



AGENDA HEALTH AND HUMAN SERVICES BOARD

Wednesday, December 5, 2018

1:30 P.M.

Marinette County Health & Human Services Department

2500 Hall Ave, Marinette WI 54143

Basement Conference Room G

1. Call meeting to order.
2. Introduce New Staff, if any
3. Employee Recognition, if any
4. Approval of agenda and amendment
5. Approval/correction of minutes November 7, 2018, action if any.
6. Public Comment – Speaker will be limited to 5 minutes
7. Correspondence - Correspondence, if not specifically listed as a discuss/consider/action item, will be for information only.
8. Reports of outside agencies and others
9. Discuss/Consider approval of the Memorandum of Understanding between the Marinette County Veterans Service Office (CVSO), and Newcap (“Developer”). Subject to Corporation Counsel review, action if any.
10. Reports of internal staff
 - Veterans Service Officer report ~
 - HHSD Program report ~ Child and Family Manager, Quinn Hansen
 - Public Health Activity Report for November 2018
 - Communicable Disease Report
 - Director’s Report. Discussion only.
 - Organization Chart and current vacancies
 - Update on the Share Academy
11. Discuss/Consider Department’s Financial Report, action if any.
 - A. Review of Paid Invoices.
 - B. Discuss/consider Schedule of Appropriation Entries
 - C. Act on Uncollectible Accounts

- D. Act on Accounts to write off and turn over to the Finance Department for Collections
 - E. Update Status of accounts turned over for Collections
 - F. Update Status on High Cost Purchase of Service Accounts
 - G. Discuss/Consider Approval of New/Revised Contracts ~
 - i. Hopeful Haven – New in the amount of \$6,126.28, subject to Corporation Counsel review, action if any.
12. Discuss/consider recommend Administrative Committee approve designating 8 Accounting Clerk positions and the 1 Financial Manager position located at Health & Human Services, as Health & Human Services Department positions effective immediately, action if any.
 13. Discuss/Consider recommend County Board approve the Brown County Community Treatment Center (CTC) and Shelter Care Service Contract; subject to Corporation Counsel review, action if any.
 14. Discuss/Consider approval of the Northlakes Community Clinic Agreement for the Superior Smile Program; subject to Corporation Counsel review, action if any.
 15. Future agenda items
 16. Identify Next Meeting Date – Wednesday, January 9, 2018
 17. Adjournment

Attachments

- 2018/2019 Meeting Calendar

Addendum(s) when applicable

Mike Behnke
Paul Gustafson
Bob Hoyer

Tom Mailand
Jillian Schutte
Gail Wanek

VickieMarie Cloutier, MD
Brandon Jeske
Marilyn Lawson

In the event there is not a quorum present, information will be presented, but no action will be taken.

NOTE: AGENDA ITEMS MAY NOT BE CONSIDERED AND ACTED UPON IN THE ORDER LISTED

If you are an individual who needs a special accommodation while attending the meeting as required by the "Americans With Disabilities Act", please notify County Clerk Kathy Brandt, Marinette County Courthouse (715-732-7406) at least 24 hours prior to the meeting in order to make suitable arrangements. Thank you. (TDD 715-732-7760)

PUBLIC COMMENT PROCEDURE: Public Comment Procedure: Any person not a member of the Health & Human Services Board, desirous of addressing the Board on any subject, shall first obtain permission from the Health & Human Services Board Chair, Paul Gustafson. All such addresses shall be limited to five minutes unless otherwise extended by the Board Chairperson. Please contact Kathy Brandt, Marinette County Clerk (715) 732-7407 or Paul Gustafson, Chair of the Health & Human Services Board prior to the meeting to participate in the Public Comment.

Marinette County Code of Ordinances
Chapter 2 – COUNTY GOVERNMENT

Section 2.04 - COUNTY BOARD RULES OF PROCEDURES

(7)(k) Rules of Order. Any person not a member of the Board/Committee, desirous of addressing the Board/Committee under public comment on any subject, shall first obtain permission from the Board/Committee Chairperson. All such addresses shall be limited to 5 minutes unless otherwise extended by the Board/Committee Chairperson.

(10)(a) Suspending, Changing and Interpreting the Rules. These rules may be suspended by affirmative vote of two-thirds of the members present. The vote on any motion to suspend the rules shall be taken by roll call vote.



MINUTES HEALTH AND HUMAN SERVICES BOARD

Wednesday, November 7, 2018

1:30 P.M.

Marinette County Health & Human Services Department
2500 Hall Ave, Marinette WI 54143
Basement Conference Room G

Members Present: Mike Behnke, Paul Gustafson, Bob Hoyer, Brandon Jeske, Marilyn Lawson, Tom Mailand and Gail Wanek

Members Excused: VickieMarie Cloutier and Jillian Schutte

Others Present: Molly Bonjean, Candace Breault, Robin Elsner, Melissa Freeman, John Lefebvre, Dr. Guy Powers, Jean Sanborn, Glenn Sartorelli, Stacy Strasler and the Eagle Herald

1. **Call meeting to order.**
Meeting called to order by Chair Gustafson at 1:30 p.m.
2. **Introduce New Staff** ~ Brooke Pivatto – Mental Health Tech
Alina Steiner – Mental Health Case Manager
3. **Employee Recognition** ~ None
4. **Approval of agenda and amendment**
MOTION (LAWSON/HOYER) to approve agenda with amendment of updating dollar amounts of item #10. G. i. Advocates Contract to a decrease in the amount of \$45,123.68. New contract amount \$44,883.04; due to renegotiating a lower rate. Motion carried.
5. **Approval/correction of minutes**
MOTION (BEHNKE/MAILAND) to approve the minutes of the October 10, 2018 meeting. Motion carried.
6. **Public Comment** ~ None
7. **Correspondence** ~ None
8. **Reports of outside agencies and others** ~ None
9. **Reports of internal staff**
 - HHSD Program Report ~
 - Dr. Powers – Psych Congress Conference ~ overviewed two lectures of particular interest to our area. 1. Topic of marijuana use; medicinal vs. recreational and the ratio of THC to CBD content. 2. Topic regarding Opioids.

- Melissa Freeman – Adapt Clinic ~ Overviewed services, noted challenges, accomplishments, 2019 goals and State initiatives.
- Public Health Activity Report for October 2018
 - Communicable Disease Report ~ Overviewed
 - WI WINS Report – Exhibit A
- Director’s Report. Discussion only.
 - Organization Chart and current vacancies ~ Overviewed
- Update on Share Academy ~ Joint meeting with Advocates, HHSD Staff, and the Peshtigo School District. Advocates has submitted their application to the State and upon approval, plan to open December 1, 2018.

10. **Discuss/Consider Department’s Financial Report.**

- A. Review of Paid Invoices.
- B. Schedule of Appropriation Entries
Motion (BEHNKE/WANEK) to approve Schedule of Appropriation Entries as presented – total amount of \$50,800.00. Motion carried. Exhibit B
- C. Act on Uncollectible Accounts ~ MOTION (JESKE/BEHNKE) to approve the write off of the October 2018 Uncollectible Accounts in the amount of \$67,384.44. Motion carried.
- D. Act on Accounts to write off and turn over to the Finance Department for Collections. MOTION (JESKE/HOYER) to approve the write off and turn-over of the October 2018 Accounts to Write Off and Turn Over to the Finance Department for collections, in the amount of \$12,893.50. Motion carried.
- E. Update Status of accounts turned over for Collections. Reviewed HHSD Collections report. The total collections for the payment period of 10/01/18 – 10/31/18 are \$4,164.40.
Reviewed Account Summary Report prepared by Finance Systems of Green Bay, Inc. The total collections for the payment period of 10/01/18 – 10/31/18 are \$1,241.00 with \$941.96 being paid to HHSD after \$299.04 commission.
- F. Update Status on High Cost Purchase of Service Accounts
 - 1a. Lincoln Hills (#54559000-52320) – 1 placements in September. Unfavorable for the year by \$4,474.83
 - 1b. Copper Lake (#54559000-52320) – 1 placement in September. Unfavorable for the year by \$103,332.00
 - 2a. Child Care Institute Placements (#54558000-52320) - 1 placement in September at “Chileda”. Unfavorable for the year by \$564.78.

- 2b. Child Care Institute Placements (Central Wisconsin Center) (#54558000-52320). Unfavorable for the year by \$85,721.29.
- 2c. Child Care Institute Placements (Northwest Passage – Prairie View) Unfavorable for the year by \$3,978.00.
- 3a. Purchase of Services (Inpatient Services) (#54310000-52291) Unfavorable for the year by estimated \$8,340.41.
- 3b. Purchase of Services (Winnebago/Mendota Inpatient Services) (#54310000-52292). Favorable for the year by \$69,020.50.
- 4. Purchase of Services (Institute for Mental Disease) (#54310000-52291). Favorable for the year by \$0

G. Discuss/Consider Approval of New/Revised Contracts:

- i.* Motion (JESKE/BEHNKE) to approve Advocates for Healthy Living ~ Share Academy revised – decrease in the amount of \$45,123.68. New contract amount - \$44,883.04, subject to Corporation Counsel review.
- ii.* Motion (JESKE/BEHNKE) to approve Northwest Passage – New in the amount of \$27,843.64, subject to Corporation Counsel review.

- 11. Discussion of the Standard Lease Agreement with Advocates for Healthy Transitional Living for the Share Academy. Working with Corporation Counsel on the agreement. Requiring a \$10,000 security deposit from Advocates. Infrastructure Committee approved the agreement and it will go to County Board on Tuesday, November 13, 2018.
- 12. **Shad Brown Excavating & Snow Removal 2018-2019 snow season contract**
MOTION (HOYER/JESKE) to approve entering into contract with Shad Brown Excavating & Snow Removal for the 2018-2019 snow season, subject to Corporation Counsel review. Motion carried.
- 13. **Amendment to Services Agreement with Clarity Care Home Care**
MOTION (BEHNKE/MAILAND) for approval of the Amendment to Services Agreement with Clarity Care Home Care, subject to Corporation Counsel review. Motion carried.
- 14. **Elderly Services Agreement**
MOTION (LAWSON/JESKE) recommending County Board approve, one-year agreement with Elderly Services, subject to Corporation Counsel review. Motion carried.
- 15. **Door County Contract Addendum**
MOTION (BEHNKE/HOYER) for approval of the Door County Department of Human Services – Contract Addendum increase from \$27,000.00 to a maximum of \$30,100.00 in order to cover the costs of services at Crossroads Group Home during the calendar year 2018, subject to Corporation Counsel review. Motion carried.

