

AGENDA

Jefferson County Human Services Board
Jefferson County Workforce Development Center,
874 Collins Road, Room 103, Jefferson, WI 53549
April 14, 2015 at 8:30 a.m.

Board Members:

Jim Mode, *Chair*

Dick Jones, *Vice Chair*

John McKenzie, *Secretary*

Augie Tietz

Russell Kutz

Jim Schultz

Cynthia Crouse

1. Call to Order
2. Roll Call/Establishment of Quorum
3. Certification of Compliance with the Open Meetings Law
4. Review of the April 14, 2015 Agenda
5. Citizen Comments (Members of the Public who wish to address the Board on specific agenda items must register their request at this time.)
6. Approval of March 10, 2015 Board Minutes
7. Communications
8. Review of January, 2015 Financial Statement
9. Review and Approve March, 2015 Vouchers
10. Division Updates: Child and Family Division, Behavioral Health, Administration, Economic Support, and Aging and Disability Resource Center
11. Update on New Professional Contracts
12. Update on State budget
13. Consider County Board resolution to Support retaining and expanding Wisconsin's current long term system of Family Care and Aging and Disability Resource Centers
14. Director's Report
 - a. Employee Luncheon Reminder – April 15 @11:30
 - b. Update on Human Services Day at the Capital
15. Updates from Wisconsin County Human Services Association
16. Set next meeting date and potential agenda items (May 12 at 8:30)
17. Adjourn

The Board may discuss and/or take action on any item specifically listed on the Agenda. Special Needs Request - Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

JEFFERSON COUNTY HUMAN SERVICES
Board Minutes
March 10, 2015

Board Members Present: Jim Mode, Richard Jones, Russell Kutz, Augie Tietz, Jim Schultz, John McKenzie and Cynthia Crouse.

Others Present: Human Services Director Kathi Cauley; Administrative Services Manager Joan Daniel; Aging & Disability Resource Division Manager Sue Torum; Child & Family Manager Brent Ruehlow; Economic Support Manager Jill Johnson; Office Manager Donna Hollinger; Aging & Disability Resource Center Supervisor Sharon Olson, and County Administrator Ben Wehmeier.

1 & 4. CALL TO ORDER

Mr. Mode called the meeting to order at 8:30 a.m. and introduced Cynthia Crouse as the new board member. Ms. Cauley spoke about her interest in giving back to the community.

2. ROLL CALL/ESTABLISHMENT OF QUORUM

All present/Quorum established.

3. CERTIFICATION OF COMPLIANCE WITH THE OPEN MEETINGS LAW

Ms. Cauley certified that we are in compliance.

5. REVIEW OF THE MARCH 10, 2014 AGENDA

No changes

6. CITIZEN COMMENTS

No Citizen Comments

7. APPROVAL OF THE FEBRUARY 10, 2015 BOARD MINUTES

Mr. Tietz made a motion to approve the February 10, 2015 board minutes.

Mr. Schultz seconded.

Motion passed unanimously.

8. COMMUNICATIONS

Ms. Cauley was pleased to read a letter of gratitude from a mom recognizing four of our staff who had helped her son.

9. REVIEW OF DECEMBER, 2014 FINANCIAL STATEMENT

Ms. Daniel reviewed the final December 2014 financial statement (attached) and said that there is a positive balance of \$931,091 prior to any carryover requests. We are requesting Non-Lapsing funds in the amount of \$675,932.46 (attached). \$420,573.92 is for capital projects, ECHO, donations, vehicle reserve, vehicle, and operations. This leaves a balance of \$255,258.54 to the general fund. Final reports for the state are due on March 15 with the exception of CLTS. CLTS data from WPS will not be available until March 19. Final CLTS reconciliation is due to the state by April 5.

She also presented reports showing Commitment/Inpatient costs, Alternate Care Costs and Detox Costs (attached).

10. REVIEW AND APPROVE FEBRUARY, 2015 FINANCIAL VOUCHERS

Ms. Daniel reviewed the summary sheet of February, 2015 vouchers totaling \$492,360.05 (attached).

Mr. McKenzie made a motion to approve the February 2015 vouchers totaling \$492,360.05.

Mr. Kutz seconded.

Motion passed unanimously.

11. DIVISION UPDATES: CHILD & FAMILY RESOURCES, BEHAVIORAL HEALTH, ADMINISTRATION, ECONOMIC SUPPORT, AND AGING & DISABILITY RESOURCE CENTER

Child & Family Resources:

Mr. Ruehlow reported on the following items:

- Due to her extraordinary commitment to the children and families she serves, Kelly Ganzow, a social worker in our Intake Department, was selected by DCF to receive the 2015 Secretary's Caring for Kids Award. Kelly will be honored at a ceremony on March 12.
- The National Citizen Review Panel is hosting their national conference in Portland Oregon. They have allowed us to use some of the money for members to attend. The local panel requested that Mr. Ruehlow and Laura Wagner, the supervisor of the Intake team, both attend. There will not be a cost to the county and the request is pending the Finance Committee approval.
- Last month we had eight children placed outside of the home and two reached permanency.
- The CLTS waiver program increased their waiver slots by 10 and 3 were discharged, so the net total was seven. We are also going to have some remodeling done on four homes for a cost of about \$100,000 of waiver funding.
- Today many of our staff are at a statewide Family Find Initiative which teaches staff how to use a "mobility map" to help locate people who were important in the lives of the children they serve. This has been a successful tool for staff.
- Our 2015 Key Outcome Indicators, which are mostly based on State and Federal indicators, require that we are at 100%. The following statistics are for February:
 - **Intake:** 100% of all state and Federal timelines will be met. 100%
 - **Chips:** All new out of home placements will be formally screened for permanency options within 90 days of case assignment to ongoing staff.
 - **JJ:** 95% of all children on formal supervision will remain in the community through the use of community based safety plans and treatment. 96%
 - **Birth to Three:** The program will be issued a notification of 100% compliance with the Federally Compliancy Indicators by DHS based on the annual data review. 100%
 - **Busy Bee Pre-School:** Will maintain a 4 star rating from the YoungStar program. (TBD)
 - **Children's Alternate Care:** 80% of all children placed will find a legal form of permanence within 12 month of placement (TBD)
 - **CLTS/CST:** 90% of all children will remain in their home with the use of CLTS and CST services. 100% have been able to remain in the home.

- **ILP:** 90% ILS youth and young adults who have aged out of care will enroll in the military, work program or secondary education program. 81%

Behavioral Health:

Ms. Cauley reported on the following items:

- We received a hospital bill for \$140,000 for one month for one individual, which does not include all of the charges yet. We hope to make that up by delaying hiring a staff and holding off on some capital projects.
- Last year at this time, we had 806 emergency mental health calls and this year we already had 1388. We had 68 emergency detention assessments and detained 23 of those.
- We have a meeting scheduled on March 23 to meet with state officials about our success working with emergency mental health youth. We will discuss the shortage of resources for youth with mental health issues.
- Our 2015 Key Outcome Indicators are as follows:
 - **EMH:** The diversion rate is on target.
 - **Outpatient Clinic:** We will decrease the Patient Health Questionnaire for depression by 5% and we will decrease the Brief Alcohol Monitoring tool by 2%. It is too early to have any statistics on this.
 - **CSP:** Our goal is that 70% of treatment plan goals will be met and we are doing better than that.
 - **CCS:** Our goal is that 70% of treatment plan goals will be met and we are doing better than that.
- We have been trying to recruit for several Behavioral Health therapists and have found that our Master Degree salaries are low. We are having a difficult time finding credentialed candidates. In April, we will be asking that these positions be re-classified.

Administration:

Ms. Daniel reported on the following items:

- We have closed out the books for year-end.
- We are working on getting final reports submitted to the state.
- Our fiscal team has been meeting weekly to make sure that we understand how the ECHO system will work.
- Support staff have been reviewing charts to ensure that paperwork is in the correct date order. We have also been auditing charts to ensure that all required paperwork is signed and in the chart.
- Maintenance is getting bids for projects.

Economic Support:

Ms. Johnson reported on the following items:

- Our 2015 Key Outcome Indicators are as follows:
 - We have 30 days to get 95% of all applications processed. In February, we received 1799 applications and were at 98.19%. The Call Center answered 11,098 calls, and the rate was 94.07%.
 - Beginning April 1, FoodShare Employment and Training (FSET) eligibility criteria will be revised.

- The Economic Support Committee is working on an initiative to get more state funding for fraud. Currently we receive \$500,000, not counting Milwaukee County, and we will be asking for another \$1.5 million dollars.
- Alma Solis, Our Regional Enrollment Network Coordinator, helped individuals enroll during the period that ended in February. The state however, has created new special enrollment periods and has asked that coordinators stay involved to disseminate information at community activities, such as our upcoming children's fair. Ms. Solis created bilingual fliers (attached) to bring awareness to the community.

