



GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

**COUNTY BOARD ROOM
RED WING, MN
JUNE 21, 2022
10:30 A.M.**

“Due to concerns surrounding the spread of COVID-19, it has been determined that in-person meetings or meetings conducted under Minn. Stat. 13D.02a 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 conduct a board meeting pursuant to this section on Tuesday, June 21, 2022 at 10:30 a.m. The board and staff will be conducting the meeting in the County Board Room. The public may attend in person or monitor the meeting by logging into <https://meet.goto.com/917243653> or calling 1-877-309-2073 beginning at 10:20 a.m. or any time during the meeting. Access Code: 917 243 653

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

Documents:

[MAY 17, 2022 HHS BOARD MINUTES.PDF](#)

4. Introduction Of New, Promoted, And Transferred HHS Employees
5. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:

- a. Child Care Licensure Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. BP4 PHEP Grant Amendment

Documents:

[2022 PHEP AMENDMENT.PDF](#)

c. Community Living Infrastructure Grant

Documents:

[CLI GRANT.PDF](#)

d. C&TC Amendment Contract

Documents:

[CTC AMENDMENT CONTRACT.PDF](#)

e. Goodhue County Education District Contracts

Documents:

[GCED CONTRACTS.PDF](#)

6. ACTION ITEMS:

a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

b. Personnel Item

Nina Arneson

Documents:

[PERSONNEL REQUEST.PDF](#)

7. INFORMATIONAL ITEMS:

a. SCHA Update

Leota Lind, CEO and Scott Schufman, CFO

Documents:

[SCHA UPDATE 2022.PDF](#)

8. FYI-MONTHLY REPORTS:

a. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

b. HHS Staffing Report

Documents:

[HHS STAFFING REPORT.PDF](#)

c. COVID-19 Update

Documents:

[COVID UPDATE 6-21 GCHHS BOARD.PDF](#)

d. Cash Assistance And SNAP Timeliness Measures

Documents:

[GOODHUE COUNTY CASH ASSISTANCE AND SNAP REPORT.PDF](#)

e. SCHSAC And Public Health Transformation

Documents:

[SCHSAC AND PH TRANSFORMATION.PDF](#)

9. ANNOUNCEMENTS/COMMENTS:

10. ADJOURN

a. Next Meeting- HHS Board Annual Meeting

Friday, July 1, 2022 at the Cannon Valley Fair (10:00 am or immediately after the County Board Meeting)

PROMOTE, STRENGTHEN, AND PROTECT THE HEALTH OF INDIVIDUALS,
FAMILIES, AND COMMUNITIES

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF MAY 17, 2022**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:30 A.M., Tuesday, May 17, 2022, in the Goodhue County Board Room and online via GoToMeeting.

Brad Anderson, Paul Drotos, Linda Flanders, Todd Greseth, Susan Johnson, and Jason Majerus

STAFF AND OTHERS PRESENT:

Nina Arneson, Kris Johnson, Mike Zorn, Lisa Woodford, Jessica Seide, Ruth Greenslade, Katie Tang, and Kristin Kraabel.

AGENDA:

On a motion by J. Majerus and seconded by L. Flanders, the Board approved the May 17, 2022, Agenda.

MEETING MINUTES:

On a motion by J. Majerus and seconded by S. Johnson, the Board approved the Minutes of the H&HS Board Meeting on April 19, 2022.

CONSENT AGENDA:

On a motion by P. Drotos and seconded by L. Flanders, the Board approved all items on the consent agenda.

ACTION ITEMS:

On a motion by T. Greseth and seconded by J. Majerus, the Board approved payment of all accounts as presented.

On a motion by J. Majerus and seconded by T. Greseth, the Board approved the Personnel request to reinstate previous employee.

INFORMATIONAL ITEMS:

Waiver Management Update by Katie Tang and Kristin Kraabel
Toward Zero Deaths Update by Jessica Seide
1st Quarter 2022 Fiscal Report by Kayla Matter

Goodhue County Health & Human Services Board
Meeting Minutes of May 17, 2022

FYI & REPORTS:

Child Protection Report
HHS Staffing Report
COVID-19 Update
Quarterly Trend Report
2021 Child Support Performance Report

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by T. Greseth and seconded by J. Majerus, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:30 am.

DRAFT

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



REQUEST FOR BOARD ACTION

Requested Board Date:	June 21, 2022	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:

Paula West	Lake City	Judy Vaith	Lake City
Michelle Mundt	Red Wing	Wanda Feldman	Red Wing
Nicole Eggert	Kenyon	Priscilla Scheffler-Keller	Pine Island
Fay Crouse	Kenyon	Stacy Wagenknecht	Cannon Falls

Child Care Licensures:

Amanda Christians Cannon Falls

Number of Licensed Family Child Care Homes: 73

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:	June 21, 2022	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:	Approve Public Health Emergency Preparedness grant amendment.		

BACKGROUND: Goodhue County Health and Human Services has a Public Health Emergency Preparedness (PHEP) grant through the Minnesota Department of Health (MDH) – Office of Emergency Preparedness to receive federal funding from the Centers for Disease Control (CDC).

Preparing for and responding to emergencies is mandated under MN Statutes 145.A and is a foundational public health responsibility. These are funds we’ve received annually since 2002 to help carry out this responsibility.

Recent award amounts are shown below. Our award amounts are based on the federal budget and the formula used by MDH to divide the funds. The award amount for future years is to be determined based on continued funding from CDC.

2016-2017	\$41,406
2017-2018	\$39,570
2018-2019	\$39,228
2019-2020	\$37,172
2020-2021	\$37,208
2021-2022	\$38,324
2022-2023	\$37,783

The current 5-year grant contract for July 1, 2019 through June 30, 2024 needs to be amended with the 2022-2023 award amount to Goodhue County Health and Human Services of **\$37,783**.

PHEP funds can be used towards the public health COVID-19 response. For the 2019-2020 and 2020-2021 PHEP grant year, MDH revised PHEP grant duties to allow local health departments to focus on the response.

RECOMMENDATION: HHS Department recommends approval as requested.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	June 21, 2022	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:	Approve Community Living Infrastructure grant contract.		

BACKGROUND: Goodhue County Health and Human Services has a Community Living Infrastructure (CLI) grant through the Minnesota Department Human Services (DHS). The CLI grant we received in 2021 funds a full-time, provisional Housing Resource Specialist.

With the leadership of our Housing Resource Specialist, we applied for and have been awarded a second Community Living Infrastructure grant for state FY22/24. The FY22/24 CLI grant is for **direct assistance** and a .2 FTE for a partnering nonprofit in the amount of **\$451,170**.

According to [Healthy People 2030](#), when people struggle to pay for their homes, this is “linked to worse mental health and an increased risk of disease. Policies that make housing more affordable can help improve health and reduce the risk of homelessness.”

Direct assistance will support individuals to access and maintain housing in community settings, limited to the following activities: 1) lease or rent deposits; 2) security deposits; 3) utilities setup costs, including telephone and Internet services; 4) essential furnishings and supplies; and 5) costs related to expungement, including filing fees and attorney fees.

GCHHS will administer funds internally to individuals in specific Goodhue County programs and contract with four community nonprofits who also work with populations with increased barriers to housing. Eligible recipients of direct assistance funds include:

- Clients of all GCHHS Social Services, Waiver Services, and Family Health programs
- Goodhue County Court Services, Department of Corrections programs serving Goodhue County
- Hispanic Outreach clients
- HOPE Coalition’s Haven of Hope Shelter clients
- Red Wing Youth Outreach clients enrolled in programs and their families
- Three Rivers Community Action clients who meet Housing Stabilization Services eligibility (disabled) and/or the state definition of homelessness

RECOMMENDATION: HHS Department recommends approval as requested.



Minnesota Department of Human Services County Grant Contract

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, Housing and Support Services Division (“STATE”) and **Goodhue County**, an independent grantee, not an employee of the State of Minnesota, located at 426 West Avenue, Red Wing, MN 55066 (“COUNTY”).

RECITALS

STATE, pursuant to Minnesota Statutes, section 256.01, subdivision 2(a)(6); has authority to enter into contracts for the following services: the Community Living Infrastructure Grant Program to provide support for people with disabilities and housing instability who want to live in the community. Minnesota Statutes 256I.09 identifies the funding is for grants that may be used for: (1) outreach to locate and engage people who are homeless or residing in segregated settings to screen for basic needs and assist with referral to community living resources; (2) building capacity to provide technical assistance and consultation on housing and related support service resources for persons with both disabilities and low income; (3) streamlining the administration and monitoring activities related to housing support funds or (4) direct assistance.

STATE has received Federal Medical Assistance Percentage (FMAP) funding in Laws of Minnesota 2021, 1st Special Session, Chapter 7, Article 17, Section 5, Subdivision 2 for the Community Living Infrastructure grant program.

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:

CONTRACT

1. CONTRACT TERM AND SURVIVAL OF TERMS.

1.1. Effective date: This CONTRACT is effective on **June 1, 2022**, 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 **March 31, 2024**, 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**, Budget, which is attached and incorporated into this CONTRACT. GRANTEE must:

- A. Increase and improve opportunities for Minnesotans with disabling conditions and housing instability to live successfully in the community, per Minnesota Statutes, section 256.01, subdivision 2 (a)(6).

- B. Advancing the grant program through the following activities:
 - a. Conducting Outreach
 - i. Outreach efforts must locate and build relationships with individuals who are homeless, unstably housed, or who want to relocate from hospitals, treatment centers, corrections, or other facilities into their own home in the community.
 - ii. GRANTEE must identify individuals in need and to assist with referral services to community living resources to meet an individual's needs and choices.
 - iii. GRANTEE may use funds for activities: that are outlined in Attachment A, the project budget, and are included in this list:
 - 1. Administrative costs directly associated with this activity;
 - 2. Staff Salaries;
 - 3. Work related travel for staff in state;
 - 4. Training costs which can include travel to trainings and necessary meetings;
 - 5. Transportation directly related to assisting individuals with attaining housing; and
 - 6. Application fees for rental housing applications.

- b. Hiring Housing Resource Specialists;
 - i. GRANTEE must hire regional housing specialists and provide them with training to support individuals with disabilities, advocates, providers, and government staff. Specifically, GRANTEE must hire and train housing resource specialists as stated in Attachment A.
 - ii. Specialists will assist individuals with gathering necessary documentation together to access and connect to resources or benefits.
 - iii. GRANTEE may use funds for activities: that are outlined in Attachment A; and that are included in this list:
 - 1. Administrative costs directly associated with this activity;
 - 2. Staff Salaries;
 - 3. Work related travel for staff in state; and
 - 4. Training costs on program eligibility criteria for individuals and providers, housing-specific resources, including HUD, MN Housing, DHS, public housing authorities, and private-market resources available to individuals with disabilities and low-income.
 - c. Administration and/or Monitoring of the DHS Housing Support Program
 - i. GRANTEE must administer and monitor the Housing Support program as stated in Attachment A.
 - ii. GRANTEE may use funds for activities: that are outlined in Attachment A; and that are included in this list:
 - 1. Funding for Housing Support staff in administrative areas including but not limited to eligibility, contract management, financial, compliance monitoring and social services;
 - 2. Housing Support training costs including travel to trainings and necessary meetings; and
 - 3. Technical costs.
 - d. Direct Assistance to support individuals in accessing and maintaining housing
 - i. Eligible individual support activities limited to the following:
 - 1. Lease or rent deposits
 - 2. Security deposits
 - 3. Utilities setup costs including telephone and internet services
 - 4. Essential furnishings and supplies
 - 5. Costs related to expungement including filing fees and attorney fees
 - ii. Administrative costs for direct assistance disbursement
- C. Issue an annual report to the Department of Human Services each year, 30 days following the end of the state fiscal year, including the following information:
- a. The number of individuals being served in the program;
 - b. The target population served by the program;
 - c. Progress on the project goals or objectives;
 - d. Results according to the methods outlined in the proposal's evaluation plan;
 - e. The funds expended for the project compared to the funds budgeted;

- f. Recommendations and requests for additional services or training needed to address homelessness and housing needs in their community;
 - g. Other information as requested by the STATE.
- D. Provide data about all activities as requested by the STATE.