16. **Future agenda items**
17. **Identify Next Meeting Date** - Wednesday, December 5, 2018
18. **Adjournment**
MOTION (HOYER/WANEK) to adjourn at 3:22 pm. Motion carried.

Bobbie Dolliver, Recorder

Date approved/corrected:

MEMORANDUM OF UNDERSTANDING-

THIS MEMORANDUM OF UNDERSTANDING (the “MOU”) is made this 22nd day of October, 2018 (the “Effective Date”), by and between the Marinette County Veterans Service Office (CVSO), and Newcap (“Developer”).

WITNESSETH

WHEREAS, the Developer is the developer of a proposed affordable apartment development, Trolley Station Terrace, located in Marinette, Wisconsin.

WHEREAS, the Developer is seeking financial support from the Wisconsin Housing and Economic Development Authority through the Section 42 Low Income Housing Tax Credit Program (LIHTC) to conduct substantial rehabilitation to the property.

WHEREAS, anticipating that the application will be well received by WHEDA, and hopeful that it will receive funding that will allow rehabilitation of the community, the Developer wishes to proactively establish an area referral network that includes the Marinette County Veterans Service Office.

WHEREAS, the Marinette County Veterans Service Office is an organization which assists eligible veterans and their dependents in applying for state and federal veterans benefits, and whose mission is to serve all veterans and their families, with dignity and compassion, by providing assistance in the preparation and submission of claims for benefits to which they may be entitled, and to serve as their principal advocate and link to services on veterans' related issues.

WHEREAS, the intent of this Memorandum is to confirm our mutual desire and commitment to initiate a collaborative relationship to ensure eligible veterans are aware of the availability of affordable housing units in this development, and establish communication to connect future low income residents with appropriate services and service providers.

NOW THEREFORE, Developer and the County Veterans Service Office agree:

- 1) The proposed project intends to provide 11 “supportive housing units” at very affordable rents. The target population for the supportive housing units is veterans and the general population who have permanent developmental, physical, sensory, medical or mental health disabilities or a combination of impairments that make them eligible for long term care services.
- 2) Should the proposed project be rehabilitated, Developer and/or its property management agent will, whenever there is a vacant unit, contact your office and other area local partners asking for referrals of prospective residents who are low income and are veterans. This contact will be made by the Developer or their onsite management agent staff via email or phone.
- 3) The Developer’s property management agent will establish a waiting list of prospective residents based on referrals described above.

- 4) The Developer and its property management agent will endeavor to make existing and prospective residents aware of services and resources available by provision of a tenant resource area within the common area of the proposed development. The tenant resource area will consist of contact information for the CVSO well as materials and brochures of the County Aging and Disability Resource Center (ADRC), and other area collaborative partners. New residents will also receive a copy of the CVSO and ADRC brochure directly from the property manager at the time of lease signing. Our onsite management agent staff will be coached regarding “who and how” with regards to the CVSO and the ADRC to help connect residents to appropriate service networks.
- 5) The proposed project will not directly provide long term services, nor charge fees related to long term services to residents, but will rather refer residents to the CVSO, the ADRC, and other area local partners in order to assist residents to locate the services and funding appropriate to their individual need.
- 6) Residents will not be required to receive any services in order to reside in the development. Residents that desire to receive services will have choice in service provider(s).
- 7) The CVSO acknowledges awareness of this proposed project, and a willingness to provide the Developer and their agents with brochures and other materials in order for Developer to make residents aware of services offered by the CVSO. The CVSO also will include the subject project on a list of housing options for low income veterans seeking housing.

Administrative Provisions

Duration

This MOU is subject to the project receiving an award of LIHTC, with operations expected to commence on January 1, 2021. The initial period shall be 12 months from commencement of leasing operations. Either party may terminate this agreement with 30 days’ notice at the end of the initial period.

Amendments

This MOU may be amended when such an amendment is agreed to in writing by all signatories. The amendment will be effective on the date it is signed by all parties.

Confidentiality

It is agreed that by virtue of entering into this MOU they will have access to certain confidential information regarding the other party's operations related to this project. It is further agreed that the parties will not at any time disclose confidential information and/or material without the consent of that party unless

such disclosure is authorized by this MOU or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this MOU. Where appropriate, client releases will be secured before confidential client information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

Nondiscrimination

There shall be no discrimination of any person or group of persons due to of race, color, creed, religion, sex, marital status, sexual orientation, age, handicap, ancestry, or national origin in the operation of the project.

Signatories:

Marinette County Veterans Service Office

Newcap

By: _____

By: _____

Date: _____

Date: _____

Name:

Name:

Title:

Title:

By: _____

Date: _____

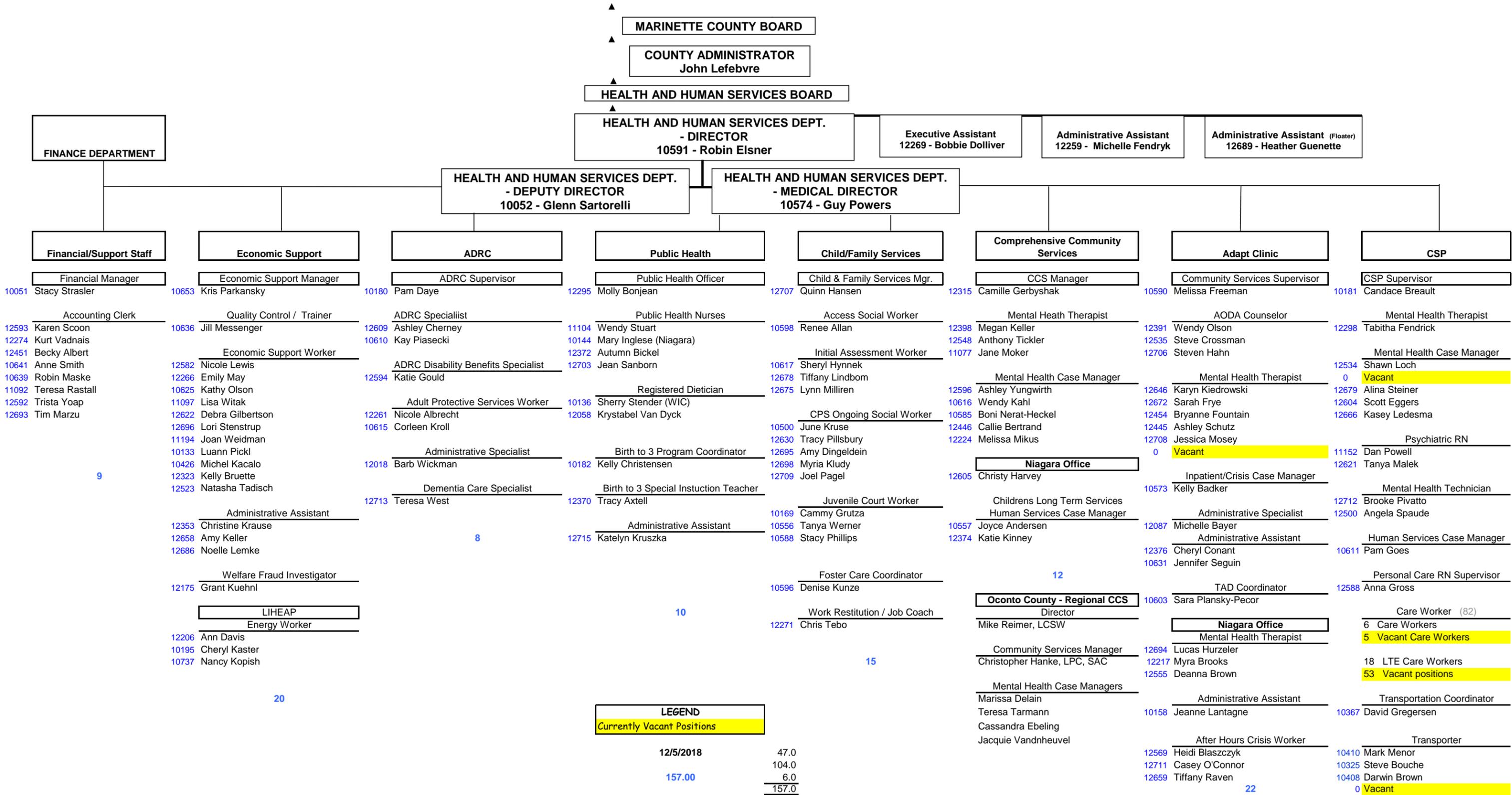
Name:

Title: County Clerk

**Marinette County Health and Human Services Department
2018 Public Health Communicable Disease Report**

Reportable Disease Investigations	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
Anaplasmosis					1	4	6	1	4	2	1		19
Babesiosis									3	1			4
Blastomycosis													0
Campylobacteriosis		4	1			3	3	2	1	1	1		16
<i>Chlamydia Trachomatis Infection</i>	6	5	9	9	14	8	4	9	8	19	14		105
<i>Cryptococcus Infection</i>								1					1
<i>Coccidioidomycosis</i>			1										1
<i>Cryptosporidiosis</i>	1	1	1	1			1	2		1			8
Ehrlichiosis/anaplasmosis, undetermined	1					1	2	1					5
EHRlichiosis, E. chaffeensis	2			1		2	2			2			9
E-COLI, ENTEROPATHOGENIC (EPEC)		2		1	1		1		5	1	2		13
E-COLI, ENTEROTOXIGENIC (ETEC)		1											1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	2							1					3
Giardiasis	1	1		1			1	2	1		2		9
Gonorrhea	1		1	1		3	3			2			11
Hepatitis A			1	2									3
Hepatitis B, Chronic										2			2
Hepatitis B, Unspecified		1								1	2		4
Hepatitis B, Acute			1			1							2
Hepatitis C							1						1
Hepatitis C, Chronic	5	1	2	4	2		2	3	3	2	6		30
Haemophilus Influenzae, Invasive		1		1	1								3
Histoplasmosis						1					1		2
Influenza - Hospitalization	10	12	4	5									31
Measles, Rubeola						1					1		2
Mumps		1			1		1	1					4
Mycobacterial Disease (non-tuberculosis)		1	1	1	1		1	2		2	1		10
Legionellosis	1		1				1		3				6
<i>Pertussis (Whooping Cough)</i>				2					1	1			4
<i>Rocky Mountain Spotted Fever</i>				1						1			2
Salmonellosis					3		2	4	1				10
Shigellosis			2										2
Syphilis Reactor			1	1			1						3
Syphilis, Secondary								1					1
Lyme Disease	8		5	1	2	11	28	23	9	8	5		100
Lyme, Laboratory Report			3	2	1	3	10	4	1	2	2		28
Streptococcal Disease, Invasive, Group A	1						1						2
Streptococcal Disease, Invasive, Group B	2	1	2		2	2		1	1	1	1		13
Streptococcal Infection, Other Invasive								1			2		3
Streptococcus Pneumoniae, Invasive			1	1		1	1	1		13	2		20
West Nile virus (positive)							1						1
Meningitis, Bacterial Other													0
Varicella (Chickenpox)			3		5	6	2			3	4		23
Tuberculosis, Latent Infection (LTBI)		2			1		2		1	1	3		10
Toxoplasmosis											1		1
Typhus Fever				1									1
Animal Bites Reported	13	7	9	4	17	14	16	14	14	10	7		125
Environmental Hazard Complaints	2	3	5	3	0	1	4	5	2	2	3		30
WIC Clients Served - Average	572	558	583	550	543	539	550	550	557	533	531		551.455
Birth to 3 Clients Served - Average				50	54	59	58	59	58	55	54		55.88
Fluoride Treatments	0	0	0	2	1	0	0	0	6	5	10		24
Clients	37	28	31	65	128	9	34	46	79	1989	50		2496
Vaccines Given	75	49	55	82	152	13	60	91	125	2073	70		2845
Flu Shots (Adult) (19 AND OVER)	4	3	0	0	0	0	0	0	38	287	12		344