ADRC:

Ms. Torum reported on the following items:

- The transition plan between the ADRC and personal care program is going smoothly. The contracts are being prepared and we will meet the 3/31 closing deadline.
- The In-service on dementia requested by the Fort Atkinson Memorial Hospital has been set for June 2.
- The WI Long Term Care Council Subcommittee on Long Term care met recently. I was invited to attend to discuss how building a Dementia Friendly Community impacts crisis situations concerning people with dementia. I shared what is being done in Jefferson County to address concerns. The group recognizes that people at the local level are in the best position to address all of the issues involved, and that not every county has the ability to respond the same due to the lack of facilities that will retain or accept people with dementia during a crisis.
- The ADRC is still doing interviews for three part-time vacancies: An Aging & Disability Resource Specialist, Elder Benefit Specialist and a Nutrition Site Manager in Palmyra.
- The Dementia Care Specialists in Jefferson and Dodge Counties are planning a fall conference on Dementia. They are working with Bonnie Behm-Stratz of the SEWI Alzheimer's Association and the date, location and agenda are coming together nicely. More information will be shared as it becomes available.
- Jefferson County has been asked to participate in Community Academic Aging Research Network (CAARN) Project called **Care Talks**. CAARN brings together academic researchers and community partners to conduct clinical and dissemination research related to healthy aging.
- Jefferson County has also been asked to participate a Wisconsin Health Literacy (WHL) project to present an interactive educational program called **Let's Talk About Medicines**. The program will be held on Thursday, April 23rd at the Jefferson Senior Center.
- The Aging & Disabilities Resource Divisions over-arching Key Outcome Indicators were reviewed.
 - Seniors and persons with disabilities get accurate, unbiased information, assistance or access to publicly funded long term care when calling the ADRC.
 - Serve and deliver, without interruption, well-balanced meals to seniors who request them in our service area, with attention to those who have the greatest economic or social need.
 - Senior and persons with disabilities receive rides to medical care and appointments at the department.
 - Vulnerable adults, aged 18+ are aware of, and have access to Adult Protective Services 24/7.

12. UPDATE ON NEW PROFESSIONAL CONTRACTS

Ms. Cauley reported on the new contracts listed on the 2015 Provider Contracts sheet. (attached)

Mr. Jones made a motion to approve the contracts as listed.

Mr. McKenzie seconded.

Motion passed unanimously.

13. REVIEW OF RELEVANT ISSUES FROM GOVERNOR'S PROPOSED BUDGET

Ms. Cauley discussed the proposed budget and emphasized the areas that will have the most impact on the Department. She indicated that the top four issues for us are:

- Family Care and the ADRC
- Income Maintenance - Fraud
- Community Options Program
- Mental Health issues

14. ADRC INFORMATION AND UPDATE

Ms. Torum provided the board with an overview of the governor's 2015-2017 budget as it relates to the ADRC. She quoted the following from the budget: "The Department may contract with entities OR resources centers as provided under s. 46.283 (2) to provide ANY of the services under s 46.283 (3) and (4) in ANY geographic area in the state." She said that some of the functions that could be parceled off are related to Family Care and whatever happens to that program will impact the ADRC. Family Care as we know it would end by 2017, which is when the program would be assumed by an insurance company capable of covering the entire state. This budget has the potential to "disintegrate" many, many services that when integrated provide our most vulnerable adults with the best outcomes. Examples include children transitioning into the adult system of care from the children's waiver programs that county manages; the ability to provide wrap around services to a person with dementia in crisis so that there is a safe hand off between Adult Protective Services to the Dementia Care Specialist and ADRC. Ms. Torum said that losing the "single point of entry" for ADRC services would be extremely detrimental to the customers we serve. The budget would also eliminate stakeholder oversight by eliminating the statutory requirement for a governing board, which is comprised of the very people the ADRC is intended to serve. An advocacy toolkit is being developed by ADRC directors throughout the state and will be available soon. The governor has gone on record as saying he wants the budget done by 5/31/14.

15. DIRECTOR'S REPORT:

Ms. Cauley reported on the following items:

● **County Task Force on Operations**

The Sheriff's Department and the Highway Department shared information about their 2008 audit and what changes have been made. Ms. Cauley recommended a Continuous Quality Improvement model be implemented in each county department. She explained how and why it works. She also recommended time studying positions to improve efficiency.

● **Update on grants**

- We hired two full time employees for the Time is Now grant. We have an opportunity to utilize an existing employee who already works in the

Independent Living program. This would eliminate the need to hire another part time person.

- We also have a grant called Trauma Informed Care, which will allow us to train therapists across our community.

- **Employee Recognition Luncheon**

The employee recognition luncheon will be held on April 15 in the Activity Center of the Fair Park and everyone is invited.

16. UPDATES FROM WISCONSIN COUNTY HUMAN SERVICES ASSOCIATION

Ms. Cauley reported on the following items:

- April 8 is Lobby Days at the Capitol and the WCHSA meeting focused on the priorities for that day.
- The WCSHA Spring Conference is scheduled for May 14 – 15 in Stevens Point.
- Ms. Cauley will be one of the representatives from the southeast region to the Executive Board. The president of WCHSA thanked the county board supervisors for their contributions.

17. SET NEXT MEETING DATE AND POTENTIAL AGENDA ITEMS

The next meeting will be on Tuesday, April 14 at 8:30 a.m.

15. ADJOURN

Mr. Jones made a motion to adjourn the meeting.

Mr. Tietz seconded.

Motion passed unanimously.

Meeting adjourned at 10:25 a.m.

Respectfully submitted by Donna Hollinger

NEXT BOARD MEETING

Tuesday, April 14, 2015 at 8:30 a.m.

Workforce Development Center, Room 103

874 Collins Road, Jefferson, WI 53549

Financial Statement Summary

February, 2015

A positive fund balance of \$9,242 is projected for 2015 end of the year.

Summary of variances:

Revenue: Overall Revenues are projected to be unfavorable by \$1,046,653 from budget. CLTS revenue and expenditures are in the budget but revenue/expenditures actuals are not in forecast due to not receiving invoices for services or services not having started yet at this time. As clients are moved onto this program and actually receiving services this projection will change to include these expenditures and revenue. CLTS Revenue under budget by \$693,234. Client Assistance Payment under budget by \$153,295. At this time Client Assistance Revenue collected is based on actual for the first two months; this will change as the year progresses.

Expenditures: Favorable by \$1,055,894. See note above for CLTS waiting list funds \$914,141.

Major Classifications impacting the Balance (base is February data) but all variances are based on annual projections.

- **Salary under budget by \$389,004:** Support staff is budgeted under management and then is cleared based on actual time spent on the program and the remainder that is not specific to a program is cleared by FTE to the Program Accounts.
- **Fringes under budget by \$172,999:** When there is a 3 week pay period in the month there is no health insurance payment for the 3rd pay period.
- **Children Alternate Care over budget by \$50,541** this budget includes Alternate Care, Child Careing Institutions, Detentions, and Correctional Facilities as well as Shelter Care.
- **Children's Waiver under budget by \$914,141:** There will be no overage in this area. Currently staff is working on taking children off the waiting list (See Note in Revenue summary).
- **Hospital/Detox over budget by \$553,069 (Net basis):**

	Budget	Actual	Projection
Revenue	513,817	146,802	734,008
Expenditures	1,356,466	354,954	2,129,726
Net	842,649	208,152	1,395,718

- **Operating Costs are projected to be under budget by \$302,681**
- **Other Contracted over budget by \$176,893**
- **Community Care under budget \$200,100**

BEHAVIOR HEALTH DIVISION: This is projected to be unfavorable by \$427,799 and is based on current year trend for hospitalizations. This projection will change. The actual balance for hospitalizations for January/February amounts to \$208,152.

- In January, we received a net bill of \$140,113 from Winnebago & Mendota and for February we received a bill for \$146,190.55. In the projection for the hospital revenue for children I included the projected revenue we should receive for children placed at these facilities.

CHILDREN & FAMILY DIVISION: The projection is favorable by \$90,533. Placements for January through February amount to \$317,827. Actual February placements amounted to \$156,458. We are averaging \$158,914 per month on a year to date basis, and for the projection I am using \$150,327 (Waiver Foster Care is included) per month. The budget for Alternate Care/Corrections amounts to \$141,645 per month.

ECONOMIC SUPPORT DIVISION: This is projected to be favorable by \$55,575.

AGING & ARC DIVISION: Is projected to be favorable by \$44,423. This will change prior to year end.

ADMINISTRATIVE DIVISION: Is projected to be unfavorable by \$246,510.
This is a conservative estimate.