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 \(MN.IT\) 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 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. COUNTY will be paid in accordance with **Attachment A**, Budget.

1. COUNTY must obtain STATE written approval before changing any part of the budget. Notwithstanding Clause 16.1 of CONTRACT, shifting of funds between budget line items does not require an amendment, but does require written approval by the STATE.
2. If COUNTY’s approved budget changes proceed without an amendment pursuant to this clause, COUNTY must record the budget change in EGMS or on a form provided by STATE.

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 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 as specified in the [Commissioner’s Plan](#).¹ 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.

¹ <https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp>

- c. **Total obligation.** The total obligation of STATE for all compensation and reimbursements to COUNTY shall not exceed **Four hundred fifty one thousand one hundred seventy dollars (\$451,170)**.
- 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.

3.2. Terms of payment

- a. **Invoices.** Payments shall be made by STATE promptly after COUNTY submits an invoice for services performed and the services have been determined acceptable by STATE's authorized agent pursuant to Clause 4.1. Invoices shall be submitted in a form prescribed by STATE, and according to the following schedule: **quarterly reimbursements and progress reports due 30 days after the end of each quarter**. If STATE does not prescribe a form, COUNTY may submit invoices in a mutually agreed invoice format.

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).

4.3. Administrative costs and reimbursable expenses. Pursuant to Minn. Stat. § 16B.98, subd. 1, COUNTY agrees to minimize administrative costs as a condition of this grant. COUNTY shall ensure that costs claimed for reimbursement shall be actual costs, to be determined in accordance with 2 C.F.R. § 200.0 et seq., COUNTY shall not invoice STATE for services that are reimbursable via a public or private health insurance plan. If COUNTY receives funds from a source other than STATE in exchange for services, then COUNTY may not receive payment from STATE for those same services. COUNTY shall seek reimbursement from all sources before seeking reimbursement pursuant to CONTRACT.

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 **Shawn Tobias, Manager** or his successor. Phone and email: 651-431-6158 and

shawn.tobias@state.mn.us. 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](#).

7.4 Project Manager. The STATE'S project manager for this grant contract is **Abby Guilford, Community Living Infrastructure Lead**, phone and email: **651-431-7227** and abigail.guilford@state.mn.us or her successor.

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.

- a. It is expressly agreed that STATE will not be disclosing or providing information protected under the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13 (the "Data Practices Act") as "not public data" on individuals to COUNTY under this Contract. "Not public data" means any data that is classified as confidential, private, nonpublic, or protected nonpublic by statute, federal law or temporary classification. Minn. Stat. § 13.02, subd. 8a.
- b. It is expressly agreed that COUNTY will not create, receive, maintain, or transmit "protected health information", as defined in the Health Insurance Portability Accountability Act ("HIPAA"), 45 C.F.R. § 160.103, on behalf of STATE for a function or activity regulated by 45 C.F.R. 160 or 164. Accordingly, COUNTY is not a "business associate" of STATE, as defined in HIPAA, 45 C.F.R. § 160.103 as a result of, or in connection with, this CONTRACT. Therefore, COUNTY is not required to comply with the privacy provisions of HIPAA as a result of, or for purposes of, performing

under this CONTRACT. If COUNTY has responsibilities to comply with the Data Practices Act or HIPAA for reasons other than this CONTRACT, COUNTY will be responsible for its own compliance.

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. STATE 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 created and paid for under this CONTRACT. The Works and Documents will be the exclusive property of STATE and all such Works and Documents must be immediately returned to STATE by COUNTY upon completion or cancellation of this CONTRACT. To the extent possible, those Works eligible for copyright protection under the United States Copyright Act will be deemed to be "works made for hire." If using STATE data, COUNTY must cite the data, or make clear by referencing that STATE is the source.

11.3. Responsibilities.

- a. Notification.** Whenever any Works or Documents (whether or not patentable) are made or conceived for the first time or actually or constructively reduced to practice by COUNTY, including its employees and subcontractors, and are created and paid for under this CONTRACT, COUNTY will immediately give STATE's Authorized Representative written notice thereof, and must promptly furnish the Authorized Representative with complete information and/or disclosure thereon. COUNTY will assign all right, title, and interest it may have in the Works and the Documents to STATE.
- b. Filing and recording of ownership interests.** COUNTY must, at the request of STATE, execute all papers and perform all other acts necessary to transfer or record STATE's ownership interest in the Works and Documents created and paid for under this CONTRACT. COUNTY must perform all acts, and take all steps necessary to ensure that all intellectual property rights in these Works and Documents are the sole property of STATE, and that neither COUNTY nor its employees, agents, or subcontractors retain any interest in and to these Works and Documents.
- c. 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.

- d. 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 that is relevant to this CONTRACT, a copy of the relevant 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 receiving \$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 C.F.R. 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 16.1, STATE reserves the right to unilaterally fix clerical errors contained in the 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.

- a. 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 16.1.
- b. 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.

16.4. Drafting party. The parties agree that each party individually has had an opportunity to review with a legal representative, negotiate and draft this 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](#). 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](#) as specified in Minn. Stat. § 16B.97, subd. 4(a)(1). Compliance under this paragraph includes, but is not limited to, participating in monitoring and financial reconciliation as required by Office of Grants Management (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.

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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: Human Services Manager 4

Date: _____

Distribution: (fully executed contract to each)

Contracting and Legal Compliance Division

County

State Authorized Representative

ATTACHMENT

A

Goodhue County

Fiscal Year 2022 – 2024 Budget

Category of Funding	Budget	What This Funds
Housing Resource Specialist	\$43,000	<ul style="list-style-type: none">• \$43,000: 0.2 FTE Housing Resource Specialist (salary and fringe)
Direct Assistance	\$408,170	<ul style="list-style-type: none">• \$408,170: Security deposits, rent deposits, essential furnishings and supplies, utility hookups, administration costs
TOTAL	\$451,170	

Goodhue County will be awarded **\$451,170** in this round of funding for the Community Living Infrastructure Program for fiscal years 2023-2024. This funding will cover initiatives in the 1) Direct Assistance.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	June 21, 2022	Staff Lead:	Brooke Hawkinson
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 July-December 2022		

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 (MA) are eligible for this program.

In June 2021, legislation passed a proposal for Integrated Health Partnerships (IHPs) to complete outreach activities for the Child and Teen Checkup Program. IHPs have the option to opt out of completing this work.

Due to the legislative changes, our budgets and work plans will be completed in two separate periods. The first budget period will show 50% of our budget January-June 2022 with no changes. The second budget period will reflect legislative changes for July 2022-December of 2022.

Goodhue County Health and Human Services will continue with outreach duties. Local Public Health 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 for the second half of the year from the Department of Human Services is \$48,521.00.

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

Amendment No. 2 for Grant Contract No. GRK%181322

Contract Start Date:	1/1/2021	Original Contract Amount:	\$101,468.00
Original Contract Expiration Date:	12/31/2023	Previous Amendment(s) Total:	\$51,396.00
Current Contract Expiration Date:	12/31/2023	This Amendment:	\$48,521.00
Requested Contract Expiration Date:	n/a	Total Contract Amount:	\$201,385.00

This amendment (“Amendment”) is by and between the State of Minnesota, through its Commissioner of the Minnesota Department of Human Services, Purchasing and Service Delivery Division (“STATE”) and Goodhue County Health and Human Services, located at 426 West Avenue, Red Wing, MN 55066, an independent contractor, not an employee of the State of Minnesota (“COUNTY”).

Recitals

1. STATE has a grant contract with COUNTY identified as Grant No. GRK%181322 for 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 (Original Grant Contract);
2. STATE and COUNTY agree that additional funds are necessary for the satisfactory completion of the grant contract;
3. Legislative changes to the Medical Assistance program will require changes to funding and work as of July 1, 2022; and
4. STATE and COUNTY agree to amend the contract as stated below:

Contract Amendment

In this Amendment, changes to Original Grant Contract language will use ~~strike through~~ for deletions and underlining for insertions.

The parties agree to the following revisions:

REVISION 1: Clause 3.1, “**Consideration**” is amended as follows:

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) or contract period.
 2. The amount of funding available for each CY or contract period is based on an 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. If the contract period is less than 12 months, the amount of funding will be pro-rated.
 3. Compensation and reimbursement will be consistent with the Budget Worksheet, as revised and approved by the STATE, and based on actual expenditures. The Budget Worksheet for CY 2021 is attached and incorporated into this agreement as **Attachment B**. The January 2022– June 2022 Budget Worksheet is attached and incorporated into this agreement as **Attachment B-1**. The Budget Worksheet for July 2022 – December 2022 is attached and incorporated into this agreement as **Attachment B-2**.
- 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 Budget Worksheet for each Calendar Year or contract period 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 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 in Calendar Year 2021, shall not exceed **One Hundred One Thousand Four Hundred Sixty Eight Dollars and No Cents (\$101,468.00)**. **The total obligation of STATE to County for January 2022– June 2022 shall not exceed Fifty One Thousand Three Hundred Ninety Six Dollars and No Cents (\$51,396.00)**. **The total obligation of STATE to County for July 2022– December 2022 shall not exceed Forty Eight Thousand Five Hundred Twenty One Dollars and No Cents (\$48,521.00)**.
- 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 contract period, 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.

REVISION 2: Attachment A, County Duties, which is attached and incorporated into the Original Grant Contract ~~as is~~ amended as shown below.

REVISION 3: Attachment B-2, July 2022 – December 2022 Budget Worksheet, attached to this amendment, is hereby attached and incorporated into the Original Grant Contract.

EXCEPT AS AMENDED HEREIN, THE TERMS AND CONDITIONS OF THE ORIGINAL GRANT CONTRACT AND ALL PREVIOUS AMENDMENTS REMAIN IN FULL FORCE AND EFFECT AND ARE INCORPORATED INTO THIS AMENDMENT BY REFERENCE.

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Signature page follows

APPROVED:

1. STATE ENCUMBRANCE VERIFICATION

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

By: _____ paid through MMIS_____

Date: _____ n/a_____

Grant No: _____ GRK%181322_____

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

Individual certifies the applicable provisions of Minnesota Statutes, section 16B.97, subdivision 1 and Minnesota Statutes, section 16B.98 are reaffirmed.

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 or to an Integrated Health Partnership (IHP).
- 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 or contract period.

- L.** COUNTY will complete and submit the C&TC Work Plan for approval each year or contract period.
- 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.

2022 Budget Worksheet - Attachment B2

Goodhue County Health and Human Services
3,662

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	185	0.18	\$8,355.49	\$3,184.30	\$11,539.79
Clerk or support staff	786	0.76	\$20,968.92	\$7,916.52	\$28,885.44
Total	971	0.93	\$29,324.41	\$11,100.82	\$40,425.23

Equipment Costs

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

Other Direct Costs

Office supplies	\$66.00
Printing	\$1,300.00
Postage	\$1,300.00
Telephone	\$0.00
Office space	\$0.00
Interpreter/translation services	\$100.00
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$50.00
C&TC outreach supplies	\$500.00
C&TC outreach advertisement	\$737.48
Other	\$0.00
Total other direct costs	\$4,053.48

Subcontractor/Consultant Costs

Total subcontractor/consultant costs	\$0.00
---	---------------

Indirect Cost

Total indirect cost	\$4,042.52
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Travel Costs

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

Total budgeted amount (rounded down to the nearest dollar)	\$48,521.00
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Total C&TC costs per eligible child (not to exceed \$13.25)	\$13.25
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2022 Budget Worksheet - Attachment B2

IN WITNESS WHEREOF, CHB/TRIBAL NATION and STATE have mutually agreed with this Budget Worksheet.