MARINETTE COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT ORGANIZATIONAL CHART



LEGEND
Currently Vacant Positions

12/5/2018	47.0
	104.0
157.00	6.0
	<u>157.0</u>

**SCHEDULE OF MONTHLY PAID INVOICES - VETERANS OFFICE
FOR NOVEMBER, 2018**

<u>VENDOR</u>	<u>VENDOR NAME</u>	<u>ORG</u>	<u>ACCOUNT DESC</u>	<u>CH DATE</u>	<u>CHECK NO</u>	<u>INVOICE</u>	<u>INVOICE DATE</u>	<u>FULL DESC</u>	<u>AMOUNT</u>	<u>VENDOR TOTAL</u>
2809	CENTURYLINK	54720000	TELEPHONE	111418	19229	85447735 2018 K	10/31/2018	ACCT 85447735	12.22	
CENTURYLINK TOTAL										12.22
4893	CENTURYLINK	54720000	TELEPHONE	112818	19384	301525991 2018 K	11/17/2018	ACCT 301525991	24.25	
CENTURYLINK TOTAL										24.25
96	UNITED MAILING SERVI	54720000	POSTAGE	111418	19199	163351	11/08/2018	CUSTOMER ID MARINET001	53.81	
UNITED MAILING SERVI TOTAL										53.81
GRAND TOTAL									90.28	90.28

**SCHEDULE OF MONTHLY PAID INVOICES - HEALTH & HUMAN SERVICES
FOR NOVEMBER, 2018**

<u>VENDOR</u>	<u>VENDOR NAME</u>	<u>ORG</u>	<u>ACCOUNT DESC</u>	<u>CH DATE</u>	<u>CH NO</u>	<u>INVOICE</u>	<u>INVOICE DATE</u>	<u>FULL DESC</u>	<u>AMOUNT</u>	<u>VENDOR TOTAL</u>
2931	AGEUCATE, LLC	54511000	SUPPLIES & EXPENSE			0	51769	11/14/2018	Dementia Live On-Site coach trng 12/18 TW	1,210.15
	AGEUCATE, LLC TOTAL									\$ 1,210.15
1172	ALLIANCE OF INFORMAT	54510000	DUES/REGISTRATION & TUITION			0	51767	11/14/2018	AIRS membership renewal	305.00
	ALLIANCE OF INFORMAT TOTAL									\$ 305.00
2569	ALZHEIMERS ASSOCIATI	54511000	DUES/REGISTRATION & TUITION			0	51179	10/31/2018	Reg. TW Caregiver conference 11/8/18	50.00
	ALZHEIMERS ASSOCIATI TOTAL									\$ 50.00
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	51252	10/31/2018	DR-112.55-Veg Capsules	18.88
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	51843	11/14/2018	SP-112.55-3 cases pedia-sure	110.97
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	51845	11/14/2018	DP-112.55-Twiddle sport therapy aid	50.00
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	51846	11/14/2018	DP-112.55-Bubble tube floor lamp	103.99
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	51847	11/14/2018	SD-112.55-Ipad mini & case	362.87
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	51848	11/14/2018	JB-112.55-ipad mini 4	340.00
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	51849	11/14/2018	DP-112.55-Ocean wave nite light	29.99
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	51850	11/14/2018	ZA-112.55-3 mos supply incontinence supplies (non-	67.35
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	51851	11/14/2018	JB-112.55-ipad case	12.99
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	51852	11/14/2018	ZA-112.55-compression shirt	22.99
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	52007	11/21/2018	DP-112.55-return of bubble tube floor lamp	-103.99
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	52009	11/21/2018	TB-112.55-3 cases ensure	103.77
8886	AMAZON - PCARD VENDO	54319000	DIVERSIONARY SERVICES			0	52010	11/21/2018	CP-112.47-i-pad mini 4 and case	340.88
8886	AMAZON - PCARD VENDO	54510000	SUPPLIES & EXPENSE			0	51965	11/21/2018	My Two Elaines book	7.76
8886	AMAZON - PCARD VENDO	54510000	SUPPLIES & EXPENSE			0	51966	11/21/2018	2nd copy - My Two Elaines	8.71
8886	AMAZON - PCARD VENDO	54510000	SUPPLIES & EXPENSE			0	51967	11/21/2018	Misc books & materials/Dementia library	295.56
8886	AMAZON - PCARD VENDO	54510000	SUPPLIES & EXPENSE			0	51968	11/21/2018	3rd copy - My Two Elaines	7.97
8886	AMAZON - PCARD VENDO	54510000	EQUIP & MATERIALS ACQUISITION			0	51965	11/21/2018	My Two Elaines book	0.22
8886	AMAZON - PCARD VENDO	54553000	DIVERSIONARY SERVICES			0	51844	11/14/2018	AD-112.52-kids footwear Pt recommended	45.00
8886	AMAZON - PCARD VENDO	54557000	EQUIP & MATERIALS ACQUISITION			0	51974	11/21/2018	6 kitchen chairs - SHARE Academy	258.36
8886	AMAZON - PCARD VENDO	54557000	EQUIP & MATERIALS ACQUISITION			0	51975	11/21/2018	3 bath rugs - SHARE Academy	29.97
	AMAZON - PCARD VENDO TOTAL									\$ 2,114.24
3338	ANDERSON, STEPHEN	54311000	PURCHASE OF SERVICE	110718	19062	Oct001'18		10/30/2018	1 hr MAPP work 10/30/18	10.00
	ANDERSON, STEPHEN TOTAL									\$ 10.00
1226	ANGELSENSE	54319000	DIVERSIONARY SERVICES			0	51853	11/14/2018	FP-112.46-3 mos monitor subscription-Sept-Nov	119.97
1226	ANGELSENSE	54319000	DIVERSIONARY SERVICES			0	51854	11/14/2018	MC-112.46-Nov monitor subscription	39.99
1226	ANGELSENSE	54319000	DIVERSIONARY SERVICES			0	51855	11/14/2018	GP-112.46-Nov monitor subscription	39.99
1226	ANGELSENSE	54319000	DIVERSIONARY SERVICES			0	51856	11/14/2018	XD-112.46-Nov monitor subscription	39.99
	ANGELSENSE TOTAL									\$ 239.94
2227	ANTHEM BLUE CROSS	54310000	MEDICAID HMO-HS	110718	19045	11-01		10/19/2018	SS-refund due to overpymt on acct	125.34
	ANTHEM BLUE CROSS TOTAL									\$ 125.34
1834	AUTOMATED MERCH	54110000	PURCHASE OF SERVICE	DD119	19287	10/01/18-10/31/18 07		11/20/2018	CREDIT CARD FEES OCTOBER 2018	17.85
1834	AUTOMATED MERCH	54310000	PURCHASE OF SERVICE	DD119	19289	10/01/18-10/31/18 84		11/20/2018	CREDIT CARD FEES OCTOBER 2018	115.58
1834	AUTOMATED MERCH	54502000	PURCHASE OF SERVICE	DD119	19288	10/01/18-10/31/18 97		11/20/2018	CREDIT CARD FEES OCTOBER 2018	25.52
	AUTOMATED MERCH TOTAL									\$ 158.95
1092	BADGER OFFICE CITY	54503000	OFFICE SUPPLIES			0	51202	10/31/2018	misc calendars, planners, & appt books	289.80
1092	BADGER OFFICE CITY	54505000	OFFICE SUPPLIES			0	51202	10/31/2018	misc calendars, planners, & appt books	655.38
1092	BADGER OFFICE CITY	54565000	OFFICE SUPPLIES			0	51202	10/31/2018	misc calendars, planners, & appt books	30.00
	BADGER OFFICE CITY TOTAL									\$ 975.18
2288	BAILEY, MARION I	54336000	PURCHASE OF SERVICE	112118	19321	MCHHS18#1		11/12/2018	SC-2.5 hrs interpretor service- 6/12 & 7/25	62.50
	BAILEY, MARION I TOTAL									\$ 62.50
2216	BAXTER, KRISTEN	54311000	PURCHASE OF SERVICE	110718	19044	Nov002'18		11/02/2018	1 hr MAPP work 11/1/18	10.00
	BAXTER, KRISTEN TOTAL									\$ 10.00
1109	BEAR-GRAPHICS	54503000	OFFICE SUPPLIES	110718	19007	0808321		10/22/2018	2019 wall calendars CU #00-607725	61.99
1109	BEAR-GRAPHICS	54505000	OFFICE SUPPLIES	110718	19007	0808321		10/22/2018	2019 wall calendars CU #00-607725	51.49
1109	BEAR-GRAPHICS	54565000	OFFICE SUPPLIES	110718	19007	0808321		10/22/2018	2019 wall calendars CU #00-607725	16.49
	BEAR-GRAPHICS TOTAL									\$ 129.97
2975	BERTRAND, ROBERT L	54311000	PURCHASE OF SERVICE	110718	19061	Oct003'18		10/31/2018	1 hr MAPP work 10/31/18	10.00
	BERTRAND, ROBERT L TOTAL									\$ 10.00
2505	BEST WESTERN HOTELS	54511000	MEALS AND LODGING			0	51768	11/14/2018	Lodging-TW-11/8/18	80.99
	BEST WESTERN HOTELS TOTAL									\$ 80.99
1850	BLAISDELL, NINA	54553000	SALARIES-PER DIEM	112118	19319	11-11		11/13/2018	per diem Ccop comm mtg 11/13/18	35.00
	BLAISDELL, NINA TOTAL									\$ 35.00
2894	BRAULT, YVONNE A	54510000	SALARIES-PER DIEM	110718	19055	10-4A		10/30/2018	per diem + 24 miles ADRC govng brd mtg 10/30/18	35.00
2894	BRAULT, YVONNE A	54510000	OTHER TRAVEL EXPENSE	110718	19055	10-4A		10/30/2018	per diem + 24 miles ADRC govng brd mtg 10/30/18	13.08