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program

Preliminary Revenue & Expenditures February, 2015

Program	Annual Projection		Tax Levy	Budget		Variance
	Revenue	Expenditure		Revenue	Expenditure	
Behavior Health						
5000 BASIC ALLOCATION	3,500,308	5,218,335	1,718,027	3,355,187	4,397,448	(675,766)
5003 LUEDER HAUS	142,000	506,009	364,009	142,000	588,968	82,959
5007 EMERGENCY MENTAL HEALTH	55,500	750,049	694,549	55,500	682,880	(67,169)
5011 MENTAL HEALTH BLOCK	26,128	36,953	10,825	26,128	39,643	2,690
5025 COMMUNITY SUPPORT PROGRAM	667,776	1,398,764	730,989	671,772	1,497,841	95,080
5027 COMP COMM SERVICE	960,981	859,689	(101,292)	960,981	915,376	55,687
5031 AODA BLOCK GRANT	109,299	114,776	5,477	109,299	135,821	21,045
5043 CERTIFIED MENTAL HEALTH	40,236	2,100	(40,236)	40,236	(40,236)	0
5044 EMERGENCY MENTAL HEALTH	15,600	0	(13,500)	15,600	0	13,500
5049 MAPT Funds	0	0	0	0	0	0
5063 1915I PROGRAM	47,500	100,601	53,101	55,000	144,090	35,989
5090 YOUTH EMPOWERMENT SOLUTIONS	130,578	122,392	(8,187)	179,631	179,631	0
Total Behavior Health	5,695,906	9,109,669	3,413,763	5,611,334	8,597,298	(427,799)
Children & Families						
5001 CHILDREN'S BASIC ALLOCATION	1,094,134	3,076,291	1,982,157	1,111,325	3,152,131	58,649
5002 KINSHIP CARE	56,923	57,089	166	84,877	84,877	(166)
5005 YOUTH AIDS	815,480	1,335,227	519,747	801,632	1,325,123	3,744
5006 YOUTH AIDS STATE CHARGES	0	0	0	45,318	45,318	0
5008 YOUTH INDEPENDENT LIVING	21,077	86,788	65,711	21,992	92,591	4,888
5009 YA EARLY & INTENSIVE INT	82,708	162,581	79,873	76,000	161,829	5,956
5010 COMM OPTIONS PROG	152,115	86	(152,029)	152,115	0	(86)
5018 FAMILY SUPPORT	66,343	7,424	(58,919)	66,343	6,000	(1,424)
5020 DOMESTIC ABUSE	0	60,000	60,000	60,000	60,000	0
5021 SAFE & STABLE FAMILIES	77,586	394,513	316,927	77,586	335,460	(59,053)
5036 SACWIS	3,000	10,000	7,000	3,000	10,205	205
5040 CHILDRENS LTS WAIV-DD	203,524	361,817	158,294	901,104	1,148,052	88,655
5041 CHILDRENS LTS WAIV-MH	182,433	191,288	8,856	334,692	336,133	(7,415)
5042 CHILDRENS LTS WAIV-PD	25,178	26,603	1,424	2,500	2,500	0
5068 FOSTER PARENT TRAINING	0	992	992	2,000	8,348	(1,424)
5070 IV-E TPR	49,708	124,269	74,561	60,163	150,000	5,356
5080 YOUTH DELINQUENCY INTAKE	0	729,848	729,848	0	749,503	15,276
5175 EARLY INTERVENTION	197,694	701,381	503,686	205,564	728,631	19,655
5105 KINSHIP ASSESSMENTS	0	2,179	2,179	6,916	6,900	(16)
5120 Coordinated Services Team	0	86,394	86,394	62,123	85,745	(2,195)
Total Children & Families	5,695,906	9,109,669	3,413,763	5,611,334	8,597,298	(427,799)

0 Unfavorable

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program

Preliminary Revenue & Expenditures February, 2015

Program	Annual Projection		Tax Levy	Budget		Variance
	Revenue	Expenditure		Revenue	Expenditure	
5188 BUSY BEES PRESCHOOL	4,725	52,857	48,132	6,500	53,775	(857)
5189 INCREDIBLE YEARS	(500)	11,098	11,598	0	15,758	4,160
			0	0	0	0
Total	3,032,127	7,478,724	4,446,597	4,021,750	8,558,880	90,533
Economic Support Division						
5050 NURSING HOME M.A. ADMIN.	0	0	0	0	0	0
5051 INCOME MAINTENANCE	1,503,590	2,082,720	579,130	1,463,927	1,929,784	(113,273)
5053 CHILD DAY CARE ADMIN	110,841	0	(110,841)	132,027	155,488	134,302
5055 W-2 PROGRAM	0	0	0	0	0	0
5057 ENERGY PROGRAM	48,816	48,816	0	112,034	112,034	0
5071 CHILDREN FIRST	0	0	0	3,200	0	(3,200)
5073 FSET	30,546	0	(30,546)	0	0	30,546
5074 W-2 DAYCARE	0	0	0	0	0	0
5100 CLIENT ASSISTANCE	7,200	0	(7,200)	0	0	7,200
Total	1,700,993	2,131,536	430,543	1,711,188	2,197,306	55,575

Program	Annual Projection		Tax Levy	Budget		Variance
	Revenue	Expenditure		Revenue	Expenditure	
5012 ALZHEIMERS FAM SUPP	22,328	0	(22,328)	19,009	19,009	22,328
5048 AGING/DISABIL RESOURCE	893,985	842,507	(51,478)	998,773	873,620	(73,675)
5075 GUARDIANSHIP PROGRAM	0	23,040	23,040	0	27,808	4,768
5076 STATE BENEFIT SERVICES	74,094	117,767	43,673	49,232	132,829	39,924
5077 ADULT PROTECTIVE SERVICES	56,827	104,786	47,959	56,827	103,423	(1,363)
5078 NSIP	27,090	27,360	270	19,925	21,028	833
5151 TRANSPORTATION	198,004	212,463	14,458	206,164	227,874	7,252
5152 IN-HOME SERVICE III-D	4,263	12,419	8,156	4,263	5,494	(6,925)
5154 SITE MEALS	144,994	140,849	(4,145)	144,994	167,708	26,859
5155 DELIVERED MEALS	125,348	150,223	24,875	131,267	155,573	(569)
5157 SCSP	7,986	24,684	16,698	7,986	8,874	(15,810)
5158 ELDER ABUSE	29,195	115,304	86,109	25,025	82,566	(28,568)
5159 III-B SUPPORTIVE SERVICE	64,904	33,444	(31,459)	65,213	105,469	71,715
5163 TITLE III-E	30,660	42,729	12,069	28,585	38,310	(2,344)
		0	0	0	0	0

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program

Preliminary Revenue & Expenditures February, 2015

Program	Annual Projection		Budget		Tax Levy	Expenditure Tax Levy	Variance
	Revenue	Expenditure	Revenue	Expenditure			
Aging & ADRC Center	1,679,678	1,847,576	1,757,263	1,969,585	212,322	212,322	44,423
Total							
Administrative Services Division							
5187 UNFUNDED SERVICES	0	3,958	0	49,726	49,726	45,768	
5190 Management		89,999		1,481,027	1,481,027	1,391,028	
5190 Management Cleared		0		(1,481,027)	(1,481,027)	(1,481,027)	
5195 Vehicle Escrow Account	0	0	0	43,326	43,326	43,326	
5200 Overhead & Tax Levy	8,435,479	(162,326)	8,489,301	138,910	(8,350,391)	247,414	
5200 Overhead Cleared		0		0	0	0	
5210 CAPITAL OUTLAY	433,604	469,408	433,603	469,408	469,408	0	
Balance Sheet Non Lapsing Funds		(433,604)		(433,603)	(433,603)	1	
Total	8,869,083	401,039	8,922,904	701,370	(8,221,534)	246,510	
GRAND Total	20,977,787	20,968,545	22,024,439	22,024,439	(0)	9,242	
Net Balance							

Note: Variance includes Non-Lapsing from Balance Sheet

Summary Sheet

0 Unfavorable

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT STATEMENT OF REVENUES & EXPENDITURES

For 2 Months ended February, 2015

SUMMARY

	Y-T-D @ Ledgers	Adjust- -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2014 Budget	Year End Variance
Federal/State Operating Revenues	106,882	1,791,445	1,898,327	1,961,039	2,206,235	12,193,792	13,240,445	(1,046,653)
County Funding for Operations (tax levy & transfer in)	1,391,732	0	1,391,732	1,383,688	1,391,732	8,350,391	8,350,391	0
less: Prepaid Expense Transfer	0	0	0	0	0	0	0	0
Total Resources Available	1,498,614	1,791,445	3,290,059	3,344,727	3,597,966	20,544,183	21,590,836	(1,046,653)
Total Adjusted Expenditures	3,155,230	262,155	3,417,385	2,952,479	3,635,770	20,968,545	22,024,439	1,055,894
OPERATING SURPLUS (DEFICIT)	(1,656,616)	1,529,290	(127,326)	392,248	(37,803)	(424,361)	(433,603)	9,241
Balance Forward from 2013-Balance Sheet Operating Reserve	433,603		433,603	484,187		433,603	433,603	0
NET SURPLUS (DEFICIT)	(1,223,013)	1,529,290	306,277	876,435	(37,803)	9,242	0	(9,242)

