translated written material when appropriate.

All families are contacted within 60 days of when they become eligible for MA. This is maintained via monthly Catch III downloads. They are contacted by mail, and also either a follow-up phone call, a home visit by one of our nurses, or an office visit at WIC. Information is entered and updated regularly using Catch III software system database. Families are encouraged to ask specifically for a C&TC when making an appointment. We provide DHS-6555 "Getting the most out of your child's checkups" with all mailings.

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3. Families/children involved in foster care should be informed through responsible CHB/Tribal Nation child case or social workers, foster care parents, or legally responsible guardians. At least annually, inform homes/institutions providing foster care and social service workers of C&TC program services available to children in foster care and develop a process to assure children in foster care receive C&TC information.

C&TC letters for children in foster care are provided to us via Foster Care Transmittals to ensure accurate address and from that letters are mailed. Letters are sent at least annually or more often based on the child's age and according to the periodicity schedule. Outreach will also be done annually with social workers regarding the program, including information regarding periodicity schedule, MCO/PMAP incentive vouchers and other pertinent updates, so they may share this information with foster families. C&TC brochures/incentives are provided to County Social Workers so they can provide to foster care families/foster care children.

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4. Provide effective means to inform eligible families/children who need additional assistance because of disabilities or home language needs (i.e. visual or hearing impairment, English language learners, etc.).

Families are provided both written information as well as a phone call, home visit, or office visit at a WIC clinic. This provides the ability to reach both blind and deaf clientele, as well as those who cannot read. C&TC brochures are available to clients in other languages and interpreters are used for contacting clients who would like assistance with scheduling appointments, and are not proficient in the English language.

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5. After effectively informing families/children about C&TC, determine if their response is "yes", "no" or "undecided" about accepting C&TC benefits. Document their response using the CATCH system. New families will appear in the CATCH as "U" or "undecided". If reached, and a family remains "undecided" after receiving outreach, document/choose "undecided" in the detail list for that outreach contact. If not reached, leave families as "undecided" or "U" in CATCH. Do not change the case status for the undecided unless a direct response has been received from the family. Never assume a "yes" or "no" response. Families/children declining C&TC services should not be contacted about the program again for one year. After one year from the time the "no" response was entered into CATCH, reminder letters will resume as each child is due for a screening. (A re-notification letter will also be generated if no screenings or case activity occurred during the year.)

Documentation of family response to information regarding C&TC is done in the Catch III system. Families with a "no" response to C&TC will not be contacted for a full year until their renotification letter is generated by the Catch III system when the screenings are due. After one year families are called/contacted (considering using text contacts in 2021) to find out "Y", "N", or "U" regarding accepting C&TC. Reminder letters resume as well as renotification letter if appropriate.

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6. Maintain dated documentation of families/children who are informed by written, oral, and/or face-to-face methods about C&TC Program.

Information regarding contact is entered and updated regularly using Catch III software system database.

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7. Remind eligible families/children in writing, orally and/or face-to-face when their next C&TC screening is due, according to the current periodicity schedule. Maintain dated documentation of all reminder activities.

Periodicity reminder letters are generated and sent each week using the Catch III software system database. The "Getting the most out of your child's checkups " age appropriate brochures is included in each reminder letter. Outreach is also done at WIC clinics and home visits to remind families when screenings are due. All contact is documented and updated using the Catch III system.

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8. Conduct periodic in-service training about the C&TC program as appropriate with local agency staff, social services/income maintenance staff, Women, Infants and Children (WIC), Public Health Nursing, etc. Promote, encourage, and inform staff about ways to assist in the informing of eligible families/children about the C&TC program and its benefits.

Meetings are held annually with all agency divisions, including income maintenance staff, social services staff (mental health and child protection), child support staff, and waiver case management staff. These meeting enhance program outreach and consistency in information. Meetings are also held on an as needed basis with staff supervisor to communicate goals and explore additional outreach methods. C&TC coordinator attends monthly family health staff meetings (including WIC staff) to keep staff up to date on new program information.

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9. Other activities provided to meet this objective.

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Work Plan - Objective 2

Provide assistance for families and children to access C&TC services.

Federal/State Requirements: Within 10 days of a request, families/children must receive assistance with scheduling screening and referral appointments, and arranging transportation and interpreter services. Documentation must be kept that indicates recipients received assistance. Information about current C&TC providers, dental providers, transportation services, interpreter services, etc. must be available in writing. Offers of assistance with obtaining C&TC services or referral follow-up services should be included in all appropriate contacts with eligible families/children.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Of the newly eligible families/children, identify those needing assistance with obtaining services. To identify families/children needing assistance, contact in writing, orally and/or face-to-face. Document all contacts in CATCH.

Catch III introduction letter list is used to identify new families eligible for C&TC services. Families are then followed up with a phone call, office visit at WIC, or home visit to discuss need for services and if assistance is needed to schedule an appointment or answer any questions and give information regarding the C&TC program.

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2. Assist families/children who request assistance with obtaining screening and/or referral services within 10 days of the request. Keep dated documentation.

Families requesting assistance with screenings are contacted within 10 days of Goodhue County Health and Human Services receiving request. Results of all requests are documented in Catch III. Families are contacted via phone or follow up letter in the allotted time period.

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3. Offers of assistance with obtaining C&TC screening or follow-up services should be included in all appropriate letters, telephone calls and face-to-face contacts with eligible families/children.

Contact information is provided in letters to families as well as during face to face visits and phone calls if families need more information or assistance with scheduling an appointment.

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4. Maintain and provide upon request a current, written list of C&TC screening service providers, (identify both fee-for-service and Prepaid Medical Assistance Program (PMAP) Health Plan providers) dental service providers and vision and hearing screening providers. Include addresses (physical and website, if applicable), telephone numbers, service hours, or other helpful contact information, as appropriate. Lists should be updated at least twice a year. Use of provider information from online resources is acceptable. For example, HelpMeConnect!

Current list of providers is maintained by Goodhue County Health and Human Services C&TC staff. This list is given or sent to eligible participants at any time upon request and also as a part of the introductory mailing. MA medical and dental providers are updated semiannually on this list. This list is sent with every introduction letter, three year old letter, and as requested. Vision and Hearing screens are conducted by Primary Care Providers.

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5. Maintain and provide upon request a current, written list of transportation providers. Include addresses, telephone numbers and service hours. Update list as needed or at least annually. Also, work with Health Plans to assist families in accessing transportation through their health plan.

Current list is on file at Goodhue County Health and Human Services. Transportation information is provided upon request including addresses, phone numbers and service hours. Assistance in making transportation arrangements to appointments as needed is available as needed. This list is updated when changes occur and annually. Families are informed they can also get assistance setting up transportation through South Country Health Alliance, our local PMAP plan.

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6. Maintain written list with information about alternate, available methods of communication such as language interpreter services, Braille, and translated materials. Update as needed or at least annually.

TDD services are available per Goodhue County Health and Human Services policies. "Language Banc" or local PMAP interpreter services are available for translation on languages, including sign language, as well as several interpreters in local area. Assistance is available as needed in making interpreter arrangements. Interpreter information available upon request. Our policy for the visually impaired states we will read all material that is presented. Our contacts would be by phone and direct contact. Braille materials will be looked at if needed. This list is updated annually.

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7. Provide follow-up on referrals for diagnosis and/or treatment made during a C&TC screening to determine if child has received the referral services. Offer assistance, as needed, with making an appointment, transportation or interpreter arrangements, etc. To obtain screening referral information, run appropriate CATCH system report at least monthly. Keep dated documentation.

Referral information is generated from the Catch III system on a monthly download. This list is printed and follow up is done with families to assess if referral services have been received. Monthly report is run via Catch to keep updated on appropriate referral information. Follow-up results and information are documented in Catch.

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8. Other activities provided to meet this objective.

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Work Plan - Objective 3

Identify families and children who decline C&TC services and/or who do not participate in C&TC screening services.

Federal/State Requirements: Families/children may decline C&TC services at any time. If a family chooses not to participate in the C&TC program, they should not be contacted further about the program for one year. Agencies are expected to resume outreach to these families again after a year.

Families/children who are eligible for screening services, regardless of their initial response to the C&TC Program, must receive re-notification about the program on an annual basis if there is no indication of any eligible child in the family receiving C&TC screening services.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Maintain dated documentation of families/children who say "no" to participation in the C&TC Program. Families/children have a right to say they do not want to be contacted about C&TC and these families should not be contacted for one year.

Information is maintained and documented in the Catch III software system database. Families will not be contacted within 1 year if they say no to participation in the program. Letters will be regenerated in 1 year by the Catch III program when child is then next eligible for screening.

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2. After one year from the date the family said "no," eligible children/families should again receive information about C&TC services and reminders about C&TC screenings due according to the current periodicity schedule. (Reminder letters will begin to be generated as children are due for a screening).

Re-notification letter will be generated by the Catch III system a full year after the no response was received, when the child is next eligible for screening based on the periodicity schedule. Re-notification letters are followed up with a phone call to families, a home visit by a nurse or an office visit at WIC clinic. All contacts are documented within the Catch III system.