	BRAULT, YVONNE A TOTAL								\$	48.08
740	BROWN COUNTY COMM	54310000	PURCHASE OF SERVICE	112118	19313	1018	11/10/2018	DR-8/9-15/18 MA copy CL#48247	18.00	
	BROWN COUNTY COMM TOTAL								\$	18.00
90411	BUNISH, MARION JR	54311000	PURCHASE OF SERVICE	111418	19251	Nov004'18	11/13/2018	1 hr MAPP work 11/13/18	10.00	
	BUNISH, MARION JR TOTAL								\$	10.00
762	CELLCOM	54110000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	12.24	
762	CELLCOM	54140000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	12.24	
762	CELLCOM	54145000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	156.14	
762	CELLCOM	54311000	SUPPLIES & EXPENSE		0	51551	11/07/2018	October cell phone charges	65.52	
762	CELLCOM	54317000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	73.75	
762	CELLCOM	54326000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	39.72	
762	CELLCOM	54390000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	2.46	
762	CELLCOM	54502000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	471.27	
762	CELLCOM	54503000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	27.28	
762	CELLCOM	54510000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	12.41	
762	CELLCOM	54554000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	28.04	
762	CELLCOM	55119000	TELEPHONE		0	51551	11/07/2018	October cell phone charges	103.17	
	CELLCOM TOTAL								\$	1,004.24
4179	CELLCOM WISCONSIN RS	54319000	DIVERSIONARY SERVICES	111418	19244	691519	09/27/2018	DM-112.47-Oct phone charge	55.05	
4179	CELLCOM WISCONSIN RS	54319000	DIVERSIONARY SERVICES	111418	19244	824477	10/27/2018	DM-112.47-Nov cell phone charge	55.21	
	CELLCOM WISCONSIN RS TOTAL								\$	110.26
2809	CENTURYLINK	54140000	TELEPHONE	111418	19229	85447735 2018 K	10/31/2018	ACCT 85447735	6.36	
2809	CENTURYLINK	54505000	TELEPHONE	111418	19229	85447735 2018 K	10/31/2018	ACCT 85447735	322.87	
	CENTURYLINK TOTAL								\$	329.23
4893	CENTURYLINK	54505000	TELEPHONE	112818	19384	301525991 2018 K	11/17/2018	ACCT 301525991	933.81	
	CENTURYLINK TOTAL								\$	933.81
2235	CHANGE COMPANIES TH	54310000	EDUCATIONAL SUPPLIES		0	51555	11/07/2018	Misc journals-Life Mngemt & feelings	249.94	
	CHANGE COMPANIES TH TOTAL								\$	249.94
1965	CLEARCARE, INC.	54312000	SOFTWARE		0	51216	10/31/2018	October homecare clients	450.00	
	CLEARCARE, INC. TOTAL								\$	450.00
2635	CLOOTS & SWANSON WHO	54505000	EQUIP & MATERIALS ACQUISITION		0	51552	11/07/2018	Misc paper products for Niagara office	153.20	
	CLOOTS & SWANSON WHO TOTAL								\$	153.20
2231	COMMUNITY RESOURCE	54390000	PURCHASE OF SERVICE	110718	19046	0918-1	11/02/2018	60.5 hrs September CCS services	1,718.44	
2231	COMMUNITY RESOURCE	54760000	PURCHASE OF SERVICE	110718	19046	0918-2	10/17/2018	429.25 hrs + 3834 miles - Sept Parent Aide service	10,430.74	
	COMMUNITY RESOURCE TOTAL								\$	12,149.18
1349	DREES ELECTRIC	54505000	EQUIP & MATERIALS ACQUISITION		0	51500	11/07/2018	GE Refrigerator	508.95	
	DREES ELECTRIC TOTAL								\$	508.95
5254	EAGLE-HERALD PUBLISH	54110000	EQUIP & MATERIALS ACQUISITION		0	51991	11/21/2018	yrly subscription renewal	204.00	
5254	EAGLE-HERALD PUBLISH	54510000	EQUIP & MATERIALS ACQUISITION		0	51770	11/14/2018	Oct ADRC ads	216.00	
	EAGLE-HERALD PUBLISH TOTAL								\$	420.00
80473	ENDERBY, KRISTOPHER	54311000	PURCHASE OF SERVICE	111418	19249	Nov005'18	11/07/2018	1 hr MAPP work 11/07/18	10.00	
	ENDERBY, KRISTOPHER TOTAL								\$	10.00
2390	FAIRFIELD INN	54502000	MEALS AND LODGING		0	51805	11/14/2018	Lodging-TP-11/5 & 6/18	164.00	
	FAIRFIELD INN TOTAL								\$	164.00
1159	FEDEX 431256706	54110000	DISEASE PREVENTION		0	51822	11/14/2018	mailing of rabies specimen	36.46	
	FEDEX 431256706 TOTAL								\$	36.46
2355	GLAXOSMITHKLINE PHAR	54110000	VACCINE		0	51201	10/31/2018	fluarix	5,128.40	
2355	GLAXOSMITHKLINE PHAR	54110000	VACCINE		0	51988	11/21/2018	Shingrix Vac	1,386.00	
	GLAXOSMITHKLINE PHAR TOTAL								\$	6,514.40
258	GOODWILL INDUSTRIES	54311000	CARE - ADULTS	110718	19000	6526	10/31/2018	445 hrs prevoc services = Oct	2,670.00	
	GOODWILL INDUSTRIES TOTAL								\$	2,670.00
159	GREGG, PENNY LYNN	54336000	PURCHASE OF SERVICE	110718	19019	1038-1	11/03/2018	SB-2 hrs + 26 miles Oct therapy	179.17	
159	GREGG, PENNY LYNN	54336000	PURCHASE OF SERVICE	110718	19019	1038-2	11/03/2018	CJG- 3.5 hrs + 48 miles Oct therapy	314.91	
159	GREGG, PENNY LYNN	54336000	PURCHASE OF SERVICE	110718	19019	1038-3	11/03/2018	CH-1.5 hrs + 31 miles - Oct therapy	140.65	
159	GREGG, PENNY LYNN	54336000	PURCHASE OF SERVICE	110718	19019	1038-4	11/03/2018	TN-1.75 hrs + 46 miles - Oct therapy	169.45	
159	GREGG, PENNY LYNN	54336000	PURCHASE OF SERVICE	110718	19019	1038-5	11/03/2018	GP-5 hrs + 48 miles - Oct therapy	438.66	
	GREGG, PENNY LYNN TOTAL								\$	1,242.84
1926	GROLEAU, EUGENE	54311000	PURCHASE OF SERVICE	111418	19224	Nov021'18	11/13/2018	1 hr MAPP work 11/5/18	10.00	
	GROLEAU, EUGENE TOTAL								\$	10.00
2582	GT MOBILITY	54319000	DIVERSIONARY SERVICES		0	51553	11/07/2018	RH-112.95-service maintenance	39.95	
	GT MOBILITY TOTAL								\$	39.95
2932	HANSEN, BRITTANY	54310000	PRIVATE INSURANCE-HS	112118	19331	11-13	11/13/2018	Client refund on account	240.00	
	HANSEN, BRITTANY TOTAL								\$	240.00
94027	HEURION, SUSAN J	54510000	SALARIES-PER DIEM	110718	19082	10-6A	10/30/2018	per diem + 7 miles ADRC govng brd mtg 10/30/18	35.00	
94027	HEURION, SUSAN J	54510000	OTHER TRAVEL EXPENSE	110718	19082	10-6A	10/30/2018	per diem + 7 miles ADRC govng brd mtg 10/30/18	3.81	