FOR CHB/TRIBAL NATION: _____

Title: _____

Date: _____

FOR STATE: _____

Title: _____

Date: _____

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/virtual/phone visit by one of our nurses, or a WIC contact. 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/virtual/phone visit, or WIC contact. 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 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 contacts and home/video/telephone 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, WIC contact, or home/video/telephone 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/video 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 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 of 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 outreach measures, 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/video/telephone visit by a nurse or WIC contact. 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/video/telephone visit by a nurse or a WIC contact. 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. WIC staff makes contact with MA recipients and provides C&TC information. Phone numbers are also given if assistance is needed to schedule an appointment. All WIC eligible families are provided 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/video/telephone 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 participates in county fair and other health fairs. 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 other agency division outreaches as appropriate.

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Work Plan - Objective 5

Recruit and train local providers about the C&TC Program. Providing information and technical assistance to providers of participating Integrated Health Partnership (IHP) clinics is not required.

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 complete outreach to local C&TC providers by encouragement of program compliance, assistance with assessment of C&TC training needs, 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, and act as a referral source to offer technical assistance as needed.

Guidelines: C&TC Administrative Service agencies are required to identify and provide information and technical assistance to C&TC providers outside of the IHP network. However, as time allows, keeping connections with all local providers is acceptable. C&TC Administrative Service agencies may provide training on C&TC Program requirements and 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 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. Other activities provided to meet this objective.

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**2021 Budget Worksheet
(Input)**

Goodhue County Health and Human Services

3,662

Community Health Board/Tribal Nation

Estimated number of CHB/Tribal Nation C&TC Eligible Children

Staffing Costs

List all C&TC staff separately with initials, name and/or position title in the appropriate section (Supervisor, Outreach Staff, Clerk or Support staff). Enter the total C&TC hours, salary/wages, and fringe benefits for each individual. All staffing costs must be entered on this worksheet. If additional space is needed, email dhs.childteencheckups@state.mn.us.

Position	C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Supervisor		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
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
Total	0	0.00	\$0.00	\$0.00	\$0.00

Position	C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Outreach Staff					
Jane S. - PHN Coordinator	150	0.14	\$7,164.00	\$2,728.50	\$9,892.50
Jodi S.	18	0.02	\$517.05	\$186.93	\$703.98
Krista E.	10	0.01	\$477.60	\$199.50	\$677.10
Health Educator - Vacant	7	0.01	\$196.84	\$69.37	\$266.21
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
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		0.00			\$0.00
		0.00			\$0.00
Total	185	0.18	\$8,355.49	\$3,184.30	\$11,539.79

Position	C&TC Hours	Full-Time Equivalent (FTE)	Salary/Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Clerk or Support Staff					
Carol T. - Support Staff	780	0.75	\$20,849.40	\$7,862.40	\$28,711.80
Kari Winter - Accounting Tech	6	0.01	\$119.52	\$54.12	\$173.64
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
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		0.00			\$0.00
		0.00			\$0.00
		0.00			\$0.00
Total	786	0.76	\$20,968.92	\$7,916.52	\$28,885.44

Equipment Costs

Enter the total budgeted amount for each expense below. All equipment expenses must be prorated for C&TC 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	\$66.00
Printing	\$1,300.00
Postage	\$1,300.00
Telephone	
Office space	
Interpreter/translation services	\$100.00
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>	\$50.00
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>	\$500.00

**2021 Budget Worksheet
(Input)**

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>	\$737.48
Other <i>Please submit an explanation and justification for any expense in this line.</i>	
Total Other Direct Costs	\$4,053.48

Subcontractor/Consultant Costs

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

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 1/1/2021 is 0.56 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	
Standard mileage rate	.560¢
CHB/Tribal Nation mileage rate	
Total mileage	\$0.00
Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC	
Total Travel Costs	\$0.00

Calculated C&TC Services Costs per Child

Not to exceed \$13.25 per eligible child.	\$13.25
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Goodhue County Health and Human Services

3,662

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	185	0.18	\$8,355.49	\$3,184.30	\$11,539.79
Clerk or support staff	786	0.76	\$20,968.92	\$7,916.52	\$28,885.44
Total	971	0.93	\$29,324.41	\$11,100.82	\$40,425.23

Equipment Costs

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

Other Direct Costs

Office supplies	\$66.00
Printing	\$1,300.00
Postage	\$1,300.00
Telephone	\$0.00
Office space	\$0.00
Interpreter/translation services	\$100.00
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$50.00
C&TC outreach supplies	\$500.00
C&TC outreach advertisement	\$737.48
Other	\$0.00
Total other direct costs	\$4,053.48

Subcontractor/Consultant Costs

Total subcontractor/consultant costs	\$0.00
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Indirect Cost

Total indirect cost	\$4,042.52
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Travel Costs

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

Total budgeted amount (rounded down to the nearest dollar)	\$48,521.00
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Total C&TC costs per eligible child (not to exceed \$13.25)	\$13.25
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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: _____

Date: _____

2022 Administrative Services Annual Expenditure Report

Goodhue County Health and Human Services

Community Health Board/Tribal Nation

Complete this worksheet as part of the 2022 Annual Reports process (due spring 2023). 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	\$40,425.23		\$40,425.23	
Equipment	\$0.00		\$0.00	
Office supplies	\$66.00		\$66.00	
Printing	\$1,300.00		\$1,300.00	
Postage	\$1,300.00		\$1,300.00	
Telephone	\$0.00		\$0.00	
Office space	\$0.00		\$0.00	
Interpreter/translation services	\$100.00		\$100.00	
Trainings, conferences, workshops, and other meeting expenses related to C&TC	\$50.00		\$50.00	
C&TC outreach supplies	\$500.00		\$500.00	
C&TC outreach advertisement	\$737.48		\$737.48	
Other costs	\$0.00		\$0.00	
Subcontractor/consultant	\$0.00		\$0.00	
Indirect cost	\$4,042.52		\$4,042.52	
Travel	\$0.00		\$0.00	
Total	\$48,521.23	\$0.00	\$48,521.23	\$0.00

Estimated number of C&TC eligible children	3,662
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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 2022

Based on State Fiscal Year 2022 Enrollment Data
 Eligible in Major Programs MA - Ages 0 through 20
 July through December numbers do not include children attributed to a contracted Integrated Health Partnership

County Code	County Name	Number of Eligible Children Jan-June	Number of Eligible Children July-Dec
001	AITKIN	1,844	896
002	ANOKA	38,794	20,147
003	BECKER	4,722	2,708
004	BELTRAMI	7,335	7,522
005	BENTON	5,177	2,502
006	BIG STONE	678	586
007	BLUE EARTH	6,745	4,178
008	BROWN	2,599	1,478
009	CARLTON	3,454	1,869
010	CARVER	6,275	4,956
011	CASS	4,948	3,317
012	CHIPPEWA	1,824	1,439
013	CHISAGO	5,043	3,030
014	CLAY	8,094	6,471
015	CLEARWATER	1,236	1,030
016	COOK	502	462
017	COTTONWOOD	1,912	1,534
018	CROW WING	7,873	4,364
019	DAKOTA	41,715	27,245
020	DODGE	2,080	2,047
021	DOUGLAS	3,560	3,388
022	FARIBAULT	1,905	1,710
023	FILLMORE	2,124	1,960
024	FREEBORN	4,212	4,131
025	GOODHUE	3,879	3,662
026	GRANT	814	536
027	HENNEPIN	131,977	78,721
028	HOUSTON	1,574	1,540
029	HUBBARD	3,042	1,705
030	ISANTI	4,473	1,984
031	ITASCA	5,320	2,714
032	JACKSON	1,165	1,001
033	KANABEC	2,014	1,578
034	KANDIYOHI	7,142	2,832
035	KITTSON	482	479
036	KOOCHICHING	1,227	534
037	LAC QUI PARLE	819	764
038	LAKE	974	377
039	LAKE OF THE WOODS	448	427
040	LE SUEUR	2,718	2,158
041	LINCOLN	594	323
042	LYON	3,678	1,857
043	MCLEOD	3,827	3,695
044	MAHNOMEN	1,064	799
045	MARSHALL	908	903
046	MARTIN	2,690	2,605

County Code	County Name	Number of Eligible Children Jan-June	Number of Eligible Children July-Dec
047	MEEKER	2,724	2,285
048	MILLE LACS	3,832	2,366
049	MORRISON	3,993	2,919
050	MOWER	6,461	6,388
051	MURRAY	939	629
052	NICOLLET	3,472	2,246
053	NOBLES	4,152	2,653
054	NORMAN	929	643
055	OLMSTED	15,378	15,228
056	OTTER TAIL	7,243	3,553
057	PENNINGTON	1,209	1,186
058	PINE	3,520	2,243
059	PIPESTONE	1,386	799
060	POLK	4,254	3,756
061	POPE	1,244	1,179
062	RAMSEY	80,848	47,122
063	RED LAKE	476	423
064	REDWOOD	2,107	1,649
065	RENVILLE	2,092	1,718
066	RICE	7,318	4,486
067	ROCK	1,028	967
068	ROSEAU	1,481	1,458
069	ST. LOUIS	18,110	7,998
070	SCOTT	12,948	9,590
071	SHERBURNE	10,006	4,721
072	SIBLEY	1,789	1,521
073	STEARNS	19,736	7,446
074	STEELE	4,444	4,274
075	STEVENS	974	876
076	SWIFT	1,337	1,051
077	TODD	3,414	1,757
078	TRAVERSE	525	486
079	WABASHA	1,899	1,864
080	WADENA	2,355	962
081	WASECA	2,331	2,044
082	WASHINGTON	18,958	11,962
083	WATONWAN	1,681	1,354
084	WILKIN	799	619
085	WINONA	4,034	2,544
086	WRIGHT	12,181	6,575
087	YELLOW MEDICINE	1,230	789
102	RED LAKE INDIAN RESERVATION	778	778
103	WAPATAKON INDIAN RESERVATION	880	880
106	POND DU LAC INDIAN RESERVATION	690	690
	TOTAL	622,665	396,841

Under Age 21 by Community Health Board for 2022

Based on State Fiscal Year 2022 Enrollment Data
Eligible in Major Programs MA - Ages 0 through 20

July through December numbers do not include children attributed to a contracted Integrated Health Partnership