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3. Families who have not participated in C&TC screenings for one year must be effectively re-notified of their eligibility to receive C&TC services. CATCH will generate re-notification letters to enrolled families who have not received any C&TC screenings or outreach contacts, letters, etc. (no case activity) for one year. These letters remind families that they are still eligible to receive C&TC benefits.

Re-notification letters will be generated by the Catch III system if families have not participated in a C&TC screening for a year. These letters are generated and mailed on a weekly basis. Re-notification letters are followed up with a phone call to families, a home visit by a nurse or an office visit at WIC clinic. All contacts are documented within the Catch III system.

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4. Other activities provided to meet this objective.

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Work Plan - Objective 4

To coordinate C&TC services with related programs.

Federal/State Requirements: C&TC must be coordinated with Women, Infants and Children (WIC) Programs. Referral of C&TC enrollees to WIC for determination of possible eligibility is required. C&TC must also be coordinated as appropriate with other child programs including Head Start, Maternal and Child Health (MCH) programs, public schools and immunization programs/registries. In Minnesota, this also includes Children's Mental Health and Community Health Services.

Guidelines: (1) Coordination efforts should contain costs, improve service delivery overlap, cut duplication, comply with HIPAA and close gaps in services; (2) pursue community collaborative efforts (health fairs, screening services, health forums and public awareness; (3) written interagency agreements should delineate roles and responsibilities, provide monitoring and evaluation of activities and disperse funds.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Women, Infants and Children (WIC) Program

A list is generated by the C&TC coordinator of all eligible families/children. The outreach worker/PHN makes contact with MA recipients at WIC pickup sites. Families are then given information on a face to face basis regarding C&TC information. Phone numbers are also given if assistance is needed to schedule an appointment. All WIC eligible families are sent a brochure describing WIC, including how to enroll in WIC and the phone number for the local WIC office. When phone calls are placed to families to discuss C&TC, information is also given verbally regarding WIC and how to enroll when appropriate.

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2. Head Start

C&TC screenings are offered to Head Start children via physician offices. Goodhue County Health and Human Services currently has a contract with Head Start for consultation services regarding health record review, information sharing and outreach regarding C&TC.

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3. Immunization Registries, etc.

C&TC brochures are available at immunization clinics and given to families by a nurse at the time of immunization as needed.

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4. Public Schools (e.g. Early Childhood Screening, junior or senior high schools, etc.)

Colvill Family Center provides co-location activities of Head Start, ECFE, ECSE, and preschool programs. Yearly outreach is provided to staff. Provide inserts/flyers to school summer lunch bags county wide.

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5. MCH Programs (e.g. home visiting, if appropriate)

Family health nurses include C&TC outreach at their regularly scheduled home visits. C&TC outreach coordinator attends Family Health Staff Meetings and provides program updates. Provide C&TC brochures/incentives to family home visiting clients.

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6. Other (Children's Mental Health, Housing Programs, Information and Referral Services, Health Related Services, childcare centers/homes, Support Services (e.g. transportation, health education, counseling), collaborative activities, health fairs, etc.)

C&TC Coordinator is available as a resource for community as needed, including transitional housing and women's center clients. C&TC also participates at the annual Goodhue County Fair. Informational materials are available for the public as well as a staff member available for questions. Other community outreach collaborative events include local school wellness expos, "Make It OK" mental health awareness event, local community bike rodeos, and Treasure Island employee health fair. Also collaborate with display in Goodhue County Health and Human Services lobby for National Immunization week.

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Work Plan - Objective 5

Recruit and train local providers about the C&TC Program.

Federal/State Requirements: States are required to take advantage of all resources to deliver C&TC services in order to assure a broad provider base to meet the needs of the eligible MA enrollee population.

Agencies are required to do outreach to C&TC provider clinics to promote the C&TC Program, to encourage compliance with C&TC Program requirements, to assist in the assessment of C&TC training needs, to assist in the coordination of outreach and training with Minnesota Department of Health (MDH), Minnesota Department of Human Services (DHS), health plan representatives and other agency coordinators as appropriate, to act as a referral source and to offer C&TC Program technical assistance as needed.

Guidelines: C&TC Administrative Service agencies are required to identify and provide information and technical assistance to all C&TC providers available to families/children. C&TC Administrative Service agencies may provide training on C&TC Program requirements. C&TC Administrative Services Agencies should promote C&TC trainings offered through the DHS interagency agreement with MDH. This includes communicating the trainings being offered and contacting MDH to request trainings for their local C&TC providers. MDH staff is available to train local providers on C&TC screening components.

Required Activities

Purpose: Describe local efforts to meet federal and state requirements and monitor compliance.

1. Contact local providers, at least annually and as often as necessary, to provide information about the C&TC Program and related training opportunities. Assure availability of C&TC services, using a combination of methods, such as a substantive clinic visit annually, telephone calls, emails and mailings (e.g. newsletters, update memos, etc.). Promote use of provider documentation forms to capture all C&TC components.

Meetings will be scheduled with clinics yearly and on an as needed basis. Via email or in person distribute (as needed) updates to the C&TC Provider Information Guide (available online at DHS website). Send periodic informational program updates to clinics & offers of assistance. Maintain current clinic staff contact list to facilitate communication. Make frequent phone calls and/or emails to maintain contact with clinic staff. Conduct C&TC program overview training. Provide clinic staff with web links to find updated information/training/resources.

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2. Coordinate clinic outreach with local health plan representatives and other C&TC Coordinators as appropriate to promote consistent messages and reduce duplication of outreach, assessment and training services.

C&TC coordinators attend regional C&TC meeting on a quarterly basis to discuss information and resources with other C&TC providers to promote consistent messages to children/families. Health program staff attend these meetings as well. South Country Health Alliance is the health plan for MA in Goodhue County. South Country is a county based purchasing plan and coordination is done with this plan on a regular basis, and Goodhue County has a community resource team member who communicates with our health plan regularly. This communication includes information regarding C&TC. Any new information or questions are then passed on to providers as appropriate.

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3. Identify C&TC provider training needs and coordinate training with MDH, health plan representatives and/or other C&TC Coordinators as appropriate. Act as a referral source, offer technical assistance or respond to requests for assistance as needed and/or conduct training.

Make regular contacts with clinics to assess ongoing commitment to providing screenings and to identify perceived training needs, as well as to keep providers current on information regarding C&TC program. Phone contacts as well as face to face contacts will be made with providers to discuss training needs. Meetings will be set up with providers to address issues and keep providers current. Training will be coordinated with DHS, MDH, and health plan representatives as needed to address needs.

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4. Distribute the [Provider Guide](#) web link as needed and when updated. Inform providers of the [Minnesota Health Care Program \(MHCP\) Provider Manual – C&TC section](#). For providers needing additional information, coordinate with appropriate agency representatives.

South Country Health Alliance is the health plan for Goodhue County at this time. Goodhue County Health and Human Services will continue to distribute the C&TC Provider Guide web link as needed and as updates are available. PMAP plan managers attend regional quarterly and additional meetings to facilitate information sharing.

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5. Act as a referral source for C&TC provider billing issues and encourage review of the billing and claim instructions in the MHCP Provider manual. For fee-for-service questions/issues, refer providers to the Department of Human Services Provider Call Center at: 651-431-2700 or 1-800-366-5411.

Consultation is available through Goodhue County Health and Human Services C&TC Coordinator. Providers are referred to billing information and resource lists for health plan representatives in provider guide as appropriate, as well as the DHS provider Help Desk. Assistance will be offered to providers as needed to utilize all resources available to them.

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6. Maintain current C&TC medical and dental provider lists. These lists should be updated as needed or at least twice annually.

Current listing is on file at Goodhue County Health and Human Services Medical and dental provider lists are updated a minimum of twice a year.

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7. Other activities provided to meet this objective.

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Continuous Improvement Project

Purpose: Increase CHB/Tribal participation rates with outreach improvement initiatives.

- Each CHB/Tribe will choose their own project based on review of program data or feedback.
- Project timeline and staff will be determined by CHB/Tribe and last for no less than three months of a calendar year.
- Project and project outcome/implementation should be sustainable with current budget and staffing.
- Consider the below questions for assistance in choosing a practical and impactful topic.
- Results of this initiative will be reported to DHS with 2021 annual report data.

Below are some additional questions to consider when planning for your continuous improvement project:

Lead with strengths	Identify the challenges	Analyze data through dialogue	Make course correction	Check-in & follow-up
What's working well?	What's not working well?	What aspects of "what is working" can be used to find a solution?	What changes do we propose?	What data will we need to review and how often?
Why does it work well?	Why is it not working well?	What factors have been considered in reaching a solution? What else do we need to know before we decide?	Will the changes help us comply with regulations? Do the changes advance our goals? Who is responsible for implementing?	How will we make sure the changes are working? Is it a short-term or long-term solution?

Continuous Improvement Project Details

Project topic:

Impact of expanded outreach through bus ads and social media

Timeline:

Social media and bus campaign already in progress. We will plan to start surveying families March or April of 2021 and will plan on getting 2 months of surveys out. Results will be gathered in June and analysis of surveys will occur thereafter.