	HEURION, SUSAN J TOTAL								\$	38.81
1066	HOLDAWAY, GENEVIEVE	54311000	PURCHASE OF SERVICE	110718	19035	Nov022'18	11/06/2018	1 hr MAPP work 11/6/18	10.00	
	HOLDAWAY, GENEVIEVE TOTAL								\$	10.00
1901	HOLIDAY INNS	54502000	MEALS AND LODGING		0	51206	10/31/2018	Lodging-TL 10/24-26/18	164.00	
	HOLIDAY INNS TOTAL								\$	164.00
80182	HUMANA HEALTH CARE P	54317000	PRIVATE INSURANCE-HS	112818	19391	11-18	11/19/2018	refund due to overpayment	182.87	
	HUMANA HEALTH CARE P TOTAL								\$	182.87
114	JEFF SKORIK INVESTIG	54502000	PURCHASE OF SERVICE	111418	19201	KLH	09/24/2018	KLH-serve tpr papers case #18-TP-000007	175.00	
	JEFF SKORIK INVESTIG TOTAL								\$	175.00
80517	JESKE, BRANDON	54501000	SALARIES-PER DIEM	111418	19250	11-2	11/07/2018	per diem & mileage - H&HSD comm mtg 11/7/18	35.00	
80517	JESKE, BRANDON	54501000	OTHER TRAVEL EXPENSE	111418	19250	11-2	11/07/2018	per diem & mileage - H&HSD comm mtg 11/7/18	38.15	
	JESKE, BRANDON TOTAL								\$	73.15
46	JOHNSON SEWER CLEANI	54505000	PURCHASE OF SERVICE	111418	19191	1102	11/02/2018	Cleaning of sink drain 10/31/18	150.00	
	JOHNSON SEWER CLEANI TOTAL								\$	150.00
2413	JONES, HALEY	54553000	DIVERSIONARY SERVICES	110718	19047	10233018	11/01/2018	GCLAK-101-14 hrs sibling ccop child care 10/23-30	210.00	
2413	JONES, HALEY	54553000	DIVERSIONARY SERVICES	112118	19322	11011318	11/14/2018	GCLAK-20 hrs sibling CCOP child care	300.00	
	JONES, HALEY TOTAL								\$	510.00
2175	KING, BRIDGET	54311000	PURCHASE OF SERVICE	112818	19376	Nov010'18	11/26/2018	1 hr MAPP work 11/26/18	10.00	
2175	KING, BRIDGET	54311000	PURCHASE OF SERVICE	110718	19042	Oct010'18	10/23/2018	3/4 hr MAPP work 10/23/18	7.50	
	KING, BRIDGET TOTAL								\$	17.50
2747	KNEPEL, MARIA	54336000	PURCHASE OF SERVICE	112118	19325	1018-1	11/16/2018	AC-October therapy	473.35	
2747	KNEPEL, MARIA	54336000	PURCHASE OF SERVICE	112118	19325	1018-2	11/16/2018	JW - October therapy	347.70	
	KNEPEL, MARIA TOTAL								\$	821.05
651	KRIST OIL 5*	54502000	OTHER TRAVEL EXPENSE		0	51205	10/31/2018	25-\$10 gas cards - Child Welfare travel incentives	250.00	
	KRIST OIL 5* TOTAL								\$	250.00
967	LAMP RECYCLERS INC	54110000	DISEASE PREVENTION		0	51989	11/21/2018	Biohazard waste pick up	196.35	
	LAMP RECYCLERS INC TOTAL								\$	196.35
90495	LANGER, DENNIS P	54311000	PURCHASE OF SERVICE	112118	19346	Nov008'18	11/14/2018	1/2 hr shredding 11/14/18	5.00	
90495	LANGER, DENNIS P	54311000	PURCHASE OF SERVICE	110718	19080	Oct008'18	10/31/2018	1/12 hr MAPP work 10/31/18	5.00	
	LANGER, DENNIS P TOTAL								\$	10.00
2919	LANGUAGE LINE SERVIC	54110000	PURCHASE OF SERVICE	111418	19234	4430783	10/31/2018	Oct interpreter service	6.48	
2919	LANGUAGE LINE SERVIC	54503000	PURCHASE OF SERVICE	111418	19234	4430783	10/31/2018	Oct interpreter service	342.72	
	LANGUAGE LINE SERVIC TOTAL								\$	349.20
3330	LAWSON, MARILYN R	54501000	SALARIES-PER DIEM	111418	19238	11-1	11/07/2018	per diem H&HSD comm mtg 11/7/18	35.00	
	LAWSON, MARILYN R TOTAL								\$	35.00
1848	LE CLAIR, STANLEY	54311000	PURCHASE OF SERVICE	112118	19318	Nov020'18	11/15/2018	1/2 hr MAPP work 11/15/18	5.00	
	LE CLAIR, STANLEY TOTAL								\$	5.00
1305	LINDT, LINDA	54311000	PURCHASE OF SERVICE	112818	19368	Nov009'18	11/20/2018	1 hr MAPP work 11/20/18	10.00	
	LINDT, LINDA TOTAL								\$	10.00
90388	MARGIS, MARY	54510000	SALARIES-PER DIEM	110718	19079	10-3A	10/30/2018	per diem ADRC govng brd mtg 10/30/18	35.00	
	MARGIS, MARY TOTAL								\$	35.00
1813	MARINETTE CO GRP HOM	54311000	CARE - ADULTS	110718	19009	Oct'18-01	11/05/2018	KE - 31 days October	3,126.66	
1813	MARINETTE CO GRP HOM	54311000	CARE - ADULTS	110718	19009	Oct'18-02	11/05/2018	LG-31 days October	3,126.66	
1813	MARINETTE CO GRP HOM	54311000	CARE - ADULTS	110718	19009	Oct'18-03	11/05/2018	MW-31 days October	3,126.66	
1813	MARINETTE CO GRP HOM	54311000	CARE - ADULTS	110718	19009	Oct'18-04	11/05/2018	TW-31 days October	3,126.66	
	MARINETTE CO GRP HOM TOTAL								\$	12,506.64
1391	MASKE, SANDY	54311000	PURCHASE OF SERVICE	111418	19219	Nov011'18	11/12/2018	1/2 hr MAPP work 11/12/18	5.00	
	MASKE, SANDY TOTAL								\$	5.00
731	MATRIXTELECOM	54543000	TELEPHONE		0	51203	10/31/2018	October phone service=Niagara	22.97	
	MATRIXTELECOM TOTAL								\$	22.97
3505	MIDAMERICA ADMIN & R	54317000	HEALTH AND DENTAL INSURANCE	112818	19362	11/27/18 HRA DEPOSIT	11/27/2018	HRA DEPOSIT - PLAN ID MARINETTEGS (ACTIVE)	25.00	
3505	MIDAMERICA ADMIN & R	54502000	HEALTH AND DENTAL INSURANCE	112818	19362	11/27/18 HRA DEPOSIT	11/27/2018	HRA DEPOSIT - PLAN ID MARINETTEGS (ACTIVE)	50.00	
	MIDAMERICA ADMIN & R TOTAL								\$	75.00
1385	MILBACH, RICHARD	54311000	PURCHASE OF SERVICE	112818	19370	Nov012'18	11/21/2018	1/2 hr MAPP work 11/21/18	5.00	
	MILBACH, RICHARD TOTAL								\$	5.00
693	NATIONAL PEN CO LLC	54510000	EQUIP & MATERIALS ACQUISITION		0	51766	11/14/2018	Magnetic calendars - ADRC marketing materials	288.96	
	NATIONAL PEN CO LLC TOTAL								\$	288.96
2908	NBF*NATL BIZ FURNITU	54505000	FURNITURE AND FIXTURES		0	51200	10/31/2018	office chair-Dr Powers-Niagara	316.00	
	NBF*NATL BIZ FURNITU TOTAL								\$	316.00
2797	NIAGARA FOODS LLC	54505000	EQUIP & MATERIALS ACQUISITION	112118	19326	101418	10/14/2018	trash bags Niagara office 10/14/18	2.73	
2797	NIAGARA FOODS LLC	54505000	EQUIP & MATERIALS ACQUISITION	112118	19326	101718	10/17/2018	misc garbage bags Niagara office	4.98	
2797	NIAGARA FOODS LLC	54505000	EQUIP & MATERIALS ACQUISITION	112118	19326	102018	10/20/2018	cleaning supplies - Niagara office	5.85	
2797	NIAGARA FOODS LLC	54505000	EQUIP & MATERIALS ACQUISITION	112118	19326	102318	09/16/2018	Misc trash bags - Niagara office 9/16/18	7.31	
2797	NIAGARA FOODS LLC	54505000	EQUIP & MATERIALS ACQUISITION	112118	19326	110318	11/03/2018	garbage bags Niagara office	4.98	
	NIAGARA FOODS LLC TOTAL								\$	25.85

2937	NORTHERN SPEECH SERV	54319000	DIVERSIONARY SERVICES	0	52008		11/21/2018	CP-112.47-Kaufman Treatment Kit	310.04
	NORTHERN SPEECH SERV TOTAL								
									\$ 310.04
624	NSIGHT TELSOURCES	54543000	TELEPHONE	0	51800		11/14/2018	Nov phone service-Niagara #4769	76.20
624	NSIGHT TELSOURCES	54543000	TELEPHONE	0	51801		11/14/2018	Nov phone service-Niagara #4555	225.29
624	NSIGHT TELSOURCES	54543000	TELEPHONE	0	51802		11/14/2018	Nov phone service-Niagara #1754	38.53
	NSIGHT TELSOURCES TOTAL								
									\$ 340.02
1672	NWA PUBLICATIONS	54140000	SUPPLIES & EXPENSE	0	51226		10/31/2018	Wall calendars	873.72
	NWA PUBLICATIONS TOTAL								
									\$ 873.72
2790	OHARA, ROSE MARY C	54510000	SALARIES-PER DIEM	110718	19053	10-1A	10/30/2018	per diem ADRC govng brd mtg 10/30/18	35.00
	OHARA, ROSE MARY C TOTAL								
									\$ 35.00
8887	PAYPAL - PCARD ONLY	54140000	DUES/REGISTRATION & TUITION	0	51992		11/21/2018	WI WIC Assoc membership	50.00
8887	PAYPAL - PCARD ONLY	54319000	DIVERSIONARY SERVICES	0	52012		11/21/2018	CP-112.47-Gab n Go device	120.95
	PAYPAL - PCARD ONLY TOTAL								
									\$ 170.95
8888	P-CARD ONE TIME PAY	54319000	DIVERSIONARY SERVICES	0	52011		11/21/2018	CP-112.47-Core Word Poster	39.91
8888	P-CARD ONE TIME PAY	54507000	MEALS AND LODGING	0	51178		10/31/2018	Lodging-PD 10/27/18	76.49
8888	P-CARD ONE TIME PAY	54543000	SUPPLIES & EXPENSE	0	51601		11/07/2018	PM-CST client incentive	16.77
	P-CARD ONE TIME PAY TOTAL								
									\$ 133.17
1820	PHILLIPS, DON E	54510000	SALARIES-PER DIEM	110718	19038	10-2A	10/30/2018	per diem ADRC govng brd mtg 10/30/18	35.00
	PHILLIPS, DON E TOTAL								
									\$ 35.00
3445	PLOSCZYNSKI, MICHAEL	54311000	PURCHASE OF SERVICE	110718	19063	Nov015'18	11/05/2018	1/2 hr MAPP work 11/5/18	5.00
	PLOSCZYNSKI, MICHAEL TOTAL								
									\$ 5.00
991	POSTMASTER OF NIAGAR	54505000	POSTAGE	111418	19213	2018	11/09/2018	3 rolls forever stamps - Niagara	150.00
	POSTMASTER OF NIAGAR TOTAL								
									\$ 150.00
143	RADIO PLUS, INC.	54510000	EQUIP & MATERIALS ACQUISITION	0	51523		11/07/2018	Oct ADRC radio ads	495.00
	RADIO PLUS, INC. TOTAL								
									\$ 495.00
202	RAYLYN COMPANY LLC	54505000	BUILDING MAINTENANCE	110718	18999	114	11/01/2018	18 hrs Oct cleaning Niagara office	198.00
	RAYLYN COMPANY LLC TOTAL								
									\$ 198.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1008180360-2	10/08/2018	EA-09/05&19/18 addtl monies owed	2.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1009180404	10/09/2018	SC - 09/24/18 MA Co-pay	2.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1009180405	10/09/2018	SaCo - 09/26/18 MA Co-pay	6.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1009180463	10/09/2018	AaTo - 09/26/18 MA Co-pay	4.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1015180349	10/15/2018	DrWe - 09/13/18	61.20
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1015180357	10/15/2018	BeBr - 09/13/18 denial	61.20
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1023180045	10/23/2018	SaCo - 10/09/18 MA Co-pay	6.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1023180062	10/23/2018	AaTo - 10/09/18 MA Co-pay	6.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1024180699	10/24/2018	DrWe - 09/27/18 (deductible)	61.20
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1025180882	10/25/2018	ReSw - 10/4/18 Partial pay	3.15
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1030180434	10/30/2018	AaTo - 10/16/18 MA Co-pay	2.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1031180389	10/31/2018	BeBr - 09/27/18 denial	61.20
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180518	11/06/2018	EA-10/02 & 17/18	77.40
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180519	11/06/2018	DA-10/09/18	16.60
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180520	11/06/2018	EB - 10/03 & 30/18	157.45
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180521	11/06/2018	ArBe - 10/15 & 29/18	122.40
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180522	11/06/2018	ArBe - 10/01/18	48.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180523	11/06/2018	JB - 10/12 & 26/18	122.40
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180524	11/06/2018	ZB - 10/18/18	13.85
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180525	11/06/2018	AlBi - 10/3/18	84.50
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180526	11/06/2018	AuBo - 10/03/018	14.40
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180527	11/06/2018	AuBo - 10/17/18	83.40
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180528	11/06/2018	CB - 10/03 & 18/18	34.85
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180529	11/06/2018	HC - 10/03 & 17/18	39.80
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180530	11/06/2018	SC - 10/19/18	35.40
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180531	11/06/2018	SaCo - 10/09/18	42.55
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180532	11/06/2018	Team mtg 10/17/18	116.40
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180533	11/06/2018	Team mtg 10/17/18	100.40
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180534	11/06/2018	Team mtg 10/17/18	102.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180535	11/06/2018	ED - 10/23/18	14.40
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180536	11/06/2018	GwGa - 10/30/18	61.20
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180537	11/06/2018	GwGa - 10/30/18	59.15
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180538	11/06/2018	GwGa - 10/17/18	98.85
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180539	11/06/2018	MG - 10/3,17, & 30/18	69.70
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180540	11/06/2018	MG - 10/3,15, & 29/18	52.55
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180541	11/06/2018	AH - 10/12 & 29/18	49.25
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180542	11/06/2018	AK - 10/1,17,31/18	183.60
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180543	11/06/2018	AK - 10/1, 17, 31/18	71.35