#	Community Health Board	Number of Eligibles Jan-June	Number of Eligibles July-Dec
1	Aitkin Itasca Koochiching Community Health Board	8,391	4,144
2	Anoka County Community Health & Environmental Services	38,794	20,147
3	Beltrami County Community Health Board	7,335	7,522
4	Benton County Community Health Board	5,177	2,502
5	Blue Earth County Human Services	6,745	4,178
6	Brown-Nicollet Community Health Board	6,071	3,724
7	Carlton-Cook-Lake-St. Louis Community Health Board	23,040	10,706
8	Carver County Public Health	6,275	4,956
9	Cass County Health, Human and Veterans Services Board	4,535	3,317
10	Chisago County Public Health	5,043	3,030
11	Countryside Public Health (Big Stone, Chippewa, Lac Qui Parle, Swift, Yellow Medicine)	5,888	4,629
12	Crow Wing County Community Services	7,867	4,364
13	Dakota County Public Health Department	41,715	27,245
14	Des Moines Valley Health and Human Services (Cottonwood, Jackson)	3,077	2,535
15	Dodge-Steele Community Health Board	6,524	6,321
16	Fillmore Houston Community Health Board	3,698	3,500
17	Fond du Lac Band of Lake Superior Chippewa	690	690
18	Freeborn County Public Health	4,212	4,131
19	Goodhue County Health and Human Services	3,879	3,662
20	Hennepin County Human Services and Public Health Department	131,977	78,721
21	Horizon Public Health (Douglas, Grant, Pope, Stevens, Traverse)	7,117	6,465
22	Human Services of Faribault & Martin Counties	4,595	4,315
23	Isanti County Community Health Board	4,473	1,984
24	Kanabec County Community Health	2,014	1,578
25	Kandiyohi-Renville Community Health Board	9,234	4,550
26	Le Sueur Waseca Community Health Board	5,049	4,202
27	Meeker McLeod Sibley	8,340	7,501
28	Mille Lacs County Community Health Board	3,832	2,366
29	Morrison, Todd, Wadena Community Health Board	9,762	5,638
30	Mower County Community Health Services	6,461	6,388
31	Nobles County Community Services	4,152	2,653
32	North Country Community Health Board (Clearwater, Hubbard, Lake of the Woods)	4,726	3,162
33	Olmsted County Public Health Services	15,378	15,228
34	Partnership Health Community Health Board & Otter Tail County Public Health (Becker, Clay, Otter Tail, Wilkin)	20,858	13,351
35	Pine County Community Health Board	3,520	2,243
36	Polk-Norman-Mahnomen Community Health Board	6,247	5,198
37	Quin County Community Health Services (Kittson, Marshall, Pennington, Red Lake, Roseau)	4,556	4,449
38	Red Lake Comprehensive Health Services	778	778
39	Rice County Community Health Services	7,318	4,486
40	Saint Paul - Ramsey County Public Health	80,848	47,122
41	Scott County Health and Human Services	12,948	9,590
42	Sherburne County Health & Human Services	10,006	4,721
43	Southwest Health and Human Services (Lincoln-Lyon-Murray-Pipestone-Redwood-Rock)	9,732	6,224
44	Stearns County Human Services	19,736	7,446
45	Wabasha County Public Health	1,899	1,864
46	Washington County Public Health and Environment	18,958	11,962
47	Watonwan County Human Services	1,681	1,354
48	White Earth Home Health Agency	880	880
49	Winona County Community Services	4,034	2,544
50	Wright County Health and Human Services	12,181	6,575
TOTAL		623,423	396,841

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



REQUEST FOR BOARD ACTION

Requested Board Date:	June 21, 2022	Staff Lead:	Kris Johnson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve Contracts with Goodhue County Education District (GCED) for community-based services from July 1, 2022 to June 30, 2023.		

BACKGROUND:

Goodhue County Health and Human Services (GCHHS) and Goodhue County Education District (GCED) continue to have an important working agreement in place to benefit the children, families and communities in Goodhue County. Each time when this contract is renewed, the contract is carefully reviewed, and updated as needed together by GCHHS and GCED to better meet the needs, and continually improve the collaborative work.

For many years, one important part of this collaboration has been the shared social work position to provide early childhood services to families in Goodhue County. This position has allowed GCHHS and GCED to collaborate to serve families when their children have a newly identified developmental concern when those issues are most responsive to intervention.

RECOMMENDATION: Goodhue County HHS Recommends Approval as Requested.

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Goodhue County Education District Professional Service Agreement
With Goodhue County Health and Human Services

The **Goodhue County Health & Human Services**, 426 West Avenue, Red Wing, Minnesota 55066, hereafter referred to as the "Agency" and

Goodhue County Education District(s) (#252, #253, #256, #813, #2172, #2805) located at 395 Guernsey Lane, Red Wing, MN 55066 hereafter referred to as the "Contractor" enter into this agreement for the period from **July 1, 2022** to **June 30, 2023**.

This contract may be extended by written agreement between the Agency and the Contractor.

WITNESSETH

WHEREAS, The Contractor is an organization certified by the Minnesota Department of Education to provide **Educational Assistance setting IV Special Education Services**;

WHEREAS, the Contractor and the Agency agree to participate in providing Interagency coordinated services and programs for children; and

WHEREAS, it is to the Contractor and the Agency best interest, the community's benefit, and the enhancement of Children's Mental Health to provide a clinical and family based component in order for children with disabilities to satisfactorily progress emotionally, socially and educationally; and

WHEREAS, the Contractor along with the Agency will fund the Setting IV and Early Childhood Programs for Children; and

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

1. **Agency and Contractor's Duties**

The Goodhue County Health & Human Services agrees to provide funding towards these collaborative services and the Contractor agrees to furnish the following:

1. **Educational Assistance setting IV - 139X** **\$538,725.00**
2. **Transportation to Ensure School Stability for Students in Foster Care - 416X** **\$5000.00**
(These funds can be used for Educational Assistance if transportation funding is not utilized)

Contractor agrees to provide the facility, including appropriate space for the provision of mental health including the services for children/families enrolled in the program. The classrooms and other facilities in which students receive instruction, related services and supplemental aids and services shall be essentially equivalent to regular education programming, shall provide an atmosphere conducive to learning, and shall meet student's special physical, sensory, and emotional needs.

NOW THEREFORE, IT IS AGREED, by and between the Contractor and the Agency, the conditions of the contract as follows:

- a. Direct service will be provided according to student's IEP/IFSP each day school is in session, including the regular school year, extended school year and beyond. The student's IEP/IFSP will document need for services, including need for extended school year.
- b. Schedule flexibility will be allowed so that evening parent education and family services may be provided and the mental health component can be integrated and coordinated with the education

component.

- c. Services will consist of program development and implementation, including diagnostic assessments, treatment planning, individual and group counseling, parent education, family counseling, consultation, team meetings, report writing, and meeting other applicable policies and procedures of the Contractor and the Agency. The process of providing a service offered through this contractual agreement will be done as an IEP/IFSP team decision function and not solely by a decision of the Contractor or the Agency.
- d. Agency will provide school social worker to serve as Family Support Specialist to receive and act on referrals of children and families from parents, school, and county staff. The Family Support Specialist will be a GCED employee. The Family Support Specialist will be located two days per week at the GCHHS building and will take work direction from the GCHHS Social Services Supervisor that may include, but is not limited to, administration of Family Support Grant, Rule 185 case management, and Parent Support Outreach Program assessment and case management.

2. Cost and Delivery of Purchased Services

- a. The total amount to be paid to the Contractor for the Purchased Services shall not exceed **\$543,725.00.**
- b. It is understood and agreed that in the event the reimbursement to the Contractor and/or the County from State and Federal sources is not obtained and continued at a level sufficient to allow for the purchase of the indicated quantity of Purchased Services, the obligations for each party hereunder shall thereupon be modified or terminated; notification by the party seeking modification/termination must be served on all parties at least 60 days prior to proposed action.
- c. The Director of Special Education for Goodhue County Education District and the Director of Goodhue County Health & Human Services shall be responsible for oversight of the contracted services when such services are being submitted for reimbursement for special education aids.

3. Eligibility for Services

Eligibility for services under this contract shall be:

- a. All children must have legal residence in Goodhue County as per MN Statute 120A.22.
- b. All children must be identified as disabled according to Minnesota Department of Education regulations and be in need of special education services.
- c. All children determined to be eligible for the Setting IV must be at least three (3) years old but less than twenty-one (21) years old.
- d. The Contractor and the Agency shall secure, and then share:
 1. Joint release of information.
 2. Assessment report (child).
 3. ISP, IEP.
 4. Parent Conference/Periodic Review(s) Reports.

Written reports shall contain documentation of student progress toward ISP, IEP Goals/Objectives.

- e. The Contractor shall follow established written due process procedures for terminating services to a client. The Agency shall be notified in 30 days.

4. Payment for Purchased Services

- a. Certification of expenditures: The Contractor shall submit invoices for Contract Services provided, to the Agency in January and July of each year. The invoice shall show total program and administrative expenditures for the SFY.

5. Audit and Record Disclosures

- a. Allow Director of the Agency and the Minnesota Department of Human Services access to the Contractor's facility records at regular office hours to exercise their responsibility to monitor purchased services.
- b. Records pertaining to the contract at the Contractor offices and the Agency offices for three years for audit purposes.

6. Safeguard of Client Information

The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality provided for in the MN Data Practices Act, HIPAA or FERPA, or for any purpose not directly connected with the Contractor's or Agency's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client, the client's attorney or the client's responsible parent or guardian.

7. Equal Employment Opportunity and Civil Right Non-Discrimination

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (42 USC 2000e); including Executive Order No. 11246, and Title VI (42 USC 2000d); and the Rehabilitation Act of 1973, as amended by Section 504; Minnesota Statutes, section 363A.02; and all applicable federal and state laws, rules regulations and orders prohibiting discrimination in employment, facilities and services. The Contractor shall not discriminate in employment, facilities, and in the rendering of Purchased Services hereunder on the basis of race, color, religion, age, gender, sexual orientation, disability, marital status, public assistance status, creed, or national origin.

8. Fair Hearing and Grievance Procedures

The Contractor agrees to provide for a fair hearing and grievance procedure in conformance with Minnesota Statute; section 256.045, and in conjunction with the Fair Hearing and Grievance Procedures established by administrative rules of the State Department of Human Services and administrative rules of the Department of Education.

9. Bonding, Indemnify, Insurance and Audit Clause

a. Bonding: The Contractor shall obtain and maintain at all times, during the term of this agreement, a fidelity bond covering the activity of its personnel authorized to receive or distribute monies, in an amount not less than 1/6 of the not to exceed total in 2.a.

b. Indemnify: The Contractor agrees that it will, at all times, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs of expenses which may be claimed against the Contractor or Agency:

1. By reason of any service client's suffering personal injury, death, or property loss, or damages either while participating in or receiving from the Contractor under this agreement, or while on premises owned, leased or operated by the Contractor, or while being transported to or from said premises in any vehicle owned, operated, chartered or otherwise contracted for by the Contractor or his assigns; or

2. By reason of the service client's causing injury to, or damage to, the property of another person during any time when the Contractor or his assigns, or employee thereof, has undertaken or is furnishing the care and service called for under this agreement.

c. Insurance: The Contractor further agrees, in order to protect itself and the Agency under the indemnity provisions set forth above, to at all times during the term of this contract, have and keep in force a liability insurance policy of not less than \$1,000,000/\$3,000,000.

d. Audit: The Contractor agrees that within 60 days after the termination date of this contract, an audit of said records will be conducted by a Certified Public Accounting firm, with a copy of same available to the Agency upon request.

10. Conditions of the Parties' Obligations

a. Before the termination date specified in Section 1 of this agreement, the Contractor and the Agency may evaluate the performance of this agreement to determine whether such performance merits review of this agreement.

b. Any alterations, variations, modifications, or waivers of provisions of this agreement shall be valid only when they have been submitted in writing, duly signed, and attached to the original of this agreement.

c. No claim for services furnished by the Contractor, not specifically provided in this agreement, will be allowed by the Agency.

11. Subcontracting

The Contractor and the Agency may enter into subcontracts for any of the goods and services contemplated under this agreement without prior written notification. All subcontracts shall be subject to the requirements of this contract. The Contractor and the Agency shall be responsible for the performance of any subcontractor retained by that party in performance of its duties under this contract.

12. Miscellaneous

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

IN WITNESS WHEREEEOF, the Contractor and the Agency have executed this Agreement as of the day and year first above written.