REVENUES

STATE & FEDERAL FUNDING

MH & AODA Basic County Allocation	68,897	257,078	325,975	329,286	325,975	1,955,848	1,955,848	0
Children's Basic County Allocation	0	145,497	145,497	144,749	144,749	872,979	868,493	4,486
Family Care County Contribution	0	0	0	0	0	0	0	0
Children's L/T Support Waivers	32,200	8,735	8,735	(82,183)	124,274	52,410	745,644	(693,234)
Behavioral Health Programs	25,353	6,706	38,906	45,885	43,250	249,037	259,499	(10,462)
Community Options Program	104,960	(1)	25,353	25,353	25,353	152,115	152,115	0
Aging & Disability Res Center	78,967	35,469	104,960	130,299	166,462	893,985	998,773	(104,788)
Aging/Transportation Programs	0	21,763	114,436	99,774	108,250	691,849	649,499	42,350
Project YES!	0	120,083	21,763	0	29,939	130,578	179,631	(49,053)
Youth Aids	13,313	8,285	133,396	128,377	139,255	820,094	835,530	(15,436)
IV-E TPR	0	8,285	8,285	9,960	10,027	49,708	60,163	(10,455)
Family Support Program	11,057	0	11,057	11,057	11,057	66,343	66,343	0
Children & Families	0	11,547	11,547	8,000	12,699	72,284	76,194	(3,910)
ARRA Birth to Three	0	0	0	0	0	0	0	0
I.M. & W-2 Programs	5,091	173,671	178,762	229,923	261,598	1,608,977	1,569,590	39,387
Client Assistance Payments	0	17,623	17,623	41,309	43,172	105,739	259,034	(153,295)
Early Intervention	27,594	0	27,594	27,594	27,594	165,564	165,564	0
Total State & Federal Funding	367,432	806,456	1,173,888	1,149,383	1,473,653	7,887,510	8,841,920	(954,410)

COLLECTIONS & OTHER REVENUE

Provided Services	(297,783)	720,653	422,870	364,097	446,803	2,601,648	2,683,857	(82,209)
Child Alternate Care	18,182	0	18,182	13,440	24,969	123,089	149,814	(26,725)
Adult Alternate Care	32,292	0	32,292	33,013	29,234	193,754	175,402	18,352
Children's L/T Support	(74,242)	134,029	59,787	174,394	82,109	358,725	492,652	(133,927)
1915i Program	(12,964)	20,881	7,917	9,166	9,167	47,500	55,000	(7,500)
Donations	3,715	3,700	7,415	7,194	13,291	62,704	79,744	(17,040)

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2014 Budget	Year End Variance
Cost Reimbursements	4,938	13,851	18,788	17,408	27,427	105,541	164,559	(59,018)
Other Revenues	65,313	91,875	157,188	192,944	99,583	813,321	597,497	215,824
Total Collections & Other	(260,550)	984,989	724,439	811,656	732,581	4,306,282	4,398,525	(92,243)

TOTAL REVENUES	106,882	1,791,445	1,898,327	1,961,039	2,206,235	12,193,792	13,240,445	(1,046,653)
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EXPENDITURES

WAGES

Behavioral Health	206,164	0	206,164	198,860	181,323	1,236,983	1,087,938	149,045
Children's & Families	267,441	0	267,441	263,248	309,313	1,740,925	1,848,652	(107,727)
Community Support	119,706	0	119,706	113,978	132,475	718,238	794,850	(76,612)
Comp Comm Services	75,586	0	75,586	59,650	76,468	453,517	459,404	(5,887)
Economic Support	178,129	0	178,129	167,753	175,330	1,068,777	1,051,982	16,795
Aging & Disability Res Center	75,450	0	75,450	65,514	81,421	452,701	488,525	(35,824)
Aging/Transportation Programs	68,064	0	68,064	62,813	73,966	408,382	443,796	(35,414)
Childrens L/T Support	27,034	0	27,034	19,334	26,234	162,205	157,405	4,800
Early Intervention	47,546	0	47,546	45,831	49,403	285,274	296,417	(11,143)
Management/Overhead	138,841	0	138,841	127,444	201,703	923,043	1,210,220	(287,177)
Lueder Haus	41,299	0	41,299	40,816	53,329	287,797	319,975	(32,178)
Safe & Stable Families	34,563	0	34,563	36,313	29,177	207,380	175,061	32,319
Supported Employmt	0	0	0	0	0	0	0	0
Total Wages	1,279,823	0	1,279,823	1,201,554	1,390,142	7,945,221	8,334,225	(389,004)

FRINGE BENEFITS

Social Security	95,242	0	95,242	90,309	99,122	571,452	629,409	(57,957)
Retirement	83,783	0	83,783	81,867	91,544	509,119	549,265	(40,146)
Health Insurance	403,247	0	403,247	399,576	412,864	2,419,480	2,477,186	(57,706)
Other Fringe Benefits	32,745	0	32,745	483	8,881	36,095	53,284	(17,189)
Total Fringe Benefits	615,016	0	615,016	572,235	612,412	3,536,145	3,709,144	(172,999)

OPERATING COSTS

Staff Training	4,761	0	4,761	10,456	12,175	27,141	74,049	(46,908)
Space Costs	32,419	0	32,419	45,056	33,857	194,517	203,139	(8,622)
Supplies & Services	163,905	0	163,905	144,026	152,028	864,477	915,169	(50,692)
Program Expenses	14,177	0	14,177	10,192	16,911	95,059	101,464	(6,405)
Employee Travel	19,319	0	19,319	22,776	27,817	115,912	166,904	(50,992)
Staff Psychiatrists & Nurse	68,362	0	68,362	57,773	73,618	410,171	441,705	(31,534)
Birth to 3 Program Costs	38,684	0	38,684	35,913	41,000	232,102	246,000	(13,898)
Busy Bees Preschool	35	0	35	391	458	210	2,749	(2,539)
ARRA Birth to Three	0	0	0	0	0	0	0	0
Opp. Inc. Payroll Services	0	0	0	0	0	0	0	0
Other Operating Costs	2,456	0	2,456	949	12,311	39,752	73,869	(34,117)
Year End Allocations	(5,172)	(0)	(5,172)	0	1,639	(31,035)	9,831	(40,866)
Capital Outlay	70,389	0	70,389	93,184	78,235	469,408	485,515	(16,107)
Total Operating Costs	409,334	(0)	409,334	420,715	450,048	2,417,713	2,720,394	(302,681)

BOARD MEMBERS

Per Diems	715	0	715	825	1,167	4,290	7,000	(2,710)
Travel	0	0	0	0	0	0	0	0

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2014 Budget	Year End Variance
Training	0	0	0	0	125	0	750	(750)
Aging Committee	0	0	0	0	0	0	0	0
Total Board Members	715	0	715	825	1,292	4,290	7,750	(3,460)

CLIENT ASSISTANCE

W-2 Benefit Payments	0	0	0	0	0	0	0	0
Funeral & Burial	0	0	0	0	0	0	0	0
Medical Asst. Transportation	0	0	0	0	0	0	0	0
Energy Assistance	8,136	0	8,136	28,733	18,672	48,816	112,034	(63,218)
Kinship & Other Client Assistance	10,174	0	10,174	12,935	14,172	61,046	85,032	(23,866)
Total Client Assistance	18,310	0	18,310	41,668	32,844	109,862	197,066	(87,204)

MEDICAL ASSISTANCE WAIVERS

Childrens LTS	34,367	11,781	46,148	(35,585)	171,561	276,888	1,191,029	(914,141)
Total Medical Assistance Waivers	34,367	11,781	46,148	(35,585)	171,561	276,888	1,191,029	(914,141)

COMMUNITY CARE

Supportive Home Care	4,114	0	4,114	9,505	17,426	24,684	104,555	(79,871)
Guardianship Services	3,840	0	3,840	4,960	4,635	23,040	27,808	(4,768)
People Ag. Domestic Abuse	0	0	0	10,000	10,000	60,000	60,000	0
Family Support	1,237	0	1,237	770	1,000	7,424	6,000	1,424
Transportation Services	4,600	0	4,600	8,075	8,250	27,601	49,497	(21,896)
Opp. Inc. Delinquency Programs	19,066	0	19,066	19,066	5,245	114,396	31,467	82,929
Opp. Inc. Independent Living	0	0	0	0	0	0	0	0
Other Community Care	15,801	0	15,801	20,459	62,296	178,173	373,773	(195,600)
Elderly Nutrition - Congregate	9,435	0	9,435	7,342	7,591	56,608	45,548	11,060
Elderly Nutrition - Home Delivered	14,345	0	14,345	10,829	12,130	86,071	72,782	13,289
Elderly Nutrition - Other Costs	2,849	0	2,849	1,069	3,960	17,094	23,760	(6,666)
Total Community Care	75,287	0	75,287	92,074	132,532	595,090	795,190	(200,100)

CHILD ALTERNATE CARE

Foster Care & Treatment Foster	179,340	0	179,340	54,098	133,741	1,076,042	802,443	273,599
Intensive Comm Prog	0	0	0	0	0	0	0	0
Group Home & Placing Agency	74,552	0	74,552	195,614	133,011	451,493	798,068	(346,575)
L.S.S. Child Welfare	0	0	0	0	0	0	0	0
Child Caring Institutions	46,065	0	46,065	0	8,989	276,391	53,934	222,457
Detention Centers	2,625	0	2,625	1,715	15,628	43,647	93,768	(50,121)
Correctional Facilities	0	0	0	0	7,553	0	45,318	(45,318)
Shelter & Other Care	0	0	0	0	2,000	8,500	12,000	(3,500)
Total Child Alternate Care	302,583	0	302,583	251,427	300,922	1,856,072	1,805,531	50,541

HOSPITALS

Detoxification Services	14,188	0	14,188	435	8,333	85,127	50,000	35,127
Mental Health Institutes	194,576	146,191	340,766	122,828	215,578	2,044,599	1,293,466	751,133
Other Inpatient Care	0	0	0	0	0	0	0	0
Total Hospitals	208,764	146,191	354,954	123,263	223,911	2,129,726	1,343,466	786,260

**Detox/AODA CBRF
Jefferson County - HSD
2015 February**

Detox Facility	Clients	Comments	Billed YTD	Days
Tellurian Community	16		\$10,721.00	24
Lutheran Social Services				
Hope Haven - Reb	2		\$4,312.00	28
Friends of Women				
	<u>18</u>		<u>\$15,033.00</u>	<u>52</u>

Count is based on Unduplicated Clients.