259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180544	11/06/2018	AL - 10/23/18	13.85
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180545	11/06/2018	EL - 10/2 & 30/18	27.70
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180546	11/06/2018	AM - 10/17/18	38.15
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180547	11/06/2018	CM - 10/16/18	42.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180548	11/06/2018	ON - 10/9 & 23/18	83.35
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180549	11/06/2018	CO - 10/3 & 17/18	28.80
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180550	11/06/2018	BP - 10/12/18	61.20
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180551	11/06/2018	BP 10/12/18	17.70
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180552	11/06/2018	BePo - 10/02,16,30/18	117.20
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180554	11/06/2018	AR - 10/02,16,30/18	115.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180555	11/06/2018	SR - 10/3,17,30/18	183.60
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180556	11/06/2018	HR - 10/09/18	13.85
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180557	11/06/2018	OR - 10/08/18	32.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180558	11/06/2018	ES - 10/17 & 30/18	91.25
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180559	11/06/2018	RS - 10/17/18	37.00
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180560	11/06/2018	SS - 10/5,15,29/18	50.35
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180561	11/06/2018	MS - 10/18 & 25/18	113.35
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180562	11/06/2018	ReSw - 10/4 & 15/18	33.20
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180563	11/06/2018	AuTe - 10/09/18	20.45
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180564	11/06/2018	EmTe - 10/2,16,30/18	117.75
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180565	11/06/2018	AaTo - 10/9 & 29/18	39.25
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180566	11/06/2018	AaTo - 10/16 & 30/18	112.25
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180567	11/06/2018	KV - 10/9 & 23/18	59.70
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180568	11/06/2018	DrWe - 10/11 & 25/18	55.30
259	REHAB RESOURCES	54336000	PURCHASE OF SERVICE	112118	19301	1106180569	11/06/2018	JW - 10/11 & 25/18	74.10
	REHAB RESOURCES TOTAL								\$ 3,726.15
275	REM OF WISCONSIN	54311000	CARE - ADULTS	112118	19302	103118-1	11/13/2018	JC - 31 days October	4,706.73
275	REM OF WISCONSIN	54311000	CARE - ADULTS	112118	19302	103118-2	11/13/2018	TT- 31 days October	4,706.73
275	REM OF WISCONSIN	54311000	CARE - ADULTS	112118	19302	103118-3	11/13/2018	WR - 31 days October	4,740.08
275	REM OF WISCONSIN	54311000	CARE - ADULTS	112118	19302	103118-4	11/13/2018	SA-31 days October	5,749.26
	REM OF WISCONSIN TOTAL								\$ 19,902.80
3096	RIVER CITIES COMMUNI	54553000	DIVERSIONARY SERVICES	112118	19335	219	11/19/2018	LE-403.01-8 swim lessons	140.00
	RIVER CITIES COMMUNI TOTAL								\$ 140.00
2929	RYAN, CRAIG	54310000	CLIENT-HS	112118	19330	1112-1	11/12/2018	Client refund on account	240.00
	RYAN, CRAIG TOTAL								\$ 240.00
279	SATELLITE TRACKING	55119000	PURCHASE OF SERVICE	111418	19203	STPINV00054680	10/31/2018	37 days - Oct 3 - clients	166.50
	SATELLITE TRACKING TOTAL								\$ 166.50
2184	SEYMOUR, DEBRA K	54311000	PURCHASE OF SERVICE	111418	19227	Nov016'18	11/12/2018	1/2 hr MAPP work 11/12/18	5.00
	SEYMOUR, DEBRA K TOTAL								\$ 5.00
1593	SHEBOYGAN COUNTY	54531000	ADMINISTRATION	112118	19315	TM	10/30/2018	TM--Search fee, copies & cert.	36.25
1593	SHEBOYGAN COUNTY	54560000	PURCHASE OF SERVICE	111418	19222	100921	11/06/2018	31 days - October	7,700.00
	SHEBOYGAN COUNTY TOTAL								\$ 7,736.25
785	SHOPKO 102 001010	54531000	SUPPLIES & EXPENSE		0	51806	11/14/2018	Misc supplies - FC retention grant	72.78
	SHOPKO 102 001010 TOTAL								\$ 72.78
3774	SIGN LANGUAGE GROUP,	54310000	PURCHASE OF SERVICE		0	51554	11/07/2018	AB-interpretor service & mileage 10/19/18	276.00
	SIGN LANGUAGE GROUP, TOTAL								\$ 276.00
1243	SMITH, HOLLY	54553000	SALARIES-PER DIEM	112118	19304	11-10	11/13/2018	Per diem CCOP comm mtg 11/13/18	35.00
	SMITH, HOLLY TOTAL								\$ 35.00
2284	ST BRENDANS INN 1	54110000	MEALS AND LODGING		0	51574	11/07/2018	Lodgin- Inglese - 10/30/18	82.00
	ST BRENDANS INN 1 TOTAL								\$ 82.00
1881	ST VINCENTS HOSPITAL	54503000	PURCHASE OF SERVICE	112818	19374	118879	10/31/2018	2 drug screens 10-18	77.00
	ST VINCENTS HOSPITAL TOTAL								\$ 77.00
8885	STAPLES - PCARD	54503000	OFFICE SUPPLIES		0	51560	11/07/2018	Misc office supplies	140.72
8885	STAPLES - PCARD	54503000	OFFICE SUPPLIES		0	51561	11/07/2018	desktop calculator	4.99
8885	STAPLES - PCARD	54503000	OFFICE SUPPLIES		0	51979	11/21/2018	Misc office supplies - OR#7208438549	131.13
8885	STAPLES - PCARD	54505000	OFFICE SUPPLIES		0	51204	10/31/2018	misc office supplies-In#8051793881	56.63
8885	STAPLES - PCARD	54505000	OFFICE SUPPLIES		0	51799	11/14/2018	Misc office supplies - IN #8051878841	131.12
8885	STAPLES - PCARD	54505000	OFFICE SUPPLIES		0	51964	11/21/2018	Misc office supplies - In #8051962255	53.57
	STAPLES - PCARD TOTAL								\$ 518.16
3645	STEVENS, JOHN M.	54311000	PURCHASE OF SERVICE	111418	19241	Nov017'18	11/12/2018	1 hr MAPP work 11/12/18	10.00
	STEVENS, JOHN M. TOTAL								\$ 10.00
557	TEMPERATUREALERT-C	54110000	EQUIP & MATERIALS ACQUISITION		0	51573	11/07/2018	Nov monitor subscription	14.95
	TEMPERATUREALERT-C TOTAL								\$ 14.95
96	UNITED MAILING SERVI	54505000	POSTAGE	111418	19199	163351	11/08/2018	CUSTOMER ID MARINET001	1,979.12
	UNITED MAILING SERVI TOTAL								\$ 1,979.12