APPROVED BY:

By: _____
Agency: GCHHS Board Chair

Date

By: _____
Agency: GCHHS Director

Date

By: _____
Contractor: GCED Board Chair

Date

By: _____
Contractor: GCED Director

Date

By: _____
Goodhue County Attorney

Date

Goodhue County Health and Human Service Professional Service Agreement
With Goodhue County Education District

Goodhue County Education District(s)(GCED) (#252, #253, #256, #813, #2172, #2805) located at 395 Guernsey Lane, Red Wing, MN 55066, hereafter referred to as the “Agency” and

Goodhue County Health & Human Services, 426 West Avenue, Red Wing, Minnesota 55066 hereafter referred to as the “Contractor” enter into this agreement for the period from July 1, 2022 to June 30, 2023.

This contract may be extended by written agreement between the Agency and the Contractor.

WITNESSETH

WHEREAS, the Contractor is an organization licensed by the Department of Human Services and the Minnesota Department of Health to provide **Case Management and Supportive Family Based Services;**

WHEREAS, the Contractor and the Agency agree to participate in providing Interagency coordinated services and programs for children; and

WHEREAS, it is to the Contractor’s and the Agency’s best interest, the community’s benefit, and the enhancement of Children’s Mental Health to provide a clinical and family based component in order for children with disabilities to satisfactorily progress emotionally, socially and educationally; and

WHEREAS, the Contractor is required to provide mental health services in accordance with the Comprehensive Mental Health Act; and

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

1. **Agency and Contractor Duties:**

The Goodhue County Education District agrees to provide funding towards these collaborative services and the contractor agrees to furnish the following:

1.	<u>Child General Case Management - 193X</u>	<u>\$214,330.00</u>
2.	<u>Child Rule 79 Case Management - 490X</u>	<u>\$100,000.00</u>
3.	<u>Family Based Counseling—162X</u>	<u>\$60,000.00</u>
4.	<u>Family Group Decision Making—166X</u>	<u>\$10,000.00</u>

Agency agrees to provide the facility, including appropriate space for the provision of mental health including the services for children/families enrolled in the program. The classrooms and other facilities in which students receive instruction, related services and supplemental aids and services shall be essentially equivalent to regular education programming, shall provide an atmosphere conducive to learning, and shall meet student’s special physical, sensory, and emotional needs.

NOW THEREFORE, IT IS AGREED, by and between the Contractor and the Agency, the conditions of the contract as follows:

- a. Provide direct individual, group and family services to qualified students with disabilities in the Goodhue County Education District. The IEP/IFSP of these qualified students with disabilities contains documentation of the need for the services.
- b. Provide direct services to the parents (guardians) and families of the Interagency County Education District Program children through parent education, case management, crisis planning and

- intervention, and mental health consultation.
- c. Serve as support liaison between home, school, and community agencies. Case managers and social workers will participate in an interagency committee related to children in the Education District school child study team meetings on children served. In addition to providing general clinical input, the case managers and social workers will complete evaluations and make recommendations for program placement transition.
- d. Ensure that the mental health professional shall participate on an interagency County Education District committee to consider the special needs and develop appropriate services for each student.
- e. Provide mental health consultation to special education staff, regular education staff, school administrators, and other Agency personnel as appropriate.
- f. The Contractor will employ social worker to provide services to children with school attendance concerns. All County social workers must pass the State Merit System exam and be “certified” by Minnesota Merit System for County hire. Personnel may also hold licenses from Board of Teaching, Commissioner of MDE or Board of Social Work.
- g. A Mental Health Practitioner Social Workers/Family Therapist/Consultant will be subcontracted through the contractor for the length of this contract.
- h. Direct service will be provided according to student’s IEP/IFSP each day school is in session, including the regular school year, extended school year and beyond. The student’s IEP/IFSP will document need for services, including need for extended school year.
- i. Schedule flexibility will be allowed so that evening parent education and family services may be provided and the mental health component can be integrated and coordinated with the education component.
- j. Services will consist of program development and implementation, including case management diagnostic assessments, crisis planning and intervention, treatment planning, individual and group counseling, parent education, family counseling, consultation, team meetings, report writing, and meeting other applicable policies and procedures of the Contractor and the Agency. The process of providing a service offered through this contractual agreement will be done as an IEP/IFSP team decision function and not solely by a decision of a district or Contractor.
- k. Direct clinical time and direct administrative supervision will be provided by the Contractor staff.
- l. Goodhue County Health & Human Services will offer reflective consultation to school social work staff one time per month.

2. Cost and Delivery of Purchased Services

- a. The total amount to be paid to the Contractor for the Purchased Services shall not exceed **\$384,330.00**
- b. It is understood and agreed that in the event the reimbursement to the Contractor and/or the County from State and Federal sources is not obtained and continued at a level sufficient to allow for the purchase of the indicated quantity of Purchased Services, the obligations for each party hereunder shall thereupon be modified or terminated; notification by the party seeking modification/termination must be served on all parties at least 60 days prior to proposed action.
- c. The Director of Special Education for Goodhue County Education District and the Director of Goodhue County Health & Human Services shall be responsible for oversight of the contracted services when such services are being submitted for reimbursement for special education aids.

3. Eligibility for Services

Eligibility for services under this contract shall be:

- a. All children must have legal residence in Goodhue County as per MN Statute 120A.22.
- b. All children must be identified as disabled according to Minnesota Department of Education regulations and be in need of special education services.
- c. All children determined to be eligible for the Setting IV must be at least three (3) years old but less than twenty-one (21) years old.
- d. The Contractor and the Agency shall secure, and then share:

1. Joint release of information.
2. Assessment report (child).
3. ISP, IEP.
4. Parent Conference/Periodic Review(s) Reports.

Written reports shall contain documentation of student progress toward ISP, IEP Goals/Objectives.

- e. The Contractor shall follow established written due process procedures for terminating services to a client. The Agency shall be notified in 30 days.

4. Payment for Purchased Services

The Contractor will invoice the Agency in July of each year for the previous SFY.

The Agency shall reimburse the Contractor 100 percent of the billed costs for the provision of the services in item 1 within 60 days of receipt of the bill.

5. Audit and Record Disclosures

- a. Allow Director of the Contractor and the Minnesota Department of Human Services access to the Agency's facility records at regular office hours to exercise their responsibility to monitor Purchased services.
- b. Records pertaining to the contract at the Contractor's Offices and the Agency's offices for three years for audit purposes.

6. Safeguard of Client Information

The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality provided for in the MN Data Practices Act, HIPAA or FERPA, or for any purpose not directly connected with the Contractor and the Agency responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client, the client's attorney or the client's responsible parent or guardian.

7. Equal Employment Opportunity and Civil Right Non-Discrimination

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (42 USC 2000e); including Executive Order No. 11246, and Title VI (42 USC 2000d); and the Rehabilitation Act of 1973, as amended by Section 504; Minnesota Statutes, section 363A.02; and all applicable federal and state laws, rules regulations and orders prohibiting discrimination in employment, facilities and services. The Contractor shall not discriminate in employment, facilities, and in the rendering of Purchased Services hereunder on the basis of race, color, religion, age, gender, sexual orientation, disability, marital status, public assistance status, creed, or national origin.

8. Fair Hearing and Grievance Procedures

Contractor agrees to provide for a fair hearing and grievance procedure in conformance with Minnesota Statute; section 256.045, and in conjunction with the Fair Hearing and Grievance Procedures established by administrative rules of the State Department of Human Services and administrative rules of the Department of Education.

9. Bonding, Indemnify, Insurance and Audit Clause

a. Bonding: Contractor shall obtain and maintain at all times, during the term of this agreement, a fidelity bond covering the activity of its personnel authorized to receive or distribute monies, in an amount not less than 1/6 of the not to exceed total in 2.a.

b. Indemnify: Contractor agrees that it will, at all times, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs of expenses which may be claimed against the Contractor:

1. By reason of any service client's suffering personal injury, death, or property loss, or damages either while participating in or receiving services from the Contractor under this agreement, or
2. By reason of the service client's causing injury to, or damage to, the property of another Person during any time when the Contractor or his assigns, or employee thereof, has undertaken or is furnishing the care and service called for under this agreement.

c. Insurance: The Contractor further agrees, in order to protect itself and the Agency under the indemnity provisions set forth above, to at all times during the term of this contract, have and keep in force a liability insurance policy of not less than \$1,000,000/\$3,000,000.

d. Audit: The Contractor agrees that within 60 days after the termination date of this contract, an audit of said records will be conducted by a Certified Public Accounting firm, with a copy of same available to the Agency upon request.

10. Conditions of the Parties' Obligations

a. Before the termination date specified in Section 1 of this agreement, the Contractor and the Agency may evaluate the performance of this agreement to determine whether such performance merits review of this agreement.

b. Any alterations, variations, modifications, or waivers of provisions of this agreement shall be valid only when they have been submitted in writing, duly signed, and attached to the original of this agreement.

c. No claim for services furnished by the Contractor, not specifically provided in this agreement, will be allowed by the Agency.

11. Subcontracting

The Contractor and the Agency may enter into subcontracts for any of the goods and services contemplated under this agreement without prior written notification. All subcontracts shall be subject to the requirements of this contract. The Contractor and the Agency shall be responsible for the performance of any subcontractor retained by that party in performance of its duties under this contract.

12. Miscellaneous

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

IN WITNESS WHEREEOF, the Contractor and the Agency have executed this Agreement as of the day and year first above written.

APPROVED BY:

By: _____ Date _____
Agency: GCED Board Chair

By: _____ Date _____
Agency: GCED Director

By: _____ Date _____
Contractor: GCHHS Board Chair

By: _____ Date _____
Contractor: GCHHS Director

By: _____ Date _____
Goodhue County Attorney

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



REQUEST FOR BOARD ACTION

Requested Board Date:	June 21, 2022	Staff Lead:	Kayla Matter
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve May 2022 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: May 2022.

	Date of Warrant		Check No.	Series	Total Batch
IFS	May 6, 2022	ACH	36285	36299	\$53,454.76
IFS	May 6, 2022		461877	461898	\$44,588.40
IFS	May 13, 2022	ACH	36323	36335	\$8,643.52
IFS	May 13, 2022		461946	461968	\$15,599.83
IFS	May 20, 2022	ACH	36397	36406	\$5,504.44
IFS	May 20, 2022		462090	462120	\$189,088.38
IFS	May 27, 2022	ACH	36482	36523	\$10,903.58
IFS	May 27, 2022		462171	462237	\$21,571.85
SSIS	May 27, 2022	ACH	36459	36481	\$53,342.86
SSIS	May 27, 2022		462129	36481	\$172,467.39
IFS	May 27, 2022	ACH	36419	36458	\$19,950.81
IFS	May 27, 2022		462121	462128	\$4,758.04
IFS	May 31, 2022		462305	462305	\$33.25
				total	<u>\$599,873.86</u>

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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



REQUEST FOR BOARD ACTION

Requested Board Date:	June 21, 2022	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:	Approval of Replacement of 1 FTE Financial Assistance Supervisor II with 1 FTE Child Support Supervisor I; and Promote 1 FTE Eligibility Worker to Lead Eligibility Worker		

BACKGROUND:

The following request will be brought forward for the Goodhue County Personnel Committee’s review on June 21, 2022 at 8:15am:

- **Replace – 1 FTE Financial Assistance Supervisor II with**
 - **1 FTE Child Support Supervisor I; and**
 - **Promote 1 FTE Eligibility Worker to Lead Eligibility Worker**

Please see the attached Personnel Committee memo. The HHS Department staff will inform the HHS Board of the Personnel Committee’s actions at our June 21, 2022 Health and Human Services Board meeting.

RECOMMENDATION: GCHHS Department recommends approval as requested.



Goodhue County **Health and Human Services**

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

DATE: June 15, 2022

TO: Goodhue County Personnel Committee

FROM: Nina Arneson, GCHHS Director

RE: **Replace – 1 FTE Financial Assistance Supervisor II with 1 FTE Child Support Supervisor I; and Promote 1 FTE Eligibility Worker to Lead Eligibility Worker**

BACKGROUND:

As you know, with any open position, GCHHS reviews our agency and customer needs to determine if our current needs are the same, or have they changed, and does an open position provide an opportunity for efficiencies, changes, and improvements.