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Objective:

To analyze the impact of our expanded outreach efforts via social medial and bus ads. We are interested to see if our new outreach efforts are effective methods of outreach. If these are effective methods of outreach we hope to continue these in the future.

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What data sources or feedback was used to determine the project initiative?

We have received previous feedback from our annual reports in both 2018 and 2019 that recommended additional outreach efforts: "Continue to expand outreach to all age groups.". Our region also started a regional social media campaign for 2020 and hopes that it will continue in 2021. Currently we do not have any data that shows it has been effective. We would like to gather data and analyze the responses to see if these strategies should continue.

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Thank you for completing the 2021 C&TC Administrative Services Contract survey!

Prior to submitting the survey, review each page to ensure all questions are complete and print a copy for your records by selecting the **print** button below.

Once **print** is selected, a new window will appear. Please ensure your browser's pop-up blocker is disabled. In the new window, print the webpage. If you are unable to print a copy, please email dhs.childteencheckups@state.mn.us. Do **NOT** submit the survey until a copy has been printed.

Select the **submit** button below to send your completed responses to DHS.

Once the submit button is selected, you will no longer be able to access the survey.

2021 Budget Worksheet (Input)

		0.00			\$0.00
Total	365	0.18	\$16,365.00	\$6,643.00	\$23,008.00

Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Clerk or Support Staff					
Carol T. - Support Staff	1,555	0.75	\$40,648.00	\$15,192.00	\$55,840.00
Kathy Olson - Support Staff	10	0.00	\$285.00	\$101.00	\$386.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
Total	1,565	0.75	\$40,933.00	\$15,293.00	\$56,226.00

Equipment Costs

Enter the total budgeted amount for each expense below. All equipment expenses must be prorated for C&IC use. Computer equipment purchases require prior approval. Please submit a description and justification for all equipment expenses. Capital purchase descriptions must include cost-effectiveness justification.

NOTE: C&TC screening equipment is not an allowable expense.

Expense	Total
Computer Costs	
Other equipment costs <i>Please submit a description and justification for any expense in this line.</i>	
Total equipment costs	\$0.00

Other Direct Costs

Enter the total budgeted amount for each expense below.

Expense	Total
Office supplies	\$116.00
Printing	\$2,500.00
Postage	\$2,500.00
Telephone	
Office space	
Interpreter/translation services	\$300.00
Trainings, conferences, workshops, and other meeting expenses related to C&TC <i>Plan for at least 1 regional C&TC coordinator meeting @ \$35 per person; 1 Screening in Early Childhood regional workshop @ \$60 per person; MDH C&TC screening trainings ranging from \$600/3 day to \$16 per contact hour for ad hoc/updates; other C&TC training provided by MDH @ \$105 per person. Include costs for trainings related to improving C&TC services only.</i>	\$100.00
C&TC outreach supplies <i>All outreach supplies need to be approved by DHS. If requesting a new item not previously approved, upload to the C&TC SharePoint for approval.</i>	\$1,000.00
C&TC outreach advertisement <i>All advertisements need to be approved by DHS. If requesting a new advertisement not previously approved, upload to the C&TC SharePoint for approval.</i>	\$7,680.00
Other <i>Please submit an explanation and justification for any expense in this line.</i>	
Total Other Direct Costs	\$14,196.00

Subcontractor/Consultant Costs

Enter the total subcontractor/consultant costs. Submit one Appendix C form for each subcontractor/consultant.

2021 Budget Worksheet (Input)

Total subcontractor/consultant costs	
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Indirect Cost

The standard indirect cost rate is 10%. Any other approved indirect cost rates must be accompanied by a federal letter of approval and updated by DHS.

Standard indirect cost rate	10%
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Travel Costs

Enter the total number of miles to be traveled and the CHB/Tribal Nation mileage rate. The standard mileage rate as of 1/1/2020 is 0.575 per mile. Mileage costs will be calculated with the standard mileage rate or the CHB/Tribal Nation mileage rate, whichever is less.

Expense	Total
Miles	200.0
Standard mileage rate	.575¢
CHB/Tribal Nation mileage rate	
Total mileage	\$115.00
Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC	
Total Travel Costs	\$115.00

Calculated C&TC Services Costs per Child

Not to exceed \$26.50 per eligible child.	\$26.50
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2021 Budget Worksheet

Goodhue County Health and Human Services

3,829

Community Health Board/Tribal Nation

Estimated number of C&TC eligible children

Staffing Costs

Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Supervisor	0	0.00	\$0.00	\$0.00	\$0.00
Outreach staff	365	0.18	\$16,365.00	\$6,643.00	\$23,008.00
Clerk or support staff	1,565	0.75	\$40,933.00	\$15,293.00	\$56,226.00
Total	1,930	0.93	\$57,298.00	\$21,936.00	\$79,234.00

Equipment Costs

Computer costs	\$0.00
Other equipment costs	\$0.00
Total equipment costs	\$0.00

Other Direct Costs

Office supplies	\$116.00
Printing	\$2,500.00
Postage	\$2,500.00
Telephone	\$0.00
Office space	\$0.00
Interpreter/translation services	\$300.00
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$100.00
C&TC outreach supplies	\$1,000.00
C&TC outreach advertisement	\$7,680.00
Other	\$0.00
Total other direct costs	\$14,196.00

Subcontractor/Consultant Costs

Total subcontractor/consultant costs	\$0.00
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Indirect Cost

Total indirect cost	\$7,923.40
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Travel Costs

Mileage	\$115.00
Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC	\$0.00
Total travel costs	\$115.00

Total budgeted amount (rounded to the nearest dollar)	\$101,468.00
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Total C&TC costs per eligible child (not to exceed \$26.50)	\$26.50
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IN WITNESS WHEREOF, CHB/TRIBAL NATION and STATE have mutually agreed with this Budget Worksheet.

FOR CHB/TRIBAL NATION: _____

Title: _____

Date: _____

FOR STATE: _____

Title: _____ Assistant Commissioner

Date: _____

2021 Administrative Services Annual Expenditure Report

Goodhue County Health and Human Services

Community Health Board/Tribal Nation

Complete this worksheet as part of the 2021 Annual Reports process (due spring 2022). Enter the Actual Expenditures for each line item in column C. If funds from other sources were used, complete column E by entering the amount spent for each line item.

Expense	Budgeted Amount	Actual Expenditures	Balance	Funds from other sources spent for these activities
Staffing	\$79,234.00		\$79,234.00	
Equipment	\$0.00		\$0.00	
Office supplies	\$116.00		\$116.00	
Printing	\$2,500.00		\$2,500.00	
Postage	\$2,500.00		\$2,500.00	
Telephone	\$0.00		\$0.00	
Office space	\$0.00		\$0.00	
Interpreter/translation services	\$300.00		\$300.00	
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$100.00		\$100.00	
C&TC outreach supplies	\$1,000.00		\$1,000.00	
C&TC outreach advertisement	\$7,680.00		\$7,680.00	
Other costs	\$0.00		\$0.00	
Subcontractor/consultant	\$0.00		\$0.00	
Indirect cost	\$7,923.40		\$7,923.40	
Travel	\$115.00		\$115.00	
Total	\$101,468.40	\$0.00	\$101,468.40	\$0.00

Estimated number of C&TC eligible children	3,829
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Actual C&TC costs per eligible child	\$0.00
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I certify that the above expenses represent costs incurred for C&TC Administrative Services.

Prepared by (print name):	Phone Number:
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Signature:	Date:
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Under Age 21 by County and Tribe for 2020

Based on State Fiscal Year 2020 Enrollment Data
Eligible in Major Programs MA - Ages 0 through 20 calculated as of 06/30/2020
July 5, 2020

County Code	County Name	Number of Eligible Children
001	AITKIN	1,868
002	ANOKA	38,417
003	BECKER	5,025
004	BELTRAMI	7,992
005	BENTON	5,505
006	BIG STONE	681
007	BLUE EARTH	6,720
008	BROWN	2,602
009	CARLTON	3,691
010	CARVER	6,197
011	CASS	4,763
012	CHIPPEWA	1,820
013	CHISAGO	5,046
014	CLAY	8,092
015	CLEARWATER	1,279
016	COOK	531
017	COTTONWOOD	1,828
018	CROW WING	8,078
019	DAKOTA	41,069
020	DODGE	2,125
021	DOUGLAS	3,644
022	FARIBAULT	1,896
023	FILLMORE	2,176
024	FREEBORN	4,188
025	GOODHUE	3,829
026	GRANT	815
027	HENNEPIN	133,492
028	HOUSTON	1,532
029	HUBBARD	3,105
030	ISANTI	4,666
031	ITASCA	5,471
032	JACKSON	1,156
033	KANABEC	2,135
034	KANDIYOHI	7,268
035	KITSON	492
036	KOOCHICHING	1,260
037	LAC QUI PARLE	785
038	LAKE	948
039	LAKE OF THE WOODS	466
040	LE SUEUR	2,760
041	LINCOLN	602
042	LYON	3,785
043	MCLEOD	3,856
044	MAHNOMEN	1,158
045	MARSHALL	923
046	MARTIN	2,639