1973	UNIVERSITY OF WI	54310000	DUES/REGISTRATION & TUITION	0	51556	11/07/2018	Reg. KK - Prolonged Exposure therapy 2/21 & 22	70.00	
	UNIVERSITY OF WI TOTAL								\$ 70.00
565	WALGREENS #2925	54543000	SUPPLIES & EXPENSE	0	51253	10/31/2018	DH-CST client incentive	28.95	
565	WALGREENS #2925	54543000	SUPPLIES & EXPENSE	0	51254	10/31/2018	MF-CST cleint incentive	54.95	
	WALGREENS #2925 TOTAL								\$ 83.90
376	WALHDAB	54110000	DUES/REGISTRATION & TUITION	0	51990	11/21/2018	Annual membership dues	200.00	
	WALHDAB TOTAL								\$ 200.00
477	WAL-MART #2545	54311000	SUPPLIES & EXPENSE	0	51985	11/21/2018	soda for soda machine	30.32	
477	WAL-MART #2545	54531000	SUPPLIES & EXPENSE	0	51803	11/14/2018	Misc supplies - FC retention grant	68.10	
477	WAL-MART #2545	54531000	SUPPLIES & EXPENSE	0	51804	11/14/2018	Misc supplies - FC retention grant	372.39	
477	WAL-MART #2545	54531000	SUPPLIES & EXPENSE	0	51969	11/21/2018	Boots-fc retention grant item	19.80	
477	WAL-MART #2545	54531000	SUPPLIES & EXPENSE	0	51970	11/21/2018	Boots-fc retention grant item	19.80	
477	WAL-MART #2545	54531000	SUPPLIES & EXPENSE	0	51971	11/21/2018	Misc baby items - fc retention grant	103.31	
477	WAL-MART #2545	54557000	EQUIP & MATERIALS ACQUISITION	0	51972	11/21/2018	Misc household items - SHARE academy	335.04	
477	WAL-MART #2545	54557000	EQUIP & MATERIALS ACQUISITION	0	51973	11/21/2018	Misc household items - SHARE academy	367.60	
477	WAL-MART #2545	54557000	EQUIP & MATERIALS ACQUISITION	0	51976	11/21/2018	Misc household items - SHARE Academy	321.38	
	WAL-MART #2545 TOTAL								\$ 1,637.74
2859	WE ENERGIES	54505000	UTILITIES	110718	19054	0927102618-1	10/26/2018	Oct Electric - Ac #8471-202-470	248.92
2859	WE ENERGIES	54505000	PURCHASE OF SERVICE	110718	19054	0927102618-2	10/26/2018	Oct gas service - Ac #8085-569-588	49.42
	WE ENERGIES TOTAL								\$ 298.34
289	WEDDEL, PATRICIA	54510000	SALARIES-PER DIEM	110718	19020	10-5A	11/01/2018	per diem & 36 miles ADRC govng brd mtg 10/30/18	35.00
289	WEDDEL, PATRICIA	54510000	OTHER TRAVEL EXPENSE	110718	19020	10-5A	11/01/2018	per diem & 36 miles ADRC govng brd mtg 10/30/18	19.62
	WEDDEL, PATRICIA TOTAL								\$ 54.62
886	WI DEPT OF JUSTICE	54520000	PURCHASE OF SERVICE	111418	19212	10013118	11/02/2018	Oct background checks - AC #G1305	40.00
886	WI DEPT OF JUSTICE	54531000	PURCHASE OF SERVICE	111418	19212	10013118	11/02/2018	Oct background checks - AC #G1305	80.00
	WI DEPT OF JUSTICE TOTAL								\$ 120.00
720	WI REVENUE, DEPT OF	54502000	LOCAL GOVERNMENT REIMBURSEMENT	112118	19312	938-017	11/20/2018	FOWARD PAYMENT FROM L. TUOZZO	10.00
	WI REVENUE, DEPT OF TOTAL								\$ 10.00
1795	WILLOW CREEK BEHAVIO	54310000	PURCHASE OF SERVICE	110718	19036	101618	10/16/2018	RS-8/21 & 22/18 (Med rec #002455)	1,340.00
	WILLOW CREEK BEHAVIO TOTAL								\$ 1,340.00
964	ZERATSKY EXTREME HEA	54145000	EQUIP & MATERIALS ACQUISITION	0	51987		11/21/2018	Cooler maintenance	89.00
	ZERATSKY EXTREME HEA TOTAL								\$ 89.00
2933	ZIELINSKI, SARAH	54310000	PRIVATE INSURANCE-HS	112118	19332	11-14	11/13/2018	Client refund on account	240.00
	ZIELINSKI, SARAH TOTAL								\$ 240.00
Grand Total								90,979.36	\$ 90,979.36

December 5, 2018
 HEALTH AND HUMAN SERVICES COMMITTEE MEETING
 APPROPRIATION ENTRIES
 Agenda Item - B 2018

HHSD:	CARRYFORWARD ENTRIES 2018	AMOUNT	FROM		AMOUNT	TO	
			ORG Code	Object Code		ORG Code	Object Code
JE#			FROM			TO	
HHSD:	2018 ENTRIES	AMOUNT	ORG Code	Object Code	AMOUNT	ORG Code	Object Code
HHSD:	Transfer of funds to increase revenue and expense accounts by \$125,157 for the IM Enhanced Funding Reimbursement not budgeted.	\$ 125,157.00	54503000	43566	\$ 125,157.00	54503000	52980
FIN	(Transfer will increase State Aid - IM Consortium revenue account by \$125,157 and increase IM Equipment & Materials Acquisition						
ADM	expense account by \$125,157)						
	Total	\$ 125,157.00			\$ 125,157.00		
HHSD:	Transfer of funds to increase revenue and expense accounts by \$725 for the WIC Infrastructure Grant Award. (Transfer will increase	\$ 725.00	54140000	43553	\$ 725.00	54140000	52980
FIN	WIC Grant - revenue account by \$725 and increase IM Equipment & Materials Acquisition expense account by \$725)						
ADM							
	Total	\$ 725.00			\$ 725.00		
		\$ 125,157.00			\$ 125,157.00		

(Note: Shaded items use contingency funds.)

Marinette County Health and Human Services Department
 Summary of 2018 Lincoln Hills Charges
 Account 54559000-52320
 Agenda Item - F (2018)

\$215,457.00/12

Month	Number of Juveniles in placement	Days in placement	Cost/Day	Actual \$'s Spent	Budget \$'s Allocated	Monthly Favorable/ (Unfavorable)	YTD Total Favorable/ (Unfavorable)
January	2	62	390.00	24,180.00	17,871.42	(6,308.58)	(6,308.58)
February	2	56	390.00	21,840.00	17,871.42	(3,968.58)	(10,277.17)
March	2	39	390.00	15,210.00	17,871.42	2,661.42	(7,615.75)
April	1	30	390.00	11,700.00	17,871.42	6,171.42	(1,444.33)
May	1	31	390.00	12,090.00	17,871.42	5,781.42	4,337.08
June	2	41	390.00	15,990.00	17,871.42	1,881.42	6,218.50
July	2	62	397.00	24,614.00	17,871.42	(6,742.58)	(524.08)
August	2	54	397.00	21,438.00	17,871.42	(3,566.58)	(4,090.67)
September	1	30	397.00	11,910.00	17,871.42	5,961.42	1,870.75
October	2	61	397.00	24,217.00	17,871.42	(6,345.58)	(4,474.83)
November	2	60	397.00	23,820.00	17,871.42	(5,948.58)	(10,423.42)
December	-	-	397.00	-	-	-	-
Total	19	526		207,009.00	196,585.58	(10,423.42)	(10,423.42)

	Budgeted No. Juvenile's	Budgeted Days	Ave. Rate	2018 Budget	Actual Spent	2018 Transfer	Remaining Bal. after Transfer
Budget for 2018	1	548	393.17	215,457.00	207,009.00	-	8,448.00
January - June	1	271.50	390.00	105,885.00			
July - December	1	276.00	397.00	109,572.00			
Total Days		547.50	-	215,457.00			

Total High cost placement savings after budget transfers (127,783.89)

Copy:

Robin Elsner	259	Budget Transfers Lincoln Hills	-
Pat Kass	267	Budget Transfers CCI	6,000.00
		Budget Transfers Inpatient	-
		Budget Transfers IMD	-
		Total Budget Transfers out of High Cost Budget accounts	<u>6,000.00</u>

730 Total High cost placment savings after adding back budget transfers (133,783.89)

Marinette County Health and Human Services Department
 Summary of 2018 Copper Lake Charges
 Account 54559000-52320
 Agenda Item - F (2018)

0/12

Month	Number of Juveniles in placement	Days in placement	Cost/Day	Actual \$'s Spent	Budget \$'s Allocated	Monthly Favorable/ (Unfavorable)	YTD Total Favorable/ (Unfavorable)
January	1	21	390.00	8,520.00	-	(8,520.00)	(8,520.00)
February	1	20	390.00	9,120.00	-	(9,120.00)	(17,640.00)
March	1	31	390.00	12,090.00	-	(12,090.00)	(29,730.00)
April	1	30	390.00	11,700.00	-	(11,700.00)	(41,430.00)
May	1	31	390.00	12,090.00	-	(12,090.00)	(53,520.00)
June	1	30	390.00	11,700.00	-	(11,700.00)	(65,220.00)
July	1	31	397.00	12,307.00	-	(12,307.00)	(77,527.00)
August	1	31	397.00	12,307.00	-	(12,307.00)	(89,834.00)
September	1	30	397.00	11,910.00	-	(11,910.00)	(101,744.00)
October	1	4	397.00	6,610.00	-	(6,610.00)	(108,354.00)
November	1	30	397.00	2,460.00	-	(2,460.00)	(110,814.00)
December		-	397.00	-	-	-	-
Total	11	289		110,814.00	-	(110,814.00)	(110,814.00)

	Budgeted No. Juvenile's	Budgeted Days	Ave. Rate	2018 Budget	Actual Spent	2018 Transfer	Remaining Bal. after Transfer
Budget for 2018	0	0	-	-	110,814.00	-	(110,814.00)
January - June	0	-	-	-			
July - December	0	-	-	-			
Total Days		-	-	-			

Copy:
 Robin Elsner
 Pat Kass

Marinette County Health and Human Services Department
 Summary of 2018 Child Care Institute Placements (Chileda)
 Account 54558000-52320
 Agenda Item - F (2018)

\$ 187,865.50/12

Month	Number of Juveniles in placement	Days in placement	Cost/Day	Actual \$'s Spent	Budget \$'s Allocated	Monthly Favorable/ (Unfavorable)	YTD Total Favorable/ (Unfavorable)																																																
January	1	31	516.84	16,022.04	15,655	(366.58)	(366.58)																																																
February	1	28	516.84	14,471.52	15,655	1,183.94	817.36																																																
March	1	31	516.84	16,022.04	15,655	(366.58)	450.78																																																
April	1	30	516.84	15,505.20	15,655	150.26	601.03																																																
May	1	31	516.84	16,022.04	15,655	(366.58)	234.45																																																
June	1	30	516.84	15,505.20	15,655	150.26	384.71																																																
July	1	31	516.84	16,022.04	15,655	(366.58)	18.13																																																
August	1	31	516.84	16,022.04	15,655	(366.58)	(348.45)																																																
September	1	30	516.84	15,505.20	15,655	150.26	(198.20)																																																
October	1	31	516.84	16,022.04	15,655	(366.58)	(564.78)																																																
November	1	30	516.84	15,505.20	15,655	150.26	(414.52)																																																
December	-	-	516.84	-	-	-																																																	
Total	11	334		172,624.56	172,210.04	(414.52)	(414.52)																																																
<table border="1"> <thead> <tr> <th></th> <th>Budgeted No. Juvenile's</th> <th>Budgeted Days</th> <th>Ave. Rate</th> <th>2018 Budget</th> <th>Actual Spent</th> <th>2018 Transfer</th> <th>Remaining Bal. after Transfer</th> </tr> </thead> <tbody> <tr> <td>Budget for 2018</td> <td>1</td> <td>365</td> <td>514.70</td> <td>187,865.50</td> <td>172,624.56</td> <td>-</td> <td>15,240.94</td> </tr> <tr> <td>January - June</td> <td>1</td> <td>181</td> <td>514.70</td> <td>93,160.70</td> <td></td> <td></td> <td></td> </tr> <tr> <td>July - December</td> <td>1</td> <td>184</td> <td>514.70</td> <td>94,704.80</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Administration fee</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Days</td> <td></td> <td>365</td> <td>-</td> <td>187,865.50</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									Budgeted No. Juvenile's	Budgeted Days	Ave. Rate	2018 Budget	Actual Spent	2018 Transfer	Remaining Bal. after Transfer	Budget for 2018	1	365	514.70	187,865.50	172,624.56	-	15,240.94	January - June	1	181	514.70	93,160.70				July - December	1	184	514.70	94,704.80				Administration fee				-				Total Days		365	-	187,865.50			
	Budgeted No. Juvenile's	Budgeted Days	Ave. Rate	2018 Budget	Actual Spent	2018 Transfer	Remaining Bal. after Transfer																																																
Budget for 2018	1	365	514.70	187,865.50	172,624.56	-	15,240.94																																																
January - June	1	181	514.70	93,160.70																																																			
July - December	1	184	514.70	94,704.80																																																			
Administration fee				-																																																			
Total Days		365	-	187,865.50																																																			