**Commitments/Inpatient
Jefferson County - HSD
2015 February**

Hospital	Clients	Comments	Total Billed (net)	Status	Days	Information Prior Year Amt
Fond du Lac Co. Health Care Center	1	Insurance will not pay because clients are not within the age group for payment. See note below.	\$2,736.00	January	4	
All Saints Medical Center						
Mendota Health Institute	2	Only count clients we paid for.	\$69,640.55	January/February	67	43340.55
Rogers Memorial Hospital						
Stoughton Hospital Geriatric Psych Program						
St. Agnes, Fond du Lac						
St. Marys Hospital, Madison						
Trempealeau Co. Health Care Center						
UW Hospital, Madison						
WATERTOWN REGIONAL MEDICAL CEN						
Winnebago Mental Health Institute	19	Only count clients we paid for.	\$216,663.27	January/February	261	-73136.73
Grand Total	22		\$289,039.82		332	-29796.18

Note: Insurance Collected & Client Payments -76936.07

Count is based on Unduplicated Clients.

Note: Winnebago and Mendota bills Jefferson County HSD Monthly and if they collect from insurance reimburses us after the fact.

Winnebago, Mendota, and Fund du Lac Co. are IMD facility so between ages 22-64 Insurance won't pay.

Presumptive MA is looked at if client has no insurance to see if the client qualifies.

Alternate Care Costs
2014

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
Foster Care	65	1,913	92948	\$48.59	\$1,429.97
Foster Care Special	0	0	\$0.00	\$0.00	\$0.00
Foster Home Level - 1	5	155	\$1,130.00	\$7.29	\$226.00
Group Home	8	205	\$43,931.36	\$214.30	\$5,491.42
Kinship Care	21	652	\$4,760.58	\$7.30	\$226.69
Subsidized Guardianship	9	279	1986	\$7.12	\$220.67
Main Program	0	0	0	\$0.00	\$0.00
Treatment Foster Home	0	0	0	\$0.00	\$0.00
60 Day Res Asses	0	0	0	\$0.00	\$0.00
CCI's	0	0	0	\$0.00	\$0.00
Total Dec 2014	108	3204	\$144,756.27	\$45.18	\$1,340.34
Unduplicate (105)		YTD Avg. per Month	\$135,466		
January-15					
Foster Care & Treatment H.	66	2541	\$97,693.76	\$38.45	\$1,480.21
Foster Care Special	0	0	\$0.00	\$0.00	\$0.00
Foster Home Level - 1	4	101	\$755.87	\$7.48	\$188.97
Group Home	8	230	\$55,836.32	\$242.77	\$6,979.54
Kinship Care	21	651	\$4,872.00	\$7.48	\$232.00
Subsidized Guardianship	10	310	2212	\$7.14	\$221.20
Main Program	0	0	0	\$0.00	\$0.00
CCI's	0	0	\$0.00	\$0.00	\$0.00
Total January 2015	109	3833	\$161,369.95	\$42.10	\$1,480.46
Unduplicated 105		YTD Avg. per Month	\$161,370		
February-15					
Foster Care	69	2399	\$95,889.36	\$39.97	\$1,389.70
Foster Care Special	0	0	\$0.00	\$0.00	\$0.00
Foster Home Level - 1	3	59	\$488.86	\$8.29	\$162.95
Group Home	9	252	\$53,252.16	\$211.32	\$5,916.91
Kinship Care	21	557	\$4,615.15	\$8.29	\$219.77
Subsidized Guardianship	10	280	2212	\$7.90	\$221.20
Main Program	0	0	0	\$0.00	\$0.00
CCI's	0	0	\$0.00	\$0.00	\$0.00
Total February 2015	112	3547	\$156,457.53	\$44.11	\$1,396.94
Unduplicated Names 107		YTD Avg. per Month	\$158,914		

External Administrative Reports Schedule

Reports Due	Report Name	Due Date	Finalized	Responsible	Remarks
Annual	2015 Independent Living Plan	12/12/2014	12/11/2014	Joan/Jessica	
Annual	United Way - Watertown- Budget CST	30-Jan-15	1/23/2015	Joan/ Barb G	
Annual	United Way Walworth Budget	1/30/2015	1/21/2015	Joan/Barb G	
Annual	United Way Incredible Years Budget	1/30/2015	1/23/2015	Joan/Barb G.	
Annual+	2015 Contracts, Annual + Monthly Updates	1/31/2015	1/7/2015	County Board/Cathy/Joan	Full list of anticipated contracts prepared for full board approval at December meeting. County Board approves in December can't issue until they approve.
Annual	State Contract Resolution	Prepare in November for Dec. CTY Board	12/11/2014	Joan	County Board approved in December giving authority to sign contracts
Annual	PSFF Plan	2/1/2015	1/27/2015	Joan/Barb G.	
Annual	2015 Southern WI YAC Funding Plan Doc	3/2/2015	2/27/2015	Jessica/Joan/Mary	
Annual+Q	PPS Information to the state	2/15/2015 extension to 2/27/2015	AODA/MH 2/27/2015 CORE 3/3/2015	Barb/Lynnell/Mary/J/programmers	Received an extension upon request due to computer changes being required by the state for additional data Sue sends report to State
Annual	Annual Transportation Report	3/15/2015	3/14/2015	Sue T./Mary J.	
Annual +	Final Cars Report	3/25/2015	3/25/2015	Mary J./Joan review	Mary submits to state on

External Administrative Reports Schedule

Annual +	Final Core Reports	3/31/2015	3/31/2015	Mary J./Joan review	monthly- basis; year- end due dates are as noted. E-mail to DCF. Mary submits to date on monthly basis; yearend due dates are as noted.
Annual +	Final GWAAR Reports	3/15/2015	3/15/2015	Mary J.	E-mailed to GWAAR on monthly basis year end due dates are as noted
Annual	Elder Abuse Form increase	4/6/2015	4/6/2015	Mary J.	fiscal (fiscal@gwaar.org)
Annual + as needed	Final RMS Report for Social Service	4/1/2015	Current	Donna H.	Update in SACWIS – information is used to call employees for allocating cost to the FED’s for IV-E
Annual	PSFF Actual Cost Report	3/31/2015	3/25/2015	Joan /Barb G.	
Annual +	Final Youth Aids Rec.	May 2015 set by State		Cathy S.	
Annual	CST Actual Cost Report to State	3/31/2015	2/28/2015	Jon/Barb G.	Sally. Rachick@dhs.wisconsin.gov. 2016 report due 60 days after year end.
Annual	Birth to 3 Rec. report Actual Cost 2014	3/31/2015	3/31/2015	Joan	2014 Actual Cost – state uses for Birth to 3 Maintenance of effort.
Annual	CLTS Reconciliation	4/3/2015	4/3/2015	Mary J.	Email to DHS
Annual	Family Support Reconciliation	4/3/2015	4/3/2015	Mary J.	Hard Copy sent to State
Annual	COP Reconciliation	4/3/2015	4/3/2015	Mary J.	Hard Copy sent to State
Annual	Annual Report for Board	4/7/2015	4/7/2015	Joan/Mary J./Barb M./Terry G./Donna	Administrative Section of Report and Numbers for various divisions
Annual	Auditors Report for Small Grant allocating Revenue between	4/15/2015		Joan	Sent to County Finance for Auditors

External Administrative Reports Schedule

	state/federal funds							
Annual	Expenditure Report to the state for reporting costs by Target and SPC	4/30/2015			Joan/Mary data entry to PPS		PPS System Numbers are entered by Mary	
Annual	Mental Health Block Grant 2014 actual expenditures Report	5/1/2015			Joan/Holly		Entered into PPS System	
Annual	Provider Audit Confirmations	Varies			Mary J.		As auditors submits information Mary responds to them concerning payables & funding source.	
Annual	AODA Block Grant 2014 actual expenditures Report	5/1/2015			Joan/Holly		Entered into PPS System	
Annual	Revenue Report to the state for the department by Target and Funding Source	5/15/2015			Joan/Mary data entry to PPS		PPS System numbers are entered by Mary	
Annual	WIMCR – Report	State sets date usually due in May			Joan		PPS system states 5/15 but calendar states 4/30/2015	
Annual	CCS Reconciliation	State sets Date			Joan		WIMCR System on Internet	
Annual	UW Madison Student Hours	4/30/2015		3/17/2015	Joan/Brent		This year there will be 2 reconciliations due to regionalization.	
Annual	ADRC Annual Report	6/1/2015			Cathy/Sue		Russell Portier [mailto:portier@wisc.edu] Sue sends in to State	
Annual	Community Intervention SFY 16 Plan & Budgets	6/2015			Cathy S./Jessica		Sent to State	