County Code	County Name	Number of Eligible Children
047	MEEKER	2,735
048	MILLE LACS	3,926
049	MORRISON	4,163
050	MOWER	6,525
051	MURRAY	953
052	NICOLLET	3,438
053	NOBLES	4,180
054	NORMAN	988
055	OLMSTED	15,098
056	OTTER TAIL	7,251
057	PENNINGTON	1,211
058	PINE	3,512
059	PIPESTONE	1,374
060	POLK	4,423
061	POPE	1,295
062	RAMSEY	82,252
063	RED LAKE	484
064	REDWOOD	2,137
065	RENVILLE	2,233
066	RICE	7,330
067	ROCK	1,046
068	ROSEAU	1,505
069	ST. LOUIS	18,776
070	SCOTT	12,677
071	SHERBURNE	9,902
072	SIBLEY	1,786
073	STEARNS	19,848
074	STEELE	4,579
075	STEVENS	938
076	SWIFT	1,347
077	TODD	3,436
078	TRAVERSE	562
079	WABASHA	1,890
080	WADENA	2,375
081	WASECA	2,377
082	WASHINGTON	18,413
083	WATONWAN	1,678
084	WILKIN	845
085	WINONA	4,049
086	WRIGHT	11,954
087	YELLOW MEDICINE	1,321
102	RED LAKE INDIAN RESERVATION	928
103	WHITE EARTH INDIAN RESERVATION	977
104	DEER LAKE FOREST INDIAN RESERVATION	1,313
106	FOND DU LAC INDIAN RESERVATION	762
999	Total All Counties	629,168

Child and Teen Checkups, 2020 Estimated Eligible Children Under Age 21, by CHB

Based on State Fiscal Year 2020 Enrollment Data
Eligible in Major Programs MA - Ages 0 through 20 calculated as of 06/30/2020
July 5, 2020

#	Community Health Board	Number of Eligibles
1	Aitkin Itasca Koochiching Community Health Board	8,599
2	Anoka County Community Health & Environmental Services	38,417
3	Beltrami County Community Health Board	7,992
4	Benton County Community Health Board	5,505
5	Blue Earth County Human Services	6,720
6	Brown-Nicollet Community Health Board	6,040
7	Carlton-Cook-Lake-St. Louis Community Health Board	23,946
8	Carver County Public Health	6,197
9	Cass County Health, Human and Veterans Services Board	4,763
10	Chisago County Public Health	5,046
11	Countryside Public Health (Big Stone, Chippewa, Lac Qui Parle, Swift, Yellow Medicine)	5,954
12	Crow Wing County Community Services	8,078
13	Dakota County Public Health Department	41,069
14	Des Moines Valley Health and Human Services (Cottonwood, Jackson)	2,984
15	Dodge-Steele Community Health Board	6,704
16	Fillmore Houston Community Health Board	3,708
17	Fond du Lac Band of Lake Superior Chippewa	762
18	Freeborn County Public Health	4,188
19	Goodhue County Health and Human Services	3,829
20	Hennepin County Human Services and Public Health Department	133,492
21	Horizon Public Health (Douglas, Grant, Pope, Stevens, Traverse)	7,254
22	Human Services of Faribault & Martin Counties	4,535
23	Isanti County Community Health Board	4,666
24	Kanabec County Community Health	2,135
25	Kandiyohi-Renville Community Health Board	9,501
26	Le Sueur Waseca Community Health Board	5,137
27	Leech Lake Band of Ojibwe	1,313
28	Meeker McLeod Sibley	8,377
29	Mille Lacs County Community Health Board	3,926
30	Morrison, Todd, Wadena Community Health Board	9,974
31	Mower County Community Health Services	6,525
32	Nobles County Community Services	4,180
33	North Country Community Health Board (Beltrami, Clearwater, Hubbard, Lake of the Woods)	4,850
34	Olmsted County Public Health Services	15,098
35	Partnership Health Community Health Board (Ottawa, Otter Tail County Public Health (Becker, Clay, Ottertail, Wilkin))	21,213
36	Pine County Community Health Board	3,512
37	Polk-Norman-Mahnomen Community Health Board	6,569
38	Quin County Community Health Services (Kittson, Marshall, Pennington, Red Lake, Roseau)	4,615
39	Red Lake Comprehensive Health Services	928
40	Rice County Community Health Services	7,330
41	Saint Paul - Ramsey County Public Health	82,252
42	Scott County Health and Human Services	12,677
43	Sherburne County Health & Human Services	9,902
44	Southwest Health and Human Services (Lincoln-Lyon-Murray-Pipestone-Redwood-Rock)	9,897
45	Stearns County Human Services	19,848
46	Wabasha County Public Health	1,890
47	Washington County Public Health and Environment	18,413
48	Watonwan County Human Services	1,678

#	Community Health Board	Number of Eligibles
49	White Earth Home Health Agency	977
50	Winona County Community Services	4,049
51	Wright County Health and Human Services	11,954
52	TOTAL	629,168

State of Minnesota County Grant Contract Worksheet (Not Part of the Contract)

This worksheet contains private information and should not be reproduced or distributed externally without express written permission of the grantee. If you circulate this grant contract internally, only offices that require access to the tax identification number and all individuals/offices signing this grant contract should have access to this page.

Total Amount of Grant Contract \$_____	
FinDeptID H55_____	amount for state fiscal year _____:\$_____
	amount for state fiscal year _____:\$_____
FinDeptID H55_____	amount for state fiscal year _____:\$_____
	amount for state fiscal year _____:\$_____

____ Unspent encumbrances to be certified to meet future obligations in accordance with Minnesota Statutes, section 16A.28

Starts in fiscal year:	Vendor ID:
------------------------	------------

SWIFT Grant# /Encumbrance #: GRK% _____ / _30000 _____

Number/Date/Initials:

Individual signing certifies that funds have been encumbered as required by Minnesota Statutes, section 16A.15.

Related RFP file number: [Click here to enter number](#)

COUNTY Name and Address:

Soc. Sec. or Federal Employer I.D. No.:

Minnesota Tax I.D. No. (If applicable):



Minnesota Department of Human Services County Grant Contract

RECITALS

This Grant Contract, and all amendments and supplements to the contract (“CONTRACT”), is between the State of Minnesota, acting through its Department of Human Services, Purchasing and Service Delivery Division (“STATE”) and [Click here to enter name of county](#), an independent grantee, not an employee of the State of Minnesota, located at [Click here to enter physical address](#) (“COUNTY”).

STATE, pursuant to Minnesota Statutes, section 256.01, subdivision 2(a)(6) has authority to enter into contracts for the following services: Early and Periodic Screening, Diagnosis and Treatment (EPSDT), also known as Child and Teen Checkups (C&TC) Administrative Services to Medical Assistance (MA) eligible children birth through 20 years of age.

STATE, in accordance with Minnesota Statutes, section 13.46, is permitted to share information with COUNTY.

COUNTY represents that it is duly qualified and willing to perform the services set forth in this CONTRACT to the satisfaction of STATE.

THEREFORE, the parties agree as follows:

1. CONTRACT TERM AND SURVIVAL OF TERMS.

1.1. Effective date: This CONTRACT is effective on **January 1, 2021**, or the date that STATE obtains all required signatures under Minnesota Statutes, section 16B.98, subdivision 5, whichever is later.

1.2. Expiration date. This CONTRACT is valid through **December 31, 2023**, or until all obligations set forth in this CONTRACT have been satisfactorily fulfilled, whichever occurs first.

1.3. No performance before notification by STATE. COUNTY may not begin work under this CONTRACT, nor will any payments or reimbursements be made, until all required signatures have been obtained per Minn. Stat. § 16B.98, subd. 7, and COUNTY is notified to begin work by STATE's Authorized Representative.

1.4. Survival of terms. COUNTY shall have a continuing obligation after the expiration of CONTRACT to comply with the following provisions of CONTRACT: 9. Liability; 10. Information Privacy and Security; 11. Intellectual Property Rights; 13.1. State audit; and 14. Jurisdiction and Venue.

1.5. Time is of the essence. COUNTY will perform its duties within the time limits established in CONTRACT unless it receives written approval from STATE. In performance of CONTRACT, time is of the essence.

2. COUNTY'S DUTIES.

2.1 Duties. COUNTY shall perform duties in accordance with **Attachment A:** "County Duties," which is attached and incorporated into this CONTRACT.

2.2 Accessibility. Any information systems, tools, content, and work products produced under this CONTRACT, including but not limited to software applications, web sites, video, learning modules, webinars, presentations, etc., whether commercial, off-the-shelf (COTS) or custom, purchased or developed, must comply with the Minnesota IT Accessibility Standards, as updated on June 14, 2018. This standard requires, in part, compliance with the Web Content Accessibility Guidelines (WCAG) 2.0 (Level AA) and Section 508 Subparts A-D.

Information technology deliverables and services offered must comply with the [MN.IT Services Accessibility Standards](#)¹ and any documents, reports, communications, etc. contained in an electronic format that COUNTY delivers to or disseminates for the STATE must be accessible. (The relevant requirements are contained under the "Standards" tab at the link above.) Information technology deliverables or services that do not meet the required number of standards or the specific standards required may be rejected and STATE may withhold payment pursuant to clause 3.2(a) of CONTRACT.