Our current Financial Assistance Supervisor II is choosing voluntarily to take a demotion to an open Eligibility Worker position. The Financial Assistance Supervisor II position supervises both Child Support and Income Maintenance programs and staff. More specifically, with the Income Maintenance the supervisor covers the Minnesota Eligibility Technology System (METS) program, and staff. METS is the system for MNsure and the Department of Human Services (DHS) for applying and determining eligibility for various State cash, food, and health care programs.

In the past, this position has been a very difficult position to hire for, and we are anticipating this to be the case this time also, therefore we knew changes and creativity were needed.

Our request is to replace the Financial Assistance Supervisor II position with a lower classification of Child Support Supervisor I. This professional will supervise only Child Support work and team. We will then promote internally, an Eligibility Worker to Lead Eligibility Worker position as the METS work and the team will be reassigned to the Income Maintenance Team under the supervision of the current Financial Assistance Supervisor I.

Having a HHS Lead Worker Eligibility Worker with one of the focus areas being METS, would be beneficial to the Income Maintenance unit, and the customers we serve for various reasons including the following:

- Subject matter expert of the METS program.
- Lead training and support for the METS team.
- Provide METS direction and case consultation.
- Identify areas needing improvement and make recommendations to improve accuracy/efficiencies.
- Assist with managing workflow and assist staff with difficult customers, and cases.
- Lead and assist with the County's Annual Financial Audit.

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A Financial Assistance Supervisor II with experience in both Child Support and Income Maintenance would be difficult and potentially impossible to hire.

The **long term cost** for these changes is a **cost reduction** of \$2,945.00 when comparing the maximum salary for these classifications.

We will also be able to receive a higher federal reimbursement as the Child Support Supervisor salary & benefits will be able to be direct charged to child support as their time will be 100% dedicated to the federal Child Support Program.

Currently in 2022 there would be **no additional cost** to promote a current employee to a HHS Lead Eligibility Worker position as all but one eligible candidate are not at the top the Eligibility Worker scale and 2022 step increases were already built in for all of those employees. There would be no replacement of the Eligibility Worker who is promoted.

Currently in 2022 there would be an approximate **cost savings of \$35,233.00** for the Financial Assistance Supervisor II voluntarily moving to the maximum Eligibility Worker wage; the retiring Eligibility Worker (open position); And, replacing the Financial Assistance Supervisor II with a lower classification of Child Support Supervisor I and hiring that position at an estimated step 3.

	2022	2022	2022	2022
	Financial Assistance Supervisor II (FASII) Max step 13	Child Support Supervisor I (CSSI) Max Step 12	Eligibility Worker (EW) Max Step 9	Lead Eligibility Worker (LEW) Max Step 9
Rate	\$49.61	\$45.12	\$34.90	\$38.16
Gross	\$103,189.00	\$93,850.00	\$72,592.00	\$79,373.00
PERA/FICA/Medicare/Life	\$15,688.00	\$14,273.00	\$11,052.00	\$12,080.00
Total Cost	\$118,877.00	\$108,123.00	\$83,644.00	\$91,453.00

FASII	\$118,877.00	LEW	\$91,453.00
CSSI	\$108,123.00	EW	\$83,644.00
Cost Reduction	\$10,754.00	Cost Increase	\$7,809.00
Net Long Term Cost Reduction \$2,945.00			

RECOMMENDATION: The HHS Department recommends approving the following:

1. Move forward immediately to post for 1 FTE Child Support Supervisor I position utilizing the MN Merit system with hiring at step 1 or step 2. This posting would be for internal and external candidates. If an internal candidate is selected then move forward immediately to back fill that position until an external candidate has been hired to finish the process.
2. Allow if deemed appropriate by the HHS Director, limited flexibility with the hiring range, up to step 6. This is due to a potentially very limited workforce availability in this area.
3. Move forward immediately to post for 1 FTE HHS Lead Eligibility Worker position utilizing the MN Merit System. This posting would be only for internal candidates. No back filling.
4. Hire after GCHHS Board's review and approval.

MEMBER COUNTY BOARD 2022 REPORT

Leota Lind, CEO
Scott Schufman, CFO





2021 Year-End Audit

CliftonLarsonAllen (CLA) completed their financial audit of South Country for 2021:

- No difficulties encountered in performing the audit.
- No misstatements.
- No audit adjustments.
- Opinion - Statutory financial statements present fairly, in all material respects, the admitted assets, liabilities, and surplus of South Country Health Alliance, and the results of its operations and cash flows, on the basis of the financial reporting provisions of the Department of Health of the State of Minnesota.





2021 Results

South Country finished 2021 at a net income of \$3.9M versus budget of \$1.2M and compared to net income of \$2.4M in 2020.

Highlights included:

- Favorable revenue due to membership above budget and increased capitation on a per member per month (PMPM) basis for PMAP (Medical assistance) population.
- Medical claims costs year-over-year on a PMPM basis for Medicaid lines including MSC+, SingleCare (SNBC) and SharedCare (SNBC).
- Loss ratio of 90.5% versus prior year of 89.5%.
- Administrative expense to revenue ratio of 7.9% versus a budget of 8.3% and compared to 9.3% in 2020.
- Risk-Based Capital ratio remained at 300.0%.
 - Risk Corridor contract language in place in 2020 and 2021 - In the event South Country is required to pay the State in either contract year, such payment is limited to the extent it would reduce South Country's RBC to a level below 300%.



Financial Results

Statement of Net Income (for twelve months ending December 31, 2021)

	December 2021 Actual	December 2021 Budget	Favorable/ (Unfavorable)	December 2020 Actual	Favorable/ (Unfavorable)
TOTAL REVENUES*	\$ 245,647,193	\$ 243,838,435	\$ 1,808,758	\$ 211,438,045	\$ 34,209,149
TOTAL PROGRAM EXPENSES	222,196,915	222,185,854	(11,061)	189,148,016	(33,048,899)
LOSS RATIO	90.5%	91.1%	0.6%	89.5%	(1.0%)
<u>ADMINISTRATIVE EXPENSES</u>					
EMPLOYEE RELATED	7,758,597	7,730,674	(27,923)	7,523,656	(234,941)
OTHER ADMIN EXPENSES	5,917,444	6,899,921	982,477	7,528,458	1,611,014
TPA FEES	5,479,717	5,537,710	57,993	4,958,390	(521,327)
CLAIMS ADJUSTMENT EXPENSES	136,126	0	(136,126)	(258,027)	(394,153)
TOTAL ADMINISTRATIVE EXPENSES	19,291,882	20,168,305	876,423	19,752,477	460,595
OPERATING INCOME	4,158,396	1,484,276	2,674,120	2,537,552	1,620,845
INTEREST EXPENSE	(294,527)	(309,276)	14,749	(374,269)	79,742
INVESTMENT INCOME	6,899	25,000	(18,101)	223,499	(216,599)
NET INCOME (LOSS)	\$ 3,870,769	\$ 1,200,000	\$ 2,670,769	\$ 2,386,781	\$ 1,483,987
MEMBER MONTHS	361,321	358,959	2,362	318,797	42,524
Admin Expense PMPM	\$ 53.39	\$ 56.19	\$ 2.80	\$ 61.96	\$ 8.57
Admin Expense Ratio to Revenue	7.9%	8.3%	0.4%	9.3%	1.4%
TPA Fees PMPM	\$ 15.17	\$ 15.43	\$ 0.26	\$ 15.55	\$ 0.38

* Revenue shown is net of Risk Corridor due to the State of \$1,904,108 and \$5,090,281 for 2021 and 2020, respectively.



2022 Budget

South Country's 2022 budget calls for net income of \$3.8M.

Key assumptions included:

- Membership up 6%: 378,000 total member months; 31,500 monthly average.
- Revenue on PMPM basis up due to relatively moderate increases in capitation rates, especially in PMAP, SNBC, and Medicare lines.
- Medical claims costs up on a PMPM basis due to higher utilization assumptions in medical and pharmacy costs.
- Loss ratio of 91.3% versus prior year of 90.5%.
- Decrease in administrative costs of (0.7%) overall versus 2021 primarily due to decrease in business related expenses.
- Administrative expense to revenue ratio of 7.3% versus prior year of 7.9%.

2022 Budget

	<u>BUDGET 2022</u>	<u>FINAL 2021</u>	<u>CHANGE</u>
Member Months	378,880	361,321	4.6%
Revenue	\$ 277,106,526	\$ 245,647,193	11.4%
Claims	<u>252,947,986</u>	<u>222,196,915</u>	12.2%
Net Margin	24,158,540	23,450,278	2.9%
Admin Expenses	<u>20,339,540</u>	<u>19,586,409</u>	3.7%
Operating Income	3,819,000	3,863,869	-1.2%
Investment Income	<u>6,000</u>	<u>6,899</u>	-15.0%
Net Income	<u><u>\$ 3,825,000</u></u>	<u><u>\$ 3,870,769</u></u>	-1.2%
Loss Ratio	91.3%	90.5%	0.8%
Admin/Rev Ratio	7.3%	7.9%	-0.6%
Risk Corridor Payment to State	\$ -	\$ (1,904,108)	



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



**Monthly Update
Child Protection Assessments/Investigations**

Month	2020	2021	2022
January	16	20	16
February	30	17	16
March	19	15	20
April	15	24	19
May	21	26	20
June	10	22	
July	12	19	
August	17	17	
September	18	17	
October	25	12	
November	21	33	
December	14	23	
Total	218	245	91

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Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, GCHHS Director
DATE: June 17, 2022
RE: 2022 June Staffing Report

Outgoing Employee	Classification	New Employee	Hire Date
Internal Promotion	Fiscal Officer	Katie Carlson	6/6/2022
Time limited Internship	Healthy Communities Intern	Whitney Isaacson	5/31/2022

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Goodhue County **Health and Human Services**

Public Health Division
426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

COVID-19 Update

COVID Resources

- For daily weekday updates, visit Minnesota Department of Health's: [Situation Update for COVID-19](#)
- Find the current transmission level for your county on the [CDC website](#).
- Sick or Positive Test - [what to do if you or someone you know is sick or tests positive for COVID](#)
- Long COVID- (a post COVID condition that can also be called chronic COVID, long-haul COVID, or post-acute COVID)
- Post COVID conditions are health problems that people experience four or more weeks after being infected with the virus that causes COVID-19. More information and resources can be found [here](#).
- Treatment: Find information about available medical options and how to get treatment through a health care provider [here](#).
- [Information about COVID-19\(Minnesota Department of Health\)](#)
- [Centers for Disease Control and Prevention \(CDC\) FAQs](#)
- [Minnesota COVID Resources](#)

Latest information on COVID Vaccines

- COVID-19 Vaccine - [find information, data and guidance for vaccine in Minnesota](#)
- COVID-19 Vaccine Boosters - [information and guidance for COVID boosters](#)

On June 15th, Governor Tim Walz announced Minnesota's health care providers will be ready to vaccinate children 6 months and older against COVID-19 after a U.S. Food and Drug Administration (FDA) panel voted to recommend vaccines from Pfizer and Moderna for that age group.

Providers cannot vaccinate these children now. The Centers for Disease Control (CDC) must first issue vaccination recommendations, which could happen this weekend. Following CDC's recommendations, the federal government will then ship vaccine doses to providers in Minnesota. Federal officials expect the first doses to arrive in the state early next week, if the vaccine is authorized this weekend.