External Administrative Reports Schedule

Bi-Annual Report	Bi-Annual Transportation Report	7/15/2015		Mary J./Sue T	Sue sends report to State.
Annual	Crisis Grant	7/15/2015		Mary J.	Hard Copy Mailed
Annual	2016 HSD – Budget	Per Budget Schedule		Joan/Managers/Kathi	Hard Copy Delivered and upload into County System
Annual	CY 2015 Early Intervention Status Report	7/30/2015		Jessica G/Cathy S.	Sent to State
Annual	State Rental Contracts	9/30/2015		Joan	Work with state to renew state contracts for lease agreements.
Annual	Amendments to Title IV_E Legal, SACWIS/Training	9/30/2014		Joan/Brent	See if adjustment to increase state contract needs to be done. If actual is higher than plan then paperwork needs to be done.
Annual	Title IV-E Pass-Through Programs	10/31/2015		Joan/Brent	IV-E Training, SACWIS, Legal Services – 2016 Budget due to State
Annual	Intoxicated Driver Program Supplemental Funds Request	11/21/2015		Joan/Holly/Barb M.	See if we qualify for any additional funds. Have Barb run reports for hours.
Annual	ADRC Annual Update	12/10/2015		Sue T/Cathy s.	Sue sends to state
Bi-Annual	Bi Annual Transportation Report	1/15/2016		Mary J/Sue T.	Sue sends report to State – on fiscal year versus calendar year.
Quarterly	PPS Data uploaded quarterly	Quarterly		Barb/Lynnell/MaryJ/programmers	
Quarterly	PS Program Cost Report	Quarterly		Mary J.	Emailed 30 days following the end of the quarter.
Quarterly	FTE Count used by state for allocation of overhead	Quarterly		Lynnell	Emailed to State

External Administrative Reports Schedule

Quarterly	Early Intervention Funds Billing	Quarterly after close	Cathy S.	Sent to State.
Annual	2015 Early Intervention Evaluation Report	1/30/2015	Jessica G./Cathy S.	Sent to State
Monthly	GWAAR Reports	15 th of each month following	Mary J./Cathy	Email to GWAAR
Monthly	IM Consortium Report	16 th of each month following	Mary J.	Email to Rock Co.
Monthly	AODA Outpatient Group	16 th fol. Month.	Mary J./Jennifer Wendt	Hard Copy Mailed
Monthly	Youth Aids Billing	21 st of each Month.	Cathy S.	Hard Copy Mailed.
Monthly	CARS Reports	25 th of each month	Mary J.	e-mailed to DHS
Monthly	ADRC Monthly Billing	26 th of each month	Cathy S./Mary J.	e-mailed to DHS on CARS
Monthly	CORE Reports	28 th of each month following	Mary J.	e-mailed to DCF
Monthly	REN Outreach & Coordination	Last day of month	Mary J.	Hard Copy Mailed
Monthly	Billing Insurance/MA by program Schedule	See Program Schedule	Susan/Lynnell/Barb/Kristie/Supervisors of Programs	
Monthly	SSI Review	Scheduled	Mary W.	Scheduled with Social Security office for Protective Payee Clients
Monthly	Protective Payee Reports for Social Security Office	Varies	Mary W.	Reviews Protective Payee Reports with Social Security Office.
Monthly	Financial Statements for the	2 nd Tuesday of the Month	Mary J./Cathy S./Joan	Sent to the Board with Summary Notes

External Administrative Reports Schedule

Monthly	Board	2 nd Tuesday of the Month	Joan	Prepared earlier so can be mailed with board packets
Monthly	Alternate Care information for the Board	2 nd Tuesday of the Month	Joan	Prepared earlier so can be mailed with board packet.
Monthly	Hospital/Detox information for the Board	2 nd Tuesday of the month for the Board	Mary J.	Prepared earlier so can be mailed with board packet.
Monthly	Voucher summary for the Board	2 nd Tuesday of the month for the Board	Cathy S.	Prepared earlier so can be mailed with board packet.
Monthly	Contract Updated	2 nd Tuesday of the Month for the Board	Donna H.	Prepared earlier so can be mailed with board packet.
Monthly	Minutes for the Board	As Needed	Barb M.	For Out of State Clients that are ED.
As Needed	Request for State Public Funding for Non-Residents	June of each year	Cathy S./Carla R.	For Out of County Clients that are ED.
Annual	Request for State Public Funding for Non-Residents	As Needed	Cathy S.	For preparing the required J-9 form for Waiver Children in placement
As Needed	Foster Care Expense Sheets	As Needed	Cathy S.	For establishing rates and costs for placements
As Needed	Provider Alternate Care Budget	As Needed	Cathy S.	For establishing costs and rates for non-placement providers
As Needed	Provider Rate/Budget Sheet	As Needed	Cathy S.	For adding or removing children to the CLTS Waitlist
As Needed	PPS Waitlist	As Needed	Cathy S.	Getting contract information to initiate a contract. W-9, contract administrator etc
As Needed	Provider Contact Info Sheet	As Needed	Cathy S.	

External Administrative Reports Schedule

Monthly	Room & Board Statements	Monthly	Cathy S.	Bill out monthly room & board for adults in placement
As Need	COP Plan& ASSESS.	As Needed	Cathy S.	Billed in HRSR State program

2015 Provider Contracts (4/09/2015)

Contract Number	Provider	Service	Target	2014	2015			
15- 249	Home Care Assistance Services, LLC dba Visiting Angels LAS	PC & SHC	various	per hour	\$19-\$24.50	per hour	#DIV/0!	n/a
15- 250	Jefferson Memory Care	Adult Alt Care	Adult	per month	4,400.00	per month	#DIV/0!	42,000
15- 251	Warren Foster Home	Foster Care	child	per month	700.00	per month	#DIV/0!	8,400
15- 252	G & L Advocacy, Inc.	Corp Guardian	various	per month	\$80-\$160	per month	#DIV/0!	3,840
15- 253	Kid's Palace L.L.C.	Day Care	Child	per week	150.00	per week	#DIV/0!	7,825
15- 245	TLC Staffing, LLC*	SHC	various	per hour	\$18-\$24	per hour	#DIV/0!	39,000
	*This provider was previously listed but has now been increased since Personal Care Services and Supported Home Care are no longer provided by the Health Department. This contract was originally listed as \$5000.							

RESOLUTION NO. ___ - 2015

OPPOSING THE PROPOSED CHANGES TO AGING AND DISABILITY RESOURCE CENTERS IN THE 2015-2017 GOVERNOR'S PROPOSED BUDGET AND REQUESTING THE WISCONSIN LEGISLATURE TO OPPOSE THOSE CHANGES

WHEREAS, the 2015-2017 proposed governor's budget would give authority to the Department of Health Services (DHS) to eliminate county-run Aging & Disability Resource Centers (ADRCs) by contracting out all of their functions;

WHEREAS, this upheaval was initiated without input from ADRCs, people receiving Long Term Care (LTC) services and/or their families, aging and disability advocates, local officials, the State Long Term Care Advisory Council, or legislators; and,

WHEREAS, with the elimination of ADRC Governing Boards and county-run ADRCs, a small Aging Unit with limited capacity would remain without a service point for persons with disabilities, and

WHEREAS, the ADRCs provide one-stop information, while in the proposed fragmented model, people will get shifted among entities and the most difficult situations will be left to county government without resources, and

WHEREAS, the role of county government includes meeting the needs of its citizens, and the ADRCs have become a nationally recognized model for supporting seniors and persons with disabilities in making informed decisions regarding their money and thereby delaying the need for public support, and

WHEREAS, ADRCs are locally accountable, accessible and utilize local resources that enhance the local economy, and as the central and sole provider, the ADRCs fill gaps in local service delivery for all citizens, and

WHEREAS, the current system of ADRCs and LTC programs have already produced the planned-for reforms, which have created huge savings for taxpayers while maintaining quality. The Medicaid portion of the budget decreased from 53% in 2002 to 43% in 2011 and the nursing home population decreased by 11,000 people thereby reducing nursing home costs, and

WHEREAS, the citizens of Wisconsin's ADRCs are satisfied with the services offered, and that ADRCs are governed locally by the people they serve and the ADRCs attribute much of their success to community partners and local volunteers, and

NOW, THEREFORE, BE IT RESOLVED, by the ??? County Board of Supervisors, who met in regular session, that the State of Wisconsin should retain its existing successful and cost-effective model of ADRCs,

BE IT FURTHER RESOLVED, that a copy of this resolution will be sent to the legislators serving the people of ??? County, the Wisconsin Counties Association, and the ADRC of Eagle Country and be submitted as testimony to the Joint Committee on Finance, with the request that they assist in this endeavor.