3. CONSIDERATION AND TERMS OF PAYMENT.

3.1 Consideration. STATE will pay for all services satisfactorily provided by COUNTY under this CONTRACT.

a. Compensation. Compensation will be calculated as follows:

1. All compensation shall be determined per Calendar Year (CY).
2. The amount of funding available for each CY is based on an annual estimated number of MA-eligible children, birth through age 20, to be served by COUNTY, multiplied by \$26.50 per child, which will be provided to the COUNTY by the STATE.
3. Compensation and reimbursement will be consistent with the Annual Budget Worksheet, as revised and approved by the STATE, and based on actual expenditures. The Annual Budget Worksheet for CY 2021 is attached and incorporated into this agreement as **Attachment B**.

b. Travel and subsistence expenses. Reimbursement for travel and subsistence expenses actually and necessarily incurred as a result of COUNTY's performance under this CONTRACT shall be as indicated in the C&TC Administrative Services Annual Budget Worksheet for each Calendar Year and shall be reimbursed in no greater an amount than provided in the most current Commissioner's Plan (which is incorporated by reference), promulgated by the Commissioner of Minnesota Management and Budget. The Commissioner's Plan can be found

¹ <https://mn.gov/mnit/about-mnit/accessibility/>

here: <https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp>. COUNTY shall not be reimbursed for travel and subsistence expenses incurred outside the geographical boundaries of Minnesota unless it has received prior written approval from STATE. Minnesota shall be considered the home state for determining whether travel is out of state.

- c. **Total obligation.** The total obligation of STATE for all compensation and reimbursements to COUNTY shall not exceed **Click here to enter amount in words** dollars (\$**Click here to enter number amount**).
- d. **Withholding.** For compensation payable under this CONTRACT, which is subject to withholding under state or federal law, appropriate amounts will be deducted and withheld by STATE as required.
- e. **Budget Revisions.** COUNTY can move up to 10% of the total compensation for the calendar year, or ten thousand dollars (\$10,000), whichever is less, from one budget line to another budget line for activities that are included in the approved annual work plan without STATE approval. Notwithstanding Clause 16.1 of this CONTRACT, budget revisions in excess of these thresholds will be done via an amended budget worksheet and written approval from the STATE. Amendments are required to add a budget line item or to increase or decrease the total grant award, pursuant to Clause 16.1 of this CONTRACT.

3.2. Terms of payment

- a. STATE, using the Medicaid Management Information System (MMIS), will promptly pay COUNTY after the submission of a claim for services performed. Claims will be submitted in a timely manner and at least quarterly.
- b. **Federal funds.** Payments are to be made from federal funds. If at any time such funds become unavailable, this CONTRACT shall be terminated immediately upon written notice of such fact by STATE to COUNTY. In the event of such termination, COUNTY shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.
 - 1. **Pass-through requirements.** COUNTY acknowledges that, if it is a subrecipient of federal funds under this CONTRACT, COUNTY may be subject to certain compliance obligations. COUNTY can view a table of these obligations in the [Health and Human Services Grants Policy Statement](#),² Exhibit 3 on page II-3. To the degree federal funds are used in this contract, STATE and COUNTY agree to comply with all pass-through requirements, including each Party's auditing requirements as stated in 2 C.F.R. § 200.331 (Requirements for pass-through entities) and [2 C.F.R. §§ 200.501-521 \(Subpart F – Audit Requirements\)](#).³
 - 2. **COUNTY's Name:** **Click here to enter county name** (Must match the name associated with the DUNS number.)

² <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

³ <https://www.govinfo.gov/content/pkg/CFR-2018-title2-vol1/pdf/CFR-2018-title2-vol1-sec200-501.pdf>

3. COUNTY's Data Universal Numbering System (DUNS) number: [Click here to enter number](#)
The DUNS number is the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities and must match COUNTY's name.
4. Federal Award Identification Number (FAIN): 2005MN5ADM
5. Federal Award Date: Awarded quarterly, October 1, January 1, April 1, and July 1 of each federal fiscal year.
6. Period of Performance: Start date: **See section 1.1 above.** End date: **See section 1.2 above.**
7. Amount of federal funds:
 - A. Total Amount Awarded to DHS for this project: Varies quarterly. For quarter beginning 4/1/2020, total grant award was \$1,495,335,000.00
 - B. Total Amount Awarded by DHS for this project to COUNTY named above: **See section 3.1.c. above.**
8. Federal Award Project description: Provides financial assistance to States for payments of medical assistance on behalf of categorically-eligible and medically-needy persons.
9. Name:
 - A. Federal Awarding Agency: Centers for Medicare and Medicaid Services, Department of Health and Human Services
 - B. MN Dept. of Human Services (DHS)
 - C. Contact information of DHS's awarding official: State Medicaid Director, Minnesota Department of Human Services, PO Box 64963, St. Paul, MN 55164-0963
10. CFDA Number & Name: Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No. **93.778**
11. Is this federal award related to research and development?: Yes No
12. Indirect Cost Rate for this federal award is: 10% (including if the *de minimis* rate is charged.)
13. Closeout terms and conditions for this federal award: See, generally, 42 CFR Subchapter C, and 45 CFR § 75.381.

4. CONDITIONS OF PAYMENT.

4.1. Satisfaction of STATE. All services provided by COUNTY pursuant to this CONTRACT shall be performed to the satisfaction of STATE, as determined at the sole discretion of its authorized representative, and in accord with all applicable federal, state, and local laws, ordinances, rules and regulations. COUNTY shall not receive payment for work found by STATE to be unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation.

4.2. Payments to subcontractors. (If applicable) As required by Minn. Stat. § 16A.1245, COUNTY must pay all subcontractors, within ten (10) calendar days of COUNTY's receipt of payment from STATE for undisputed services provided by the subcontractor(s) and must pay interest at the rate of 1-1/2 percent per month or any part of a month to the subcontractor(s) on any undisputed amount not paid on time to the subcontractor(s).

5. PAYMENT RECOUPMENT.

COUNTY must reimburse STATE upon demand or STATE may deduct from future payments under this CONTRACT or future CONTRACTS the following:

- a.** Any amounts received by COUNTY from the STATE for contract services which have been inaccurately reported or are found to be unsubstantiated;
- b.** Any amounts paid by COUNTY to a subcontractor not authorized in writing by STATE;
- c.** Any amount paid by STATE for services which either duplicate services covered by other specific grants or contracts, or amounts determined by STATE as non-allowable under the line item budget, clause 2.1(a);
- d.** Any amounts paid by STATE for which COUNTY'S books, records and other documents are not sufficient to clearly substantiate that those amounts were used by COUNTY to perform contract services, in accordance with clause 1, COUNTY'S Duties; and/or
- e.** Any amount identified as a financial audit exception.

6. CANCELLATION.

6.1. For cause or convenience. In accord with Minn. Stat. § 16B.04, subd. 2, the Commissioner of Administration has independent authority to cancel this CONTRACT. CONTRACT may be canceled by STATE or COUNTY at any time, with or without cause, upon thirty (30) days written notice to the other party. The thirty (30) day notice may be waived, in writing, by the party receiving notice. In the event of such a cancellation, COUNTY shall be entitled to payment, determined on a pro rata basis, for work or services satisfactorily performed. STATE has the right to suspend or terminate this CONTRACT immediately when STATE deems the health or welfare of the service recipients is endangered, when STATE has reasonable cause to believe that COUNTY has breached a material term of the CONTRACT, or when COUNTY's non-compliance with the terms of the CONTRACT may jeopardize federal financial participation.

6.2. Insufficient funds. STATE may immediately terminate this CONTRACT if it does not obtain funding from the Minnesota Legislature, or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination will be by written notice to COUNTY. STATE is not obligated to pay for any services that are provided after the effective date of termination. COUNTY will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. STATE will not be assessed any penalty if the CONTRACT is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. STATE must provide COUNTY notice of the lack of funding within a reasonable time of STATE'S receiving that notice.

6.3. Breach. Notwithstanding clause 6.1, upon STATE'S knowledge of a curable material breach of the CONTRACT by COUNTY, STATE shall provide COUNTY written notice of the breach and ten (10) days to cure the breach. If COUNTY does not cure the breach within the time allowed, COUNTY will be in default of this CONTRACT and STATE may cancel the CONTRACT immediately thereafter. If COUNTY has

breached a material term of this CONTRACT and cure is not possible, STATE may immediately terminate this CONTRACT.

7. AUTHORIZED REPRESENTATIVES, RESPONSIBLE AUTHORITY, and PROJECT MANAGER.

7.1. State. STATE's authorized representative for the purposes of administration of this CONTRACT is **Amy Zeitz** or her successor. Phone and email: **Amy.Zeitz@state.mn.us, 651-431-2916**. This representative shall have final authority for acceptance of COUNTY's services and if such services are accepted as satisfactory, shall so certify on each invoice submitted pursuant to Clause 3.2.