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Goodhue County Performance Report

Cash Assistance and SNAP Timeliness Measures April 2022

Reporting Period:
Jan. 1, 2021 – Dec. 31, 2021



For more information contact:
Minnesota Department of Human Services
Human Services Performance Management System
DHS.HSPM@state.mn.us | (651) 431-5780

About the Cash Assistance and SNAP Timeliness Performance Report

Report Overview

This report for the Human Services Performance Management system (referred to as the Performance Management system) compares county performance to the thresholds established for the system. A threshold is defined as the minimum level of acceptable performance, below which counties will need to complete a Performance Improvement Plan (PIP) as part of the remedies process defined in statute. For counties below the threshold, an official PIP notification—with instructions for accessing PIP forms, PIP completion directions, and available technical assistance—will be provided with the report.

This report contains data on both the Expedited Supplemental Nutrition Assistance Program (SNAP) measure and the cash assistance and SNAP application timeliness measure including:

- The county's Jan. 1, 2021 – Dec. 31, 2021 performance
- Performance data trends for recent years
- A performance comparison to other counties in the same Minnesota Association of County Social Services Administrators (MACSSA) region

Supplemental information about the Performance Management system can be found on CountyLink, www.dhs.state.mn.us/HSPM, including:

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

Technical issues impacting 2021 performance data

The Performance Management team and the Economic Assistance & Employment Supports Division are aware of the technical issues, outside of counties' control, resulting in delayed SNAP applications. The 2021 performance data includes impacted cases. For most counties, the number of applications affected had little to no impact on their performance data.

In order to ensure counties fully understand how these system issues affected their PIP requirements, we reviewed the case-level data for counties with performance below the threshold, calculated performance without the applications that were known to be delayed by the system issues, and provided the calculated performance to those counties.

Small Numbers Policy Update

The policy for assessing performance in counties with small numbers was updated and a policy update bulletin issued in 2022:

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-337635

The policy overview below reflects the updated assessment method.

- If a county has a denominator of 20 or fewer and is meeting the threshold for a measure, the county is performing to expectations and no further assessment will take place.
- If a county has no people in a measure, it will be considered to be meeting the threshold.
- If a county has a denominator of 20 or fewer and is not meeting the threshold for a measure, performance will be reviewed across two years of data. Two years below the performance threshold for any one measure will trigger the PIP process.
- Measures using a regression threshold model, such as the Self-Support Index, will not be subject to the small numbers policy. The reason for this is that the regression models account for a variety of factors outside of county control, including caseload size.

About the Performance Data by Race and Ethnicity

Overview of Performance Data by Race and Ethnicity

This report provides performance data for counties grouped by race and ethnicity where there were 30 or more people of a group included in the denominator. The data is that of the case applicant; other household members may have a different race and/or ethnicity that is not reported here.

Hispanic or Latino ethnicity is reported separately from race. People are counted once by Hispanic ethnicity and again with their reported race so groups added together exceed the total number of applications.

MAXIS data includes immigrant subgroups, but this report does not include these metrics. Instead, the major racial and ethnic groups are included to reduce the occurrence of small number exclusions. More detailed data about performance by immigrant subgroups may be available upon request. If you would like to request a more detailed report on your county's performance by race and ethnicity, please submit a request to DHS.HSPM@state.mn.us.

Purpose

The racial and ethnic data is included in this report for informational and planning purposes. We encourage you to review this data to identify opportunities for improvement. As the Performance Management reports evolve, we intend to add additional demographic data to help counties better understand their performance and improve outcomes for all Minnesotans. The racial and ethnic group data included in this report does not give a complete picture of county performance, the communities being served, nor systemic inequities. The Performance Management system is not currently using this data to assess a county's need for PIPs.

No Data Available

Counties with low numbers (fewer than 30) for all but one racial and ethnic group do not have a graph of performance for these groups available in this report.

Economic Supports

- Economic Supports training: <https://mn.gov/dhs/partners-and-providers/training-conferences/economic-supports-cash-food/>
- Economic Supports news, initiatives, and reports: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/economic-supports-cash-food/>
- Economic Supports policies and procedures: <https://mn.gov/dhs/partners-and-providers/policies-procedures/economic-supports-cash-food/>

SNAP

- Supplemental Nutrition Assistance Program (SNAP) Resources: <https://www.dhssir.cty.dhs.state.mn.us/MAXIS/Pages/SNAP-Resource-Page.aspx>

Contacts

- **Lori Bona**, Minnesota's SNAP payment accuracy coordinator, 651-431-3950, lori.bona@state.mn.us
- **Melissa Miller**, SNAP Quality Assurance Specialist, 651-431-4538, Melissa.Miller@state.mn.us
- **Kinini Jegeno**, Webi (web intelligence) coordinator, 651-431-3979, kinini.jegeno@state.mn.us
- **Erika Martin**, Research Unit supervisor, Economic Assistance and Employment Supports Division, 651-431-3978, erika.martin@state.mn.us

Percent of SNAP and Cash Assistance Applications Processed Timely

What is this measure?

This measure looks at the difference between the application date and the date of the first issuance made for each program approved on the application. The included programs are regular SNAP, Minnesota Family Investment Program, Diversionary Work Program, Refugee Cash Assistance, Minnesota Supplemental Aid, General Assistance, and Group Residential Housing. Applications made the day before a weekend or state-recognized holiday take into account the non-working days. Denials are not included.

Why is this measure important?

Cash and food assistance are a way to help people meet their basic needs. Timely processing of applications is one measure of how well counties are able to help people meet their basic needs.

What affects performance on this measure?

- Service factors that may influence this measure include the complexity of program rules and eligibility requirements, agency case management models, aging technology and systems that are not integrated (MAXIS, MMIS, etc.), the quality and timeliness of information sharing between service areas, such as employment services, child care assistance, child support and child welfare services, location of offices and number of offices
- Staff factors that may influence this measure include staff training, the number of staff, agency culture, staffing structure, availability of translators, and staff to participant ratios
- Participant factors that may influence this measure include literacy levels, availability to participate in an interview, access to a telephone, housing stability, ability to provide documentation, access to transportation, and complicated reporting requirements
- Environmental or external factors that may influence this measure include the local economy and increased applications during economic downturns

Percent of SNAP and Cash Assistance Applications Processed Timely

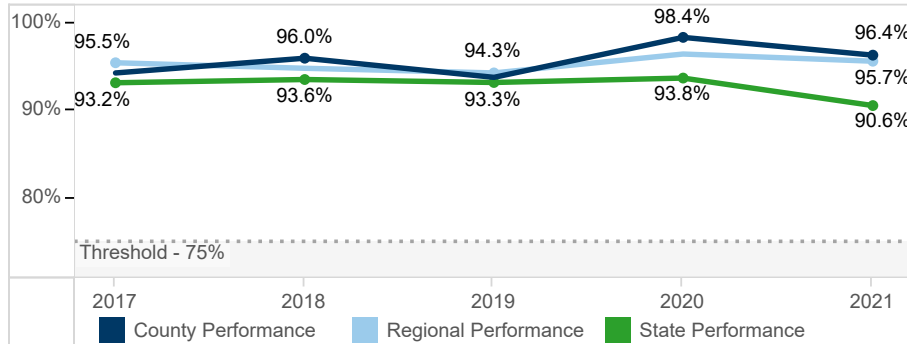
Goodhue County Performance by Year

	2017	2018	2019	2020	2021
County Performance	94.3%	96.0%	93.8%	98.4%	96.4%
Denominator	441	426	454	493	494

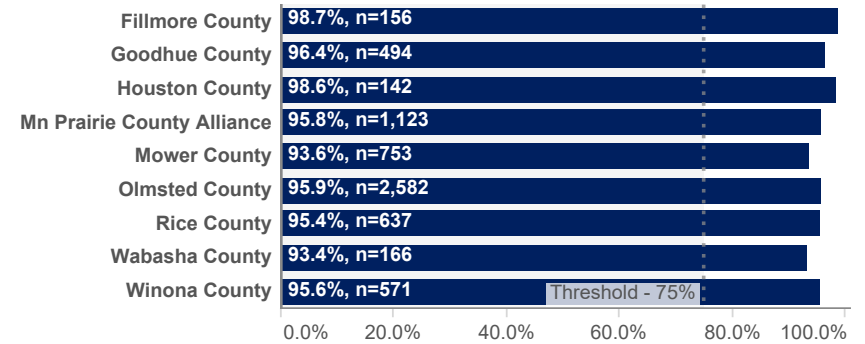
**Goodhue County
PIP Decision**

No PIP Required - Performance is equal to or above the threshold of 75%.

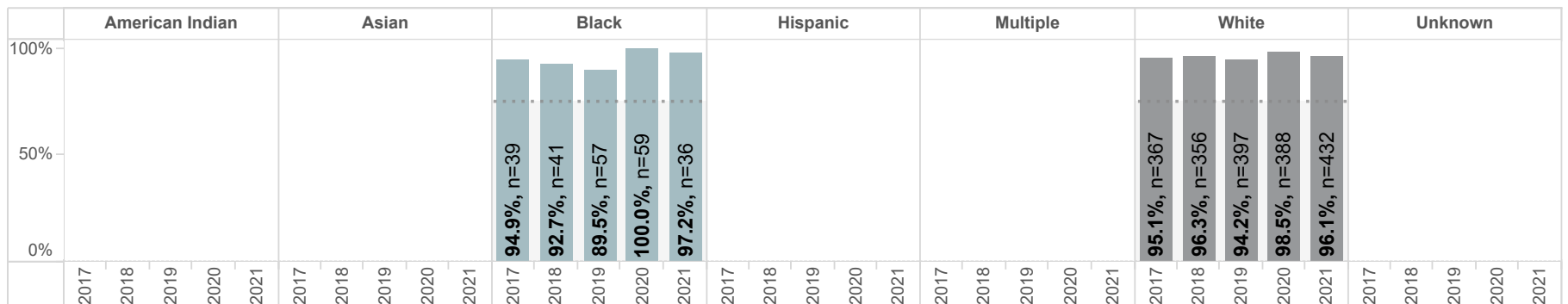
County, State and Regional Performance Trends



2021 Performance for MACSAA Region 10



County Performance by Race and Ethnicity



*The dotted line on each graph indicates the measure threshold of 75%.

Percent of Expedited SNAP Applications Processed within One Business Day

What is this measure?

The difference between the application date and the date the first benefit payment is issued for expedited SNAP applications. It compares total approved expedited SNAP applications in a month to those processed within one business day. Applications submitted on a Friday or the day before a state-recognized holiday are considered timely if payment was issued on the first working day following the weekend or holiday. The measure does not include denied applications.

Why is this measure important?

SNAP applicants are given expedited service when they have little to no other resources available to pay for food and, therefore, need basic safety net programs to overcome a crisis. Efficient and timely processing of these applications help ensure that people's basic need for food is met.

What affects performance on this measure?