**RESOLUTION NO. ___ - 2015
OPPOSING THE PROPOSED CHANGES TO AGING AND DISABILITY RESOURCE
CENTERS IN THE GOVERNOR'S PROPOSED BUDGET AND REQUESTING THE
WISCONSIN LEGISLATURE TO OPPOSE THOSE CHANGES**

Page 2

For consideration by the ??? County Board of Supervisors on?????, 2015.

Respectfully submitted,

???? COMMITTEE Or ??????BOARD

SIGNATURES

FISCAL NOTE: None.

MIS IMPACT: None.

AGING AND DISABILITY RESOURCE CENTERS

Aging and Disability Resource Centers (ADRCs) are one-stop shops for individuals who need, or expect to need, long-term care services. Services provided by ADRCs include:

- Providing information and assistance to individuals in need of long-term care services.
- Benefits counseling.
- Short-term service coordination.
- Conducting functional screens.
- Enrollment counseling and processing.

ADRCs provide all of their services at no cost to recipients.

The Department of Health Services (DHS) shall assure that at least all of the following are available to a person who contacts a resource center for service:

- a) Information and referral services and other assistance at hours that are convenient for the public.
- b) A determination of functional eligibility for the family care benefit.
- c) Within the limits of available funding, prevention and intervention services.
- d) Counseling concerning public and private benefits programs.
- e) A determination of financial eligibility and of the maximum amount of cost sharing required for a person who is seeking long-term care services, under standards prescribed by the department.
- f) Assistance to a person who is eligible for the family care benefit with respect to the person's choice of whether or not to enroll in a care management organization and, if so, which available care management organization would best meet his or her needs.
- g) Assistance in enrolling in a care management organization for persons who choose to enroll.
- h) Transitional services to families whose children with physical or developmental disabilities are preparing to enter the adult service system.
- i) A determination of eligibility for state supplemental payments, MA benefits related to the receipt of certain Social Security, Medicare, or BadgerCare Plus benefits, or for FoodShare benefits.

Under current law, the Department of Health Services (DHS) may enter into exclusive contracts with counties, long-term care districts, and tribes to operate a resource center.

DHS may contract with a private nonprofit organization only if a county board declines in writing to apply for a contract.

Currently, there are 41 ADRCs operating in Wisconsin, including 28 single-county ADRCs and 13 multi-county/tribe regional ADRCs, serving all 72 counties and 11 tribes.

CURRENT STATUS: The Governor's budget permits DHS to contract with entities other than ADRCs to perform the duties of ADRCs.

REQUESTED ACTION: Remove all statutory language changes included in the Governor's budget related to the operation of ADRCs.

TALKING POINTS:

- ADRCs are intended to serve as a one-stop information shop for long-term care services. Splitting the ADRC functions between multiple agencies will be confusing to the users of the ADRC and require elderly and disabled populations and their family members to travel to multiple places for services they currently receive in a single location.
- The budget language removes the local flavor of ADRCs, allowing DHS to contract for services with private entities that may not be familiar with local agencies and services.
- A strong local presence is critical in performing the statutory functions of ADRCs. An out-of-county agency is unlikely to visit individuals seeking information and referral services in their home setting, hospitals, or local nursing facilities.
- Many counties have combined their aging/ADRC services for efficiency and improved customer service. Separating the ADRC functions will cause fragmentation in the system and confusion for system users.
- County ADRCs offer unbiased information and referral services to its users.

WCA Contact: Sarah Diedrick-Kasdorf, 608.663.7188

FAMILY CARE

Under the Family Care program, managed care organizations (MCOs) provide long-term care services to elderly individuals, as well as adults with physical and developmental disabilities. Family Care currently operates in 57 counties across the state, with implementation underway in seven additional counties in Northeast Wisconsin beginning in June 2015. Two other programs offering fully-integrated managed care services are available in some counties as well: Program of All-Inclusive care for the Elderly (PACE) and Partnership. In addition, individuals with long-term care needs who qualify for MA –funded community-based services, but do not wish to enroll in Family care, have the option to participate in the state’s self-directed supports long-term care program – IRIS (Include, Respect, I Self-Direct).

After four years of planning involving counties, consumers and their family members, advocates for the aging and disabled, providers, and state officials, legislation was enacted (1999 Wisconsin Act 9) to create the Family Care benefit. The program was piloted in five counties with authorization for statewide expansion included in 2007 Wisconsin Act 20, the 2007-09 state biennial budget.

The state contracts with managed care organizations to administer the Family Care benefit. The Department of Health Services (DHS) contracts with private entities and long-term care districts to serve as MCOs. Under current law, a long-term care district is a local unit of government created with the purpose of operating an MCO, an ADRC, the Partnership program, or PACE. A long-term care district is overseen by a long-term care district board, and has jurisdiction within the county or counties that created it. There are currently four long-term care districts that operate MCOs, and one that operates an ADRC. Long-term care districts currently provide services in 42 counties across the state.

In order for Family Care to be implemented in a county, the county board of supervisors must adopt a resolution stating its consent to the administration of the Family Care benefit in the county. Once Family Care is in place, counties no longer provide long-term care services through Medicaid waivers (COP, CIP).

Counties have a significant financial investment in the state’s long-term care programs. In order to assist the state in its transition to Family Care, counties agreed to a five-year “buy-out” of county tax dollars in the long-term care system. During the first five years Family Care services are available in a county, the county’s contributions to the costs of the program are determined by a formula established at the time Family Care expansion was authorized statewide. A county’s contribution is based on whether the actual amount the county spent to provide long-term care services in CY 2006 was greater than or less than 22% of the county’s basic community aids allocation (BCA) in 2006. If the county’s long-term care expenditures were less than 22% of its BCA, the county’s ongoing contribution is its 2006 long-term care expenditure level. If the county’s long-term care expenditures were greater than 22% of its BCA, the county’s Family Care contribution equals its 2006 level for the first year and then

decreases for the next three years by 25% of the difference between its long-term care expenditure level and 22% of its BCA. The county's ongoing contribution is then set at 22% of the county's 2006 BCA.

CURRENT STATUS: The Governor's budget:

- Requires all counties to implement Family Care by January 1, 2017 (36-month enrollment phase-in)
- Expands the service array to include acute and primary care
- Eliminates IRIS
- Eliminates the competitive procurement process for MCOs
- Provides members with a choice of MCOs operating statewide (no geographic districts)
- Requires Long-Term Care Districts to dissolve by June 30, 2017
- Repeals long-term care advisory committees
- Removes the requirement that MCOs contract with qualified service providers willing to accept MCO reimbursement rate

REQUESTED ACTION: Remove all changes to the Family Care and IRIS programs included in the state budget.

TALKING POINTS:

- Counties have made and continue to make significant financial contributions to the long-term care system. The "Family Care" program proposed in the budget is not the system counties agreed to fund in 2007.
- None of the current MCOs, including the county-created long-term care districts, will be operational under the proposed system, requiring all individuals enrolled in the Family Care program to choose a new MCO and potentially new providers.
- This budget proposal, unlike the current Family Care program, lacks input from stakeholders.
- The Department of Health Services is currently unable to provide details regarding how the new system will be operationalized in Wisconsin.
- The state budget contains no cost savings associated with the new "Family Care" program. The current system has slowed long-term care spending while ensuring high quality care.
- With the elimination of long-term care districts and long-term care district boards, local administration and oversight of the Family Care benefit is eliminated.

WCA Contact: Sarah Diedrick-Kasdorf, 608.663.7188

**Resolution in Support of Retaining and Expanding
Wisconsin's Current Long Term Care System of Family
Care, Iris, Partnership, and Aging and Disability Resource Centers**

1 **WHEREAS**, Governor Walker's 2015-2017 budget proposal would dismantle
2 Wisconsin's nationally admired long term care (LTC) system currently serving nearly 55,000
3 older adults and individuals with disabilities; and

4 **WHEREAS**, the governor's budget would eliminate IRIS; replace Family Care and
5 existing managed care organizations (MCOs) with 2-3 private health insurance companies
6 providing both health care and LTC services; and give authority to the Department of Health
7 Services (DHS) to privatize county-run Aging and Disability Resource Centers (ADRCs) by
8 contracting out many of their functions; and

9 **WHEREAS**, these proposals were initiated with no input from people receiving LTC
10 services or their families, aging or disability advocates, local officials, MCOs, ADRCs,
11 provider agencies, or legislators; and

12 **WHEREAS**, the current LTC system was the outgrowth of four years of intensive
13 LTC Reform planning in the 1990's involving LTC consumers and families, aging and
14 disability advocates, counties and state officials, resulting in strong bi-partisan support for a
15 LTC-only version of Family Care; and

16 **WHEREAS**, the hoped-for reforms have actually been produced by the current
17 system: reducing nursing home utilization, "bending the curve" on Medicaid spending,
18 reducing the portion of Medicaid spent on LTC, and creating locally-based ADRCs to
19 provide prevention and 1-stop information on LTC for all citizens; and