7.2. County. COUNTY's Authorized Representative is [Click here to enter name](#) or successor. Phone and email: [Click here to enter text](#). If COUNTY's Authorized Representative changes at any time during this CONTRACT, COUNTY must immediately notify STATE.

7.3. Information Privacy and Security. (If applicable) COUNTY's responsible authority for the purposes of complying with data privacy and security for this CONTRACT is [Click here to enter name](#) or successor. Phone and email: [Click here to enter text](#).

8. INSURANCE REQUIREMENTS.

8.1. Worker's Compensation. The COUNTY certifies that it is in compliance with Minn. Stat. § 176.181, subd. 2, pertaining to workers' compensation insurance coverage. The COUNTY'S employees and agents will not be considered employees of the STATE. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees or agents and any claims made by any third party as a consequence of any act or omission on the part of these employees or agents are in no way the STATE'S obligation or responsibility.

9. LIABILITY.

To the extent provided for in Minn. Stat. §§ 466.01-466.15, the COUNTY agrees to be responsible for any and all claims or causes of action arising from the performance of this grant contract by COUNTY or COUNTY'S agents or employees. This clause shall not be construed to bar any legal remedies COUNTY may have for the STATE'S failure to fulfill its obligations pursuant to this grant.

10. INFORMATION PRIVACY AND SECURITY.

For purposes of executing its responsibilities and to the extent set forth in this Contract, CHB will be processing health care bills or payments on behalf of STATE, and/or conducting other health care operations on behalf of STATE. In carrying out its duties, CHB will be handling protected health information and other private information concerning individual STATE clients. As such, CHB agrees to be bound by the state and federal laws protecting the privacy of information, including the Data Practices Act, Minnesota Health Records Act, Health Insurance Portability Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) 42 U.S.C. §§ 17921(5) and 17931; and federal drug and alcohol treatment regulations.

Information privacy and security will be governed by the “Information Privacy and Security Agreement” and by the “Business Associate Agreement” (collectively the “Agreements”) that the parties have previously entered into, except that the parties further agree to comply with any agreed-upon amendments to either or both of these Agreements, and with any agreed-upon superseding Agreement(s). The terms of the applicable Agreements are incorporated herein by reference as **Attachment C**.

11. INTELLECTUAL PROPERTY RIGHTS.

11.1. Definitions. Works means all inventions, improvements, discoveries (whether or not patentable or copyrightable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by COUNTY, its employees, agents, and subcontractors, either individually or jointly with others in the performance of the CONTRACT. Works includes “Documents.” Documents are the originals of any data bases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by COUNTY, its employees, agents, or subcontractors, in the performance of this CONTRACT.

11.2. Ownership. COUNTY owns all rights, title, and interest in all of the intellectual property, including copyrights, patents, trade secrets, trademarks, and service marks in the Works and Documents developed by the COUNTY in performance of this CONTRACT. STATE and the US Department of Health and Human Services will have royalty free, non-exclusive, perpetual and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use, the Works or Documents for government purposes.

- a. Duty not to infringe on intellectual property rights of others.** COUNTY represents and warrants that the Works and Documents created and paid for under this CONTRACT do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause 9, COUNTY will indemnify; defend, to the extent permitted by the Attorney General; and hold harmless STATE, at COUNTY’s expense, from any action or claim brought against STATE to the extent that it is based on a claim that all or part of these Works or Documents infringe upon the intellectual property rights of others. COUNTY will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages, including but not limited to, attorney’s fees. If such a claim or action arises, or in COUNTY’s or STATE’s opinion is likely to arise, COUNTY must, at STATE’s discretion, either procure for STATE the right or license to use the intellectual property rights at issue or replace or modify the allegedly infringing Works or Documents as necessary and appropriate to obviate the infringement claim. This remedy of STATE will be in addition to and not exclusive of other remedies provided by law.

- b. Federal license granted.** If federal funds are used in the payment of this CONTRACT, pursuant to 45 C.F.R. § 75.322, the U.S. Department of Health and Human Services is granted a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

12. OWNERSHIP OF EQUIPMENT. The STATE shall have the right to require transfer of all equipment purchased with grant funds (including title) to STATE or to an eligible non-STATE party named by the STATE. If federal funds are granted by the STATE, then disposition of all equipment purchased under this grant contract shall be in accordance with OMB Uniform Grant Guidance, 2 C.F.R. § 200.313. For all equipment having a current per unit fair market value of \$5,000 or more, STATE shall have the right to require transfer of the equipment (including title) to the Federal Government. These rights will normally be exercised by STATE only if the project or program for which the equipment was acquired is transferred from one grantee to another.

13. AUDIT REQUIREMENTS AND COUNTY DEBARMENT INFORMATION.

13.1. State audit.

Under Minn. Stat. § 16B.98, subd. 8, the books, records, documents, and accounting procedures and practices of the COUNTY or other party that are relevant to the CONTRACT are subject to examination by STATE and either the legislative auditor or the state auditor, as appropriate, for a minimum of six years from the CONTRACT end date, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

13.2. Independent audit. If COUNTY conducts or undergoes an independent audit during the term of this CONTRACT, a copy of the audit must be submitted to STATE within thirty (30) days of the audit's completion.

13.3. Federal audit requirements and COUNTY debarment information. COUNTY certifies it will comply with 2 C.F.R § 200.501 et seq., as applicable. To the extent federal funds are used for this CONTRACT, COUNTY acknowledges that COUNTY and STATE shall comply with the requirements of 2 C.F.R. § 200.331. Non-Federal entities expending \$750,000 or more of federal funding in a fiscal year must obtain a single or program-specific audit conducted for that year in accordance with 2 C.F.R. § 200.501. Failure to comply with these requirements could result in forfeiture of federal funds.

13.4. Debarment by STATE, its departments, commissions, agencies or political subdivisions.

COUNTY certifies that neither it nor its principles are presently debarred or suspended by the State of Minnesota, or any of its departments, commissions, agencies, or political subdivisions. COUNTY's certification is a material representation upon which the CONTRACT award was based. COUNTY shall provide immediate written notice to STATE's authorized representative if at any time it learns that this certification was erroneous when submitted or becomes erroneous by reason of changed circumstances.

13.5. Certification regarding debarment, suspension, ineligibility, and voluntary exclusion – lower tier covered transactions.

COUNTY's certification is a material representation upon which CONTRACT award was based. Federal money will be used or may potentially be used to pay for all or part of the work under CONTRACT, therefore COUNTY must certify the following, as required by 2 C.F.R. § 180, or its regulatory equivalent.

a. Instructions for Certification

1. By signing and submitting this CONTRACT, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this CONTRACT is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverages sections of rules implementing Executive Order 12549. You may contact the person to which this CONTRACT is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this response that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this CONTRACT that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant

may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

b. Lower Tier Covered Transactions.

1. The prospective lower tier participant certifies, by submission of this CONTRACT, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this CONTRACT.

14. JURISDICTION AND VENUE.

This CONTRACT, and amendments and supplements, are governed by the laws of the State of Minnesota. Venue for all legal proceedings arising out of this CONTRACT, or breach of the CONTRACT, shall be in the state or federal court with competent jurisdiction in Ramsey County, Minnesota.

15. CLERICAL ERRORS AND NON-WAIVER.

15.1. Clerical error. Notwithstanding Clause 21.1, STATE reserves the right to unilaterally fix clerical errors contained in CONTRACT without executing an amendment. COUNTY will be informed of errors that have been fixed pursuant to this paragraph.

15.2. Non-waiver. If STATE fails to enforce any provision of this CONTRACT, that failure does not waive the provision or STATE's right to enforce it.

16. AMENDMENT, ASSIGNMENT, SEVERABILITY, ENTIRE AGREEMENT, AND DRAFTING PARTY.

16.1. Amendments. Any amendments to this CONTRACT shall be in writing, and shall be executed by the same parties who executed the original CONTRACT, or their successors in office.

16.2. Assignment. COUNTY shall neither assign nor transfer any rights or obligations under this CONTRACT without the prior written consent of STATE.

16.3. Entire Agreement. If any provision of this CONTRACT is held to be invalid or unenforceable in any respect, the validity and enforceability of the remaining terms and provisions of this CONTRACT shall not in any way be affected or impaired. The parties will attempt in good faith to agree upon a valid and enforceable provision that is a reasonable substitute, and will incorporate the substitute provision in this CONTRACT according to clause 21.1.

16.4. Entire Agreement. This CONTRACT contains all negotiations and agreements between STATE and COUNTY. No other understanding regarding this CONTRACT, whether written or oral may be used to bind either party.

16.5 Drafting party. The parties agree that both parties have had an opportunity to negotiate and draft CONTRACT, and that, in the event of a dispute, the CONTRACT shall not be construed against either party.

17. PROCURING GOODS AND CONTRACTED SERVICES.

17.1. Contracting and bidding requirements. COUNTY certifies that it shall comply with Minn. Stat. § 471.345.

17.2. Prevailing wage. For projects that include construction work of \$25,000 or more, prevailing wage rules apply per Minn. Stat. §§ 177.41 through 177.44; consequently, the bid request must state the project is subject to *prevailing wage*. These rules require that the wages of laborers and workers should be comparable to wages paid for similar work in the community as a whole. Vendors should submit a prevailing wage form along with their bids.