- Service factors that may influence this measure include program complexity and changing policy, a complicated application, and challenges associated with online ApplyMN applications
- Staff factors that may influence this measure include staff training levels, staff-to-participant ratios, staff knowledge of policies, high turnover, and competition for resources between programs
- Participant factors that may influence this measure include participant completion of the mandatory interview, the number of migrant and seasonal farm workers making applications, delays due to incomplete applications, availability of advocates to assist with completing applications, and difficulty obtaining required documentation
- Environmental or external factors that may influence this measure include balancing error reduction with timeliness, emphasis on fraud that may result in conflicts between access and timeliness of service, increased applications during economic downturns, and availability of community resources such as food shelves, and natural disasters that result in increased applications

Percent of Expedited SNAP Applications Processed within One Business Day

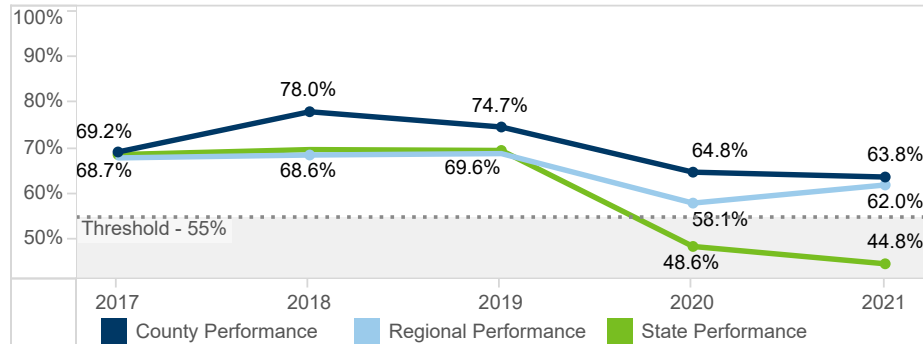
Goodhue County Performance by Year

	2017	2018	2019	2020	2021
County Performance	69.2%	78.0%	74.7%	64.8%	63.8%
Denominator	312	273	316	253	218

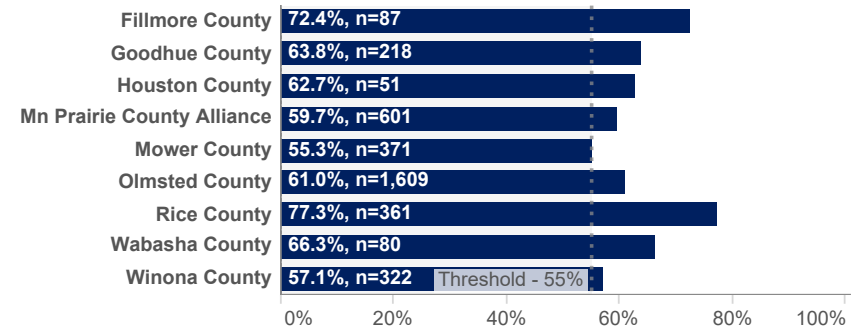
**Goodhue County
PIP Decision**

No PIP Required – Performance is equal to or above the threshold of 55%.

County, State and Regional Performance Trends



2021 Performance for MACSSA Region 10



County Performance by Race and Ethnicity No Data Available

Counties with low numbers (fewer than 30) for all but one racial or ethnic group do not have a graph of performance by racial and ethnic group available in this report. Additional information may be available upon request, please contact DHS.HSPM@state.mn.us for additional information.

*The dotted line on each graph indicates the measure threshold of 55%.

SCHSAC and public health transformation

BRIEFING FOR AMC 2022 SPRING DISTRICT MEETINGS

What is SCHSAC (State Community Health Services Advisory Committee)?

Minnesota's public health system is renowned for being forward-thinking and high quality, and for working in partnership across different levels of government and community.

One example of that partnership is the **State Community Health Services Advisory Committee, or SCHSAC**. SCHSAC, which was legislatively mandated in 1976, includes representatives from each of Minnesota's 50+ community health boards, including county commissioners and local public health directors, who meet quarterly with the Minnesota Commissioner of Health to discuss public health issues of interest.

Counties have always found SCHSAC to be a useful body for county-state communication and problem-solving, and are active members.

Current SCHSAC challenge: Transforming public health

Over the years, we've seen a **decline in federal and state investment in public health**, and we've **begun conversations about the need to transform Minnesota's public health system**—even before COVID began.

Minnesota's public health system is highly regarded for its vision, quality, and partnership, but faces a number of challenges that it can't address in the way it currently works. We need a public health system at the local and state level that is ready to meet our 21st century needs head-on.

A core leadership team from SCHSAC, local public health, and the Minnesota Department of Health has convened and is working to make system and policy changes at the state and local levels within a set of key foundational public health responsibilities.

We envision a public health system in which state, local, and tribal public health agencies work together as a system to share information and make timely strategic decisions through shared power. This system will help Minnesotans be healthy regardless of where they live.

Fortunately, last year the Minnesota Legislature increased funding for local public health departments by \$7 million and created a \$6 million grant program to encourage innovation in local public health infrastructure improvements. The Legislature also made available additional funds for state investment in the redesign work that SCHSAC, the Local Public Health Association, and MDH are undertaking.

Counties will be active in doing this transformation work together. We expect to have some recommendations ready for the 2023 legislative session and will keep you updated.

We are stronger together!

Minnesota Department of Health
State Community Health Services Advisory Committee (SCHSAC)
651-201-3880 health.ophp@state.mn.us
www.health.state.mn.us/schsac

Public health system transformation and the State Community Health Services Advisory Committee

We envision a public health system in which state, local, and tribal public health agencies work together as a system to share information and make timely strategic decisions through shared power.

This system will help Minnesotans be healthy regardless of where they live.

Perhaps most importantly, the work to transform the public health system is co-created by SCHSAC, LPHA, MDH, and community members, to ensure that our forward movement in public health reflects and amplifies strong partnerships, shared power, local needs, and equity across boundaries.

What is SCHSAC?

The State Community Health Services Advisory Committee, or SCHSAC, is a group of representatives from each of Minnesota's 50+ community health boards, who meet quarterly with the Minnesota Commissioner of Health to discuss public health issues of interest.

SCHSAC members include county commissioners and local public health leaders.

Between quarterly meetings, SCHSAC workgroups dig deeper into special topics of interest, like mental health, performance improvement, children of incarcerated parents, electronic health data interoperability, and more.

What does “transforming the public health system” mean?

Minnesota's public health system is highly regarded for its vision, quality, and partnership, but faces a number of challenges that it can't address in the way it currently works. We need a public health system that is ready to meet the 21st century head-on.

A core leadership team from MDH, the Local Public Health Association of Minnesota (LPHA), and SCHSAC will work to make system and policy changes at the state and local level so that we can make greater impact more efficiently within a set of key foundational public health responsibilities.

We are stronger together.

What's happening right now?

Sixteen innovation projects around the state are exploring new ways of doing work across urban and rural geographies and within different agency structures.

These projects do not supplant existing work, but help us learn how to do the work of public health in new and effective ways, generating valuable insights into how to best fund and structure Minnesota's public health system for the 21st century.

Where are we headed?

While we fill basic needs due to decades of disinvestment in the public health system, we're also looking forward to considering how we do our work in a new paradigm. We're preparing to measure current work to answer: To what extent is our system currently doing work in key foundational public health responsibilities? How much does this work currently cost? How much more do we need to fully meet foundational responsibilities?

What is SCHSAC?

STATE COMMUNITY HEALTH SERVICES ADVISORY COMMITTEE

The **State Community Health Services Advisory Committee, or SCHSAC**, is a group of representatives from each of Minnesota’s 50+ community health boards, who meet quarterly with the Minnesota Commissioner of Health to discuss public health issues of interest. SCHSAC members include county commissioners and local public health leaders.

This group has been meeting since 1974, and advises the Commissioner on the development, maintenance, financing, and evaluation of public health services in Minnesota.

Between quarterly meetings, SCHSAC workgroups dig deeper into special topics of interest, like mental health, performance improvement, children of incarcerated parents, electronic health data interoperability, and more.

Learn more: [SCHSAC: State Community Health Services Advisory Committee](https://www.health.state.mn.us/schsac) (https://www.health.state.mn.us/schsac)

What does it mean to “transform the public health system”?

STRONGER TOGETHER

Minnesota’s public health system is renowned for being forward-thinking and high quality, and for working in partnership across different levels of government and community. Minnesota is seen as a standard-bearer for public health in the United States.

Our state’s public health workforce is also highly capable, and also has new things to learn. Public health workers are taking on new responsibilities as public health faces of new threats like the COVID-19 pandemic, climate change and its impact on rural and urban communities, racism and disparities based on geography, and more.

SCHSAC, the Local Public Health Association of Minnesota (LPHA), and MDH have formed a core leadership team to make sure every public health agency in Minnesota is equipped to **diagnose**, **cooperate** on, and **prevent** public health challenges.

This core leadership team will work to make system and policy changes at the state and local level so that we can make greater impact more efficiently within a set of **key foundational public health responsibilities**. We envision a public health system in which state, local, and tribal public health agencies work together as a system to share information and make timely strategic decisions through shared power. This system will help Minnesotans be healthy regardless of where they live.

Learn more and view the key foundational responsibilities: [Transforming the public health system in Minnesota](https://www.health.state.mn.us/communities/practice/systemtransformation/) (https://www.health.state.mn.us/communities/practice/systemtransformation/)



Diagnose

Public health experts diagnose the health of each community by listening to people who live there—and then use data, evidence, and research to offer solutions.

Cooperate

Different organizations work together—schools, businesses, government agencies, and more. Public health brings them together to make decisions and take action.



Prevent

We often end up in the doctor’s office after we’re sick or injured. Public health experts investigate everything that affects our health—food, water, air and more—to prevent health problems before they start.



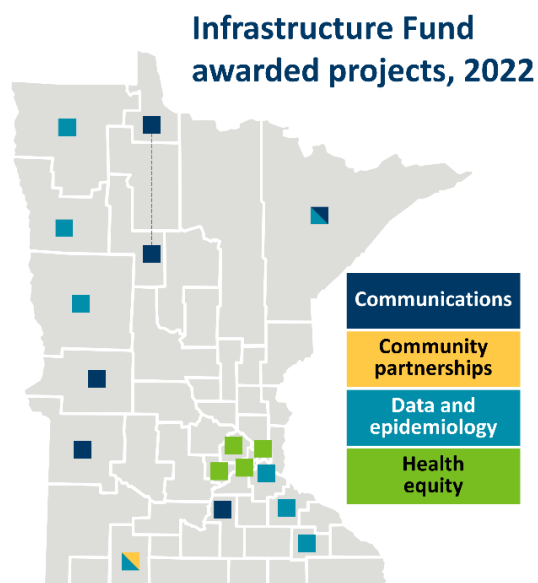
What's happening right now?

INNOVATION AND LEARNING VIA THE INFRASTRUCTURE FUND

In 2021, the Minnesota Legislature recognized the importance of strengthening the public health system, and provided a \$6 million annual appropriation for community health boards and tribal governments to build public health capacity.

The **Infrastructure Fund** supports 16 projects around the state that:

- Focus on approaches that improve, pilot, or strengthen work in four key areas to start: communications, community partnerships, data/epidemiology, and health equity
- Do not supplant existing work, but help us learn how to do the work of public health in new and effective ways, generating valuable insights into how to best fund and structure Minnesota's public health system for the 21st century
- Provide lessons learned that translate into new ways to do this work statewide, across urban and rural geographies, within different agency structures



View each jurisdiction's project and scope of work: [Infrastructure Fund](https://www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html)

(<https://www.health.state.mn.us/communities/practice/systemtransformation/infrastructurefund.html>)

Where are we headed?

FILLING CURRENT NEEDS • COST AND CAPACITY ASSESSMENT

The Minnesota Legislature has added \$7 million to the Local Public Health Grant and \$500,000 to tribal health department grants, to **fill basic needs** due to decades of disinvestment in the state's public health system. This will help public health agencies provide basic needs like data analysis, preparing for the next emergency, providing staff development, helping prevent and control infectious diseases in schools and long-term care facilities, and hiring community health workers to better reach community members (among many other things).

The University of Minnesota will conduct a **cost and capacity assessment**, funded by the annual appropriation noted above and guided by a cross-jurisdictional group consisting of local and state representatives, to answer the questions:

- To what extent is our system currently doing work in the foundational responsibilities?
- How much does this work currently cost?
- How much more do we need to fully meet the foundational responsibilities (i.e., to complete this work)?

Minnesota Department of Health
State Community Health Services Advisory Committee (SCHSAC)
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www.health.state.mn.us/schsac

May 31, 2022. To obtain this information in a different format, call: 651-201-3880.