20 **WHEREAS**, the current LTC system has created huge saving for taxpayers while
21 maintaining quality: reducing the Medicaid portion of the budget from 53% in 2002 to 43%
22 in 2011, reducing the nursing home population by 9,000 people, keeping administrative costs
23 for Family Care down to 4.2% and limiting MCO surpluses to 2%; and

24 **WHEREAS**, the IRIS program was started in 2008 to provide a non-managed care
25 alternative for people who want to self-direct all of their services and this popular, unique
26 and flexible program has grown rapidly to its current enrollment of 11,500 people; and

27 **WHEREAS**, all of the projected \$14 million in saving in state and federal funds in
28 the 2015-2017 budget are the result of current expansion of the existing LTC system into 7
29 northeast counties; and

30 **WHEREAS**, ADRCs have become a nationally recognized model and one of the
31 most important roles of county government to meet a variety of needs and reduce the cost of
32 the growing LTC population; and

33 **WHEREAS**, ADRC's help older people and people with disabilities find and get
34 what they need to live as independently as possible with dignity and security, using a one-
35 stop, locally accessible model; and

36 **WHEREAS**, the governor’s budget would allow for ADRC’s to be operated by for-
37 profit entities and eliminates the oversight of a governing board comprised of local
38 taxpayers; and

39 **WHEREAS**, this resolution was approved by the Commission on Aging on March
40 17, 2015, on a vote of ____, with ____ voting in favor and ____ against; and

41 **WHEREAS**, this resolution was approved by the ADRC of Barron, Rusk &
42 Washburn Counties Board on March 17, 2015, on a vote of ____, with ____ voting in favor and
43 ____ against; and

44 **WHEREAS**, this resolution was approved by the Health & Human Services Board
45 on March 23, 2015, on a vote of ____, with ____ voting in favor and ____ against; and

46
47 **NOW, THEREFORE, BE IT RESOLVED**, by the Barron County Commission on
48 Aging, ADRC of Barron, Rusk & Washburn Counties Board, and Barron County Health &
49 Human Services Board that Wisconsin should retain its existing successful and cost-effective
50 Models of Family Care, IRIS, Partnership and ADRCs, and should expand those models
51 statewide to eliminate waiting lists, sustain quality, and achieve further savings.

52 **BE IT FURTHER RESOLVED**, that a copy of this resolution will be sent to the
53 Legislative Representatives serving the ADRC of Barron, Rusk & Washburn Counties,
54 Wisconsin Counties Association and submitted as testimony to the Joint Committee on
55 Finance, with the request that they assist in this endeavor.

56
57 **BE IT FURTHER RESOLVED**, that publication of this resolution may occur
58 through posting in accordance with Section 985.02 of the Wisconsin Statutes.
59

OFFERED THIS ____ day of March, 2015.

Sharon Rollins, Chair
Commission on Aging

Andrew Mommsen, Chair
ADRC of Barron, Rusk & Washburn Co.

OFFERED THIS ____ day of March, 2015.

Karolyn Bartlett, Chair
Health & Human Services Board

(The Committee Chair signature verifies the action taken by the Committee.)

RESOLUTION NO.: 132—2014-15

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

MAJORITY

1 Governor Walker's 2015-17 budget proposal dismantles Wisconsin's nationally admired
2 long term care (LTC) system which currently serves nearly 55,000 older adults and
3 individuals with disabilities. The budget eliminates IRIS; replaces Family Care and
4 existing managed care organizations (MCOs) with two to three private health insurance
5 companies providing both health care and LTC services and gives the Department of
6 Health Services the authority to privatize county-run Aging and Disability Resource
7 Centers (ADRCs) by contracting out many of their functions.

8
9 The IRIS program was created in 2008 to provide a non-managed care alternative for
10 individuals who wanted to self-direct all of their services.

11
12 As of November 30, 2014 (the last state update to the website) IRIS participation was:

- 13 • 11,435 statewide IRIS participants; with 217 in Outagamie County
- 14 • 4,348 statewide IRIS participants in Self Directed Personal Care; with 79
- 15 in Outagamie County
- 16 • 15,783 total Wisconsin IRIS participants; with 296 in Outagamie County

17
18
19 As of August 1, 2014, there were 929 statewide participants in Family Care and 88 in
20 Family Care Partnership.

21
22 The elimination of these programs was initiated without input from participants, aging or
23 disability advocates, local officials, MCOs, ADRCs, provider agencies, or legislators.

24
25 The current LTC system was the result of four years of intensive LTC Reform planning
26 in the 1990s involving LTC consumers and families, aging and disability advocates,
27 counties and state officials resulting in strong bi-partisan support for a LTC-only version
28 of Family Care. The desired reforms have been produced by the current system resulting
29 in reduced nursing home utilization, "bending the curve" on Medicaid spending, reducing
30 the portion of Medicaid spent on LTC, and creating locally-based ADRCs to provide
31 prevention and one-stop information regarding LTC for citizens.

32
33 The current LTC system has created significant taxpayer savings while maintaining
34 quality, reduced the Medicaid budget from 53% in 2002 to 43% in 2011, reduced the
35 nursing home population by 9,000 people, kept Family Care administrative costs down to
36 4.2% and limited MCO surpluses to 2%.

37
38 The projected \$14 million savings in state and federal funds in the 2015-17 budget are the
39 result of current expansion of the existing LTC system into seven northeast counties.
40
41

1 NOW THEREFORE, the undersigned members of the Health and Human Services Committee
2 recommend adoption of the following resolution.

3 BE IT RESOLVED, that the Outagamie County Board of Supervisors does support retaining and
4 expanding Wisconsin's current long term system of Family Care, IRIS, Partnership, and Aging and
5 Disability Resource Centers, and

6 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
7 of this resolution to the Outagamie County Health and Human Services Director, the Outagamie County
8 Executive, all Wisconsin counties, and the Outagamie County Lobbyist who will distribute to the
9 Legislature and Governor.

10 Dated this _____ day of March 2015

11 Respectfully Submitted,

12 HEALTH & HUMAN SERVICES COMMITTEE

13
14
15
16 _____
17 Jerry Iverson

18 _____
19 Barney Lemanski

20
21 _____
22 Kevin Behnke

23 _____
24 Patrick Meyer

25 _____
26 Cathy Spears

27
28 Duly and officially adopted by the County Board on: _____
29

30
31 Signed: _____
32 Board Chairperson County Clerk

33
34 Approved: _____ Vetoed: _____
35

36
37 Signed: _____
38 County Executive

MENTAL HEALTH

Emergency Detention Procedure

The 2009-11 state biennial budget modified statutory provisions relating to the emergency detention of individuals by permitting a law enforcement officer or other person authorized to take an individual into custody to transport the individual to a treatment facility *only if the local county department of community programs in the county in which the individual was taken into custody approves the individual's detention.*

In 2008, the number of emergency detention admissions in the state mental health institutes was 2821. In 2014, the number dropped to 2239, a 21% decrease.

The 2015-17 state biennial budget proposes significant changes to the emergency detention process. The budget specifies that a county human services department may not approve the detention of a person unless a physician who has completed a residency in psychiatry, a licensed psychologist, or a mental health professional has performed a crisis assessment on the individual and agrees for the need for detention. Counties have been told that an errata has been submitted on this issue.

The budget also provides \$1.5 million in one-time funding in FY 16 for DHS to distribute as grants to counties for mental health crisis services.

CURRENT STATUS: A number of questions remain with regard to why this provision is included in the budget and what the department is trying to accomplish with these changes. Additional detail is also needed with regard to the definition of “mental health professional” and what must be included in the crisis assessment .

REQUESTED ACTION: Remove from the budget the changes to the emergency detention process. If the department believes changes are necessary, direct the department to create a workgroup to include counties, advocates, consumers, public defenders, law enforcement and other interested parties to discuss potential statutory changes. Direct DHS to include the changes proposed by the workgroup in its 2017-19 state biennial budget proposal.

TALKING POINTS:

- It is unclear what current issue the proposed language is trying to resolve.
- Adding an additional layer to the emergency detention process is an unnecessary and costly endeavor.
- It is unclear what is required of counties and mental health professionals under the proposed language. For example, must the “crisis assessment” be done in person or, is telephonic approval sufficient? If the Department of Health Services wishes counties to proceed in a certain manner, the process / requirements should be laid out in the statutes for discussion and debate.
- The definition of “mental health professional” is unclear in the proposed statute.
- Certain parts of the state have a shortage of “mental health professionals” which could delay treatment for an individual in a mental health crisis.
- The current system has successfully reduced the number of emergency detentions across the state.
- Counties, advocates, and consumers were not consulted prior to the insertion of this provision in the state budget.

Funding Consolidation

The 2015-17 state biennial budget consolidates base funding for community mental health services by repealing several programs and funding allocations and transferring base funding from these programs to a funding allocation under the state’s community aids program, effective January 1, 2016.

CURRENT STATUS:

The Governor’s budget:

REQUESTED ACTION:

TALKING POINTS:

WCA Contact: Sarah Diedrick-Kasdorf, 608.663.7188