17.3 Debarred vendors. In the provision of goods or services under this CONTRACT, COUNTY must not contract with vendors who are suspended or debarred in Minnesota or under federal law. Before entering into a subcontract, COUNTY must check if vendors are suspended or debarred by referencing the Minnesota Department of Administration's Suspended/Debarred Vendor Report: <http://www.mmd.admin.state.mn.us/debarredreport.asp>. A link to vendors debarred by Federal agencies is provided at the bottom of the web page.

18. SUBCONTRACTS.

COUNTY, as an awardee organization, is legally and financially responsible for all aspects of this award that are subcontracted, including funds provided to sub-recipients and subcontractors, in accordance with 45 C.F.R. §§ 75.351-75.352. COUNTY shall ensure that the material obligations, borne by the COUNTY in this CONTRACT, apply as between COUNTY and subrecipients, in all subcontracts, to the same extent that the material obligations apply as between the STATE and COUNTY.

19. LEGAL COMPLIANCE.

19.1 General compliance. All performance under this CONTRACT must be in compliance with state and federal law and regulations, and local ordinances. Allegations that STATE deems reasonable, in its sole discretion, of violations of state or federal law or regulations, or of local ordinances, may result in CONTRACT cancellation or termination and/or reporting to local authorities by STATE.

19.2 Nondiscrimination. COUNTY will not discriminate against any person on the basis of the person’s race, color, creed, religion, national origin, sex, marital status, gender identity, disability, public assistance status, sexual orientation, age, familial status, membership or activity in a local commission, or status as a member of the uniformed services. COUNTY must refrain from such discrimination as a matter of its contract with STATE. “Person” includes, without limitation, a STATE employee, COUNTY’s employee, a program participant, and a member of the public. “Discriminate” means, without limitation, to: fail or refuse to hire, discharge, or otherwise discriminate against any person with respect to the compensation, terms, conditions, or privileges of employment, or; exclude from participation in, deny the benefits of, or subject to discrimination under any COUNTY program or activity.

COUNTY will ensure that all of its employees and agents comply with Minnesota Management and Budget Policy #[1329](#) (Sexual Harassment Prohibited) and #[1436](#) (Harassment and Discrimination Prohibited).

19.3 Grants management policies. COUNTY must comply with required grants management policies and procedures set forth through Minn. Stat. § 16B.97, subd. 4(a)(1), which can be found at <https://mn.gov/admin/government/grants/policies-statutes-forms/>. Compliance under this paragraph includes, but is not limited to, participating in monitoring and financial reconciliation as required by OGM Policy 08-10.

19.4 Conflict of interest. COUNTY certifies that it does not have any conflicts of interest related to this CONTRACT, as defined by OGM Policy 08-01. COUNTY shall immediately notify STATE if a conflict of interest arises.

20. OTHER PROVISIONS

20.1. No Religious Based Counseling. COUNTY agrees that no religious based counseling shall take place under the auspices of this CONTRACT.

20.2. Contingency Planning. This section applies if COUNTY will be fulfilling Priority 1 or Priority 2 functions under this contract. A *Priority 1* function is a function that, for purposes of planning business continuity during an emergency or disaster, must continue 24 hours per day and 7 days per week, or be recovered within hours. A *Priority 2* function is a function that, for purposes of planning business continuity during an emergency or disaster, must be resumed within 25 hours to 5 days. Within 90 days of the execution of this CONTRACT, COUNTY and any subcontractor will have a contingency plan. The contingency plan shall:

- a. Ensure fulfillment of Priority 1 or Priority 2 obligations under this CONTRACT;
- b. Outline procedures for the activation of the contingency plan upon the occurrence of a governor or commissioner of the Minnesota Department of Health declared health emergency;
- c. Identify an individual as its Emergency Preparedness Response Coordinator (EPRC), the EPRC shall serve as the contact for STATE with regard to emergency preparedness and response issues, the EPRC shall provide updates to STATE as the health emergency unfolds;

- d. Outline roles, command structure, decision making processes, and emergency action procedures that will be implemented upon the occurrence of a health emergency;
- e. Provide alternative operating plans for Priority 1 or Priority 2 functions;
- f. Include a procedure for returning to normal operations; and
- g. Be available for inspection upon request.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

Signature Page Follows

By signing below, the parties agree to the terms and conditions contained in this CONTRACT.

APPROVED:

1. STATE ENCUMBRANCE VERIFICATION *Individual certifies that funds have been encumbered as required by Minnesota Statutes, chapter 16A and section 16C.05.*

By: _____

Date: _____

Contract No: _____

2. COUNTY

Signatory certifies that County's articles of incorporation, by-laws, or corporate resolutions authorize Signatory both to sign on behalf of and bind the County to the terms of this Agreement. County and Signatory agree that the State Agency relies on the Signatory's certification herein.

By: _____

Title: _____

Date: _____

3. STATE AGENCY

By (with delegated authority): _____

Title: _____

Date: _____

Attachment A. County Duties

- A.** COUNTY will provide C&TC administrative services to children birth through age 20 who are enrolled in Medical Assistance (MA), who reside within the COUNTY, and who are not assigned to a participating Tribe.
- B.** COUNTY will comply with program regulations, policies, procedures, directives and revisions thereto as identified in STATE's C&TC program communications (such as the C&TC Coordinator Handbook, provider updates, and program manuals), which are incorporated herein by reference.
- C.** COUNTY will provide adequate and appropriate training for staff assigned to activities and duties described in this CONTRACT.
- D.** COUNTY will require C&TC Coordinator(s) to attend any available and appropriate C&TC training offered by STATE including training offered through the Minnesota Department of Health (MDH).
- E.** COUNTY will promote MDH C&TC trainings to health care providers in COUNTY's geographic area and will attend MDH health care provider training as appropriate to encourage ongoing consultative and technical assistance relationships with local health care providers.
- F.** COUNTY will provide CATCH Database training for new and current C&TC staff and will require new and current C&TC Coordinator(s) to attend any available CATCH training offered by STATE.
- G.** COUNTY will maintain a fully secure and functional CATCH system for use in the completion of contracted duties and responsibilities by following STATE's instructions and requirements, including CATCH system requirements; the CATCH User Manual; CATCH email updates; and CATCH monthly download emails, which are incorporated herein by reference.
- H.** COUNTY will determine the willingness of eligible families and children to participate in the C&TC Program and will document this activity in the CATCH system.
- I.** COUNTY will demonstrate attempts to provide outreach to all eligible families and children through written, oral and/or face-to-face communications and will maintain dated documentation of outreach and follow-up in the CATCH system.
- J.** COUNTY will document all activities which are designed to increase C&TC screening services participation ratios including participation in a continuous improvement project as identified in the Work Plan document.
- K.** COUNTY will complete and submit the C&TC Administrative Services Annual Budget Worksheet for approval each year.
- L.** COUNTY will complete and submit the C&TC Work Plan for approval each year.

- M.** COUNTY will comply with all C&TC program administrative and reporting requirements and revisions thereto as identified and approved by STATE.
- N.** COUNTY will submit all required annual reports as prescribed by STATE each year for the previous calendar year. STATE will send COUNTY electronic copies of the required annual report forms at least 60 days before they are due.
- O.** COUNTY will obtain prior STATE approval for new C&TC outreach activities, not already approved on the C&TC SharePoint site, such as media projects, evaluations and survey activities (not identified in the approved work plan) before implementation. STATE will offer support for new initiatives and current projects consistent with C&TC Program goals as well as offer technical and research assistance. Notwithstanding Clause 9 (amendments to grant) of this Contract, the additions to the work plan can be done as an amended work plan worksheet.
- P.** COUNTY will comply with STATE's requirements for pilot projects and new initiatives, incorporate an appropriate evaluation component to monitor the effectiveness of the project outcome, and include a final report to STATE at the conclusion of the project period.
- Q.** COUNTY will seek and obtain written STATE approval to remove activities from the approved work plan. Notwithstanding Clause 9 (amendments to grant) of this Contract, removal of activities from the work plan can be done as an amended work plan worksheet.
- R.** COUNTY will employ a C&TC Coordinator who is a Public Health Nurse (PHN) or is under the direct supervision of a PHN unless otherwise approved in writing by STATE.
- S.** COUNTY will demonstrate efforts to use all available resources to increase C&TC participation.
- T.** COUNTY will maintain contract and work plan activity records for 6 years after the contract has expired.
- U.** Comply with the terms and conditions set forth in CHB's Minnesota Department of Human Services Provider Agreement, and amendments and supplements thereto, which are on file with STATE's Health Care Administration, Member and Provider Services Division, 540 Cedar Street, St. Paul, MN 55155 and incorporated herein by reference.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	September 15, 2020	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 August 2020 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: August 2020

	Date of Warrant		Check No.	Series	Total Batch
IFS	August 7, 2018	ACH	31387	31394	\$ 70,598.84
IFS	August 7, 2018		452087	452112	\$ 31,664.28
IFS	August 14, 2018	ACH	31395	31402	\$ 28,855.39
IFS	August 14, 2018		452113	452138	\$ 15,443.94
IFS	August 21, 2018	ACH	31439	31448	\$ 4,815.39
IFS	August 21, 2018		452264	452293	\$ 19,511.42
IFS	August 28, 2018	ACH	31515	31540	\$ 5,640.99
IFS	August 28, 2018		452337	452419	\$ 45,255.47
SSIS	August 28, 2018	ACH	31449	31470	\$ 349,123.01
SSIS	August 28, 2018		452294	452334	\$ 157,576.76
IFS	August 28, 2018	ACH	31471	31514	\$ 9,330.28
IFS	August 28, 2018		452335	452336	\$ 66.27
total					<u>\$ 737,882.04</u>

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

Promote, Strengthen and Protect the Health of Individuals, Families and Communities!
Equal Opportunity Employer
www.co.goodhue.mn.us/HHS



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



REQUEST FOR BOARD ACTION

Requested Board Date:	September 15, 2020	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 the following request – SHIP Grant – Live Well Goodhue County Reclassification		

BACKGROUND:

The following request will be brought forward for the Goodhue County Personnel Committee’s review on September 15, 2020 at 8:00 am.

- **SHIP Grant – Live Well Goodhue County Reclassification**

Please see the attached memo. The HHS Department staff will inform the HHS Board of the Personnel Committee’s actions at our September 15, 2020 Health and Human Services Board meeting.

RECOMMENDATION: GCHHS Department recommends approval as requested.



Goodhue County
Health and Human Services

Public Health Division

DATE: September 10, 2020
TO: Goodhue County Personnel Committee
FROM: Nina Arneson, GCHHS Director
RE: **SHIP Grant – Live Well Goodhue County Reclassification Request**

BACKGROUND:

The GCHHS Public Health Division, Healthy Communities Unit operates a 100% Minnesota Department of Health (MDH) Statewide Health Improvement Partnership (SHIP) grant funded program called [Live Well Goodhue County](#). The program's mission is to improve the health of our residents by making it easier to be active, eat nutritious foods and live tobacco-free.

Live Well Goodhue County has been led by a GCHHS employee classified as a Planner and the same employee has served in this position from 2013. The Planner classification was chosen because this employee oversaw contractors for services such as assessments, evaluations, and communications.

In January 2019 GCHHS received approval from the personnel committee and Minnesota Department of Health (MDH) to reduce the Planner position from 1.0 FTE to 0.5 FTE (effective May 2019) and a new 1.0 Public Health Educator was hired to serve as a co-coordinator (started April 2019). These staffing changes were possible in part because of reductions in outside contracted services. Most services previously contracted are now performed internally by GCHHS staff. At this time, we have come to the conclusion that our Planner and Public Health Educator, serving as Live Well Goodhue County co-coordinators, are doing essentially similar job duties and responsibilities that fit best in the Public Health Educator classification.

Currently our 0.5 FTE Planner has announced a retirement date of December 31, 2020, and based on the above reasons we request to reclassify this position as a Public Health Educator.

This request is to a lower classification. The current, retiring planner is at step 6 at \$32.97. The Public Health Educator range is \$26.83 - \$41.70.

We recommend a transfer of duties for the current 1.0 FTE Public Health Educator to the 0.5 FTE Public Health Educator position (current, retiring planner position).

We then request to hire a 1.0 FTE Public Health Educator to replace this position. This maintains the same 1.5 FTE level of staffing and both positions continue to be provisional and 100% covered by the SHIP grant.

The current rate of pay for our Public Health Educator is \$28.00 per hour and will continue at this rate at 0.5 FTE. The starting pay (step 1) for a Public Health Educator position is \$26.83 per hour.

These are both provisional positions covered entirely by the SHIP grant from MHD. These grant revenues and costs are included in GCHHS 2020 approved budget. These changes will not result in County levy increase.

RECOMMENDATION:

The GCHHS Department recommends approving the following:

1. Reclassify the 0.5 FTE Planner position as a 0.5 FTE Public Health Educator position.
2. Transfer other employee from 1.0 FTE Public Health Educator position to 0.5 FTE reclassified Public Health Educator position. (Effective after a new 1.0 FTE Public Health Educator is hired, thus maintaining overall same 1.5 FTE level of staffing.)
3. Move forward immediately to post for 1 Public Health Educator (1.0 FTE) backfill the 1.0 FTE Public Health Educator position, 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.
4. Hire Public Health Educator after GCHHS Board's review and approval.


Goodhue County Health and Human Services Board


9-15-2020 COVID-19 Update


- **COVID-19 Situation Awareness**
Nina Arneson HHS Director
- **Response Planning & Emergency Preparedness**
Heather Arndt, HHS Emergency Preparedness Coordinator
- **Response Operations**
Brooke Hawkenson, Family Health Supervisor
Vicki Iocco, Public Health Nurse
- **Response Communications**
Jessica Seide, Community Health Specialist / Public Information Officer
- **COOP - Agency Responsibilities**
Mary Heckman, Deputy Director
Mike Zorn, Deputy Director


If you have any of these symptoms,


STOP!



Fever



Difficulty breathing



Loss of taste or smell



Muscle pain



Nausea, diarrhea, or vomiting



Chills


Cough


Runny nose or congestion


Sore throat


Headache


Fatigue

GET TESTED

co.goodhue.mn.us/COVID-19

Partner Area:	HHS Contact:
Churches	Heather Arndt at heather.arndt@co.goodhue.mn.us
Schools	Vicki Iocco at vicki.iocco@co.goodhue.mn.us
Center-Based Childcare	Jodi Skeen at jodi.skeen@co.goodhue.mn.us
Family Child Care Providers	Chris Reich at Chris.Reich@co.goodhue.mn.us
Hospitals and Clinics	Vicki Iocco at vicki.iocco@co.goodhue.mn.us
Long Term Care/Senior Living	Rob LaPorte at robert.laporte@co.goodhue.mn.us
Law Enforcement	Heather Arndt at heather.arndt@co.goodhue.mn.us
Emergency Medical Services	Heather Arndt at heather.arndt@co.goodhue.mn.us
Foster Care	Dayle Christiansen at dayle.christiansen@co.goodhue.mn.us
Jail	Heather Arndt at heather.arndt@co.goodhue.mn.us
Home Care Agencies	Rob LaPorte at robert.laporte@co.goodhue.mn.us
Cities	David Anderson at david.anderson@co.goodhue.mn.us
Non- Profits/ Businesses	David Anderson at david.anderson@co.goodhue.mn.us Megan O'Dell at Megan.odell@co.goodhue.mn.us or
Homeless Service Providers	Gretchen Rauchwarter at gretchen@rauchwarter@co.goodhue.mn.us

For Information and Resources:

- <https://co.goodhue.mn.us/COVID-19>
- <https://www.facebook.com/qchhs>
- <https://www.health.state.mn.us/diseases/coronavirus>
- <https://mn.gov/covid19>

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



Monthly Report

CD Placements

CONSOLIDATED FUNDING LIST FOR AUGUST 2020

In-Patient Approval:

#00316095R – 38 year old male – four previous treatments – Cedar Ridge, Stillwater
#03686574R – 33 year old female – one previous treatment – NorthStar Regional, Chaska
#01453751R – 25 year old male – one previous treatment – Huss Center, St. Paul
#02570396R – 18 year old male – four previous treatments – MNATC, Rochester
#02821284R – 36 year old male – one previous treatment – Common Ground Recovery House, Winona
#05120629R – 28 year old male – two previous treatments – MNATC, Rochester
#00149427R – 31 year old male – numerous previous treatments – NorthStar Regional, Shakopee
#01127199R – 42 year old male – numerous previous treatments – MNATC, Rochester
#05584711R – 43 year old male – two previous treatments – Oakridge, Rochester

Outpatient Approvals:

#06110350 – 27 year old male – no previous treatment – Common Ground, Red Wing,
#04352528R – 39 year old male – four previous treatments – Midwest Recovery, Red Wing
#01444294R – 44 year old male – numerous previous treatments – NuWay, St. Paul
#04879206R – 23 year old female – three previous treatments – RCCS, Minneapolis
#00011135R – 37 year old female – three previous treatments – Midwest Recovery, Red Wing
#05560093R – 41 year old male – three previous treatments – Common Ground, Red Wing
#00739161R – 28 year old female – one previous treatment – Midwest Recovery, Red Wing
#01498330R – 25 year old female – numerous previous treatments – RCCS, Minneapolis
#03481048R – 30 year old male – three previous treatments – Midwest Recovery, Red Wing

Halfway House Approval: None

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of Individuals, Families and Communities!
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**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



**Monthly Update
Child Protection Assessments/Investigations**

	2016	2017	2018	2019	2020
January	18	21	25	21	16
February	26	22	21	20	30
March	16	17	27	34	19
April	32	17	22	20	15
May	21	31	19	23	21
June	17	28	23	16	10
July	18	21	22	16	12
August	19	33	11	19	17
September	25	20	17	25	
October	18	28	28	29	
November	22	19	22	24	
December	15	16	19	21	
Total	247	273	256	268	140

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