Copy:
 Robin Elsner
 Pat Kass

Marinette County Health and Human Services Department
 Summary of 2018 Child Care Institute Placements (Central Wisconsin Center)
 Account 54558000-52320
 Agenda Item - F (2018)

\$ 0/12

0.4123

Month	Number of consumers in placement	Days in placement	Medicaid Rate/Day	Total Charge from CWC	Actual \$'s Spent	Budget \$'s Allocated	Monthly Favorable/ (Unfavorable)	YTD Total Favorable/ (Unfavorable)
January	-	-	-	-		\$ -	-	-
February	-	-	-	-		\$ -	-	-
March	-	-	-	-		\$ -	-	-
April	1	21	1,198.00	25,158.00	10,372.64	\$ -	(10,372.64)	(10,372.64)
May	1	31	1,198.00	37,138.00	15,312.00	\$ -	(15,312.00)	(25,684.64)
June	1	30	1,198.00	35,940.00	14,818.06	\$ -	(14,818.06)	(40,502.70)
July	1	31	1,354.00	41,974.00	17,305.88	\$ -	(17,305.88)	(57,808.58)
August	1	31	1,354.00	41,974.00	17,305.88	\$ -	(17,305.88)	(75,114.46)
September	1	19	1,354.00	25,726.00	(7,977.36)		7,977.36	(67,137.10)
October	-	-	-	-		\$ -	-	(67,137.10)
November	-	-	-	-		\$ -	-	(67,137.10)
December	-	-	-	-		\$ -	-	-
Total	6.00	163.00		207,910.00	67,137.10	-	(67,137.10)	(67,137.10)
	Budgeted No. Juvenile's	Budgeted Days	Ave. Rate	2018 Budget	Actual Spent	2018 Transfer	Remaining Bal. after Transfer	
Budget for 2018	0	0	-	-	67,137.10	-	(67,137.10)	
January - June	0	-	-	-				
July - December	-	-	-	-				
Administration fee								
Total Days		-	-	-				

Copy:
 Robin Elsner
 Pat Kass

Marinette County Health and Human Services Department
 Summary of 2018 Child Care Institute Placements (Northwest Passage - Prairie View)
 Account 54558000-52320
 Agenda Item - F (2018)

\$ 0

Month	Number of Juveniles in placement	Days in placement	Cost/Day	Actual \$'s Spent	Budget \$'s Allocated	Monthly Favorable/ (Unfavorable)	YTD Total Favorable/ (Unfavorable)
January	-	-	-	-	-	-	-
February	-	-	-	-	-	-	-
March	-	-	-	-	-	-	-
April	-	-	-	-	-	-	-
May	-	-	-	-	-	-	-
June	-	-	-	-	-	-	-
July	-	-	-	-	-	-	-
August	-	-	-	-	-	-	-
September	-	-	-	-	-	-	-
October	1	9	442.00	3,978.00	-	(3,978.00)	(3,978.00)
November	1	21	442.00	9,282.00	-	(9,282.00)	-
December	-	-	442.00	-	-	-	-
Total	2	30		13,260.00	-	(13,260.00)	(3,978.00)
	Budgeted No. Juvenile's	Budgeted Days	Ave. Rate	2018 Budget	Actual Spent	2018 Transfer	Remaining Bal. after Transfer
Budget for 2018	0	0	442.00	-	13,260.00	-	(13,260.00)
January - June	-	-	-	-			
July - December	-	-	-	-			
Administration fee				-			
Total Days		-	-	-			

Copy:
 Robin Elsner
 Pat Kass

Month	Actual \$'s Inpatient Nicolet & Bellin	Actual \$'s Inpatient Willow Creek	Potential Liability Bills Outstanding	Actual MSV Inpatient Expenses	Child Psychiatrist Expenses	Actual Other Expenses	Budget \$'s Allocated	Monthly Favorable / (Unfavorable)	YTD Total (Unfavorable)
January	15.00	1,313.20	23,156.76	3,720.00	-	51.58	7,414.58	2,314.80	2,314.80
February	-	3,766.12	19,723.85	3,360.00	-	135.45	7,414.58	153.01	2,467.82
March	6.00	7,734.02	6,564.14	3,720.00	-	130.87	7,414.58	(4,176.31)	(1,708.49)
April	3,462.24	1,340.00	15,147.28	3,600.00	-	69.73	7,414.58	(1,057.39)	(2,765.88)
May	-	400.00	6,465.14	3,720.00	-	5,508.29	7,414.58	(2,213.71)	(4,979.58)
June	-	1,340.00	6,146.00	3,600.00	-	61.76	7,414.58	2,412.82	(2,566.76)
July	-	5,000.00	6,146.00	3,720.00	-	145.56	7,414.58	(1,450.98)	(4,017.74)
August	2,403.50	5,000.00	6,631.50	3,720.00	-	394.11	7,414.58	896.97	(8,120.76)
September	-	5,000.00	6,631.50	3,600.00	-	379.81	7,414.58	3,434.77	(9,685.99)
October	-	2,500.00	6,631.50	3,720.00	-	115.58	7,414.58	3,579.00	(8,606.99)
November	-	2,500.00	6,631.50	3,600.00	-	125.00	7,414.58	3,689.58	(7,417.40)
December	-	-	-	-	-	-	-	-	-
Total	5,886.74	35,893.34	109,875.17	40,080.00	-	7,117.74	81,560.42	7,582.60	(7,417.40)

Copy:
 Robin Elsner
 Pat Kass

**Marinette County Health and Human Services Department
 Summary of 2018 Purchase of Service (Inpatient Services)
 Account 54310000-52292
 Agenda Item - F (2018)**

\$ 161,500/12

Month	Actual \$'s Inpatient Charges Winnebago & Mendota	Expected Liability	Budget \$'s Allocated	Monthly Favorable / (Unfavorable)	YTD Total (Unfavorable)
January	19,080.00	17,242.77	13,458.33	(3,784.44)	(3,784.44)
February	16,906.00	3,133.12	13,458.33	10,325.21	6,540.78
March	12,478.00	1,241.40	13,458.33	12,216.93	18,757.71
April	11,000.00	3,726.04	13,458.33	9,732.29	28,490.00
May	29,573.00	14,709.63	13,458.33	(1,251.30)	27,238.71
June	8,023.00	4,991.79	13,458.33	8,466.54	35,705.25
July	29,014.00	16,621.80	13,458.33	(3,163.47)	32,541.78
August	27,394.00	2,033.20	13,458.33	11,425.13	43,966.92
September	22,030.00	1,036.07	13,458.33	12,422.26	56,389.18
October	-	-	13,458.33	13,458.33	69,847.51
November	15,625.00	10,905.30	13,458.33	2,553.03	72,400.55
December	-	-	-	-	
Total	191,123.00	75,641.12	148,041.67	72,400.55	72,400.55

Copy: Robin Elsner
 Pat Kass

191,123.00 75,641.12 134,583.33 58,942.21 2,553.03

Marinette County Health and Human Services Department
Summary of 2018 Purchase of Service (Institute for Mental Disease)
Account 5431000-52291-053
Agenda Item - F (2018)

\$ 0/12

Month	Actual \$'s Spent	Budget \$'s Allocated	Monthly Favorable/ (Unfavorable)	YTD Total Favorable/ (Unfavorable)
January	-	-	-	-
February	-	-	-	-
March	-	-	-	-
April	-	-	-	-
May	-	-	-	-
June	-	-	-	-
July	-	-	-	-
August	-	-	-	-
September	-	-	-	-
October	-	-	-	-
November	-	-	-	-
December	-	-	-	-
Total	-	-	-	-

Copy:

Robin Elsner

Pat Kass

**Subject: RE: 2018 Contract Revisions for December's Board Meeting
Agenda Item - G (2018)**

	Budgeted/Original	New	Revised	Total
Provider	Contract Amount	Contract Amount	Contract Difference	Contract Amounts
Hopeful Haven	\$ 6,126.28	\$ -	\$ -	\$ 6,126.28
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
	\$ 6,126.28	\$ -	\$ -	\$ 6,126.28
				\$ 6,126.28

2018 REQUESTED RE-ORGANIZATION

EMERGENCY MANAGEMENT, FINANCE, HIGHWAY AND HEALTH & HUMAN SERVICES POSITIONS

CURRENT STRUCTURE:

<p>Finance 1 Finance Director 1 Assistant Finance Director 1 Financial Manager (located at HHS) 4 Accountants (1 located at Highway, 3 at Courthouse) 9 Accounting Clerks (1 located at Highway & Courthouse, 8 at HHS)</p>	<p>Highway 1 Highway Commissioner 4-Mechanics I/II/III</p>	<p>Health & Human Services 1 Director 1 Deputy Director</p>	<p>Emergency Management 1 Director 1 PT Program Assistant</p>
---	---	--	--

CHANGES REQUESTED:

<p>Finance 1 Finance Director 1 Assistant Finance Director 1 Financial Manager (located at HHS) 4 3 Accountants (1 located at Highway, 3 at Courthouse) 9 1 Accounting Clerks (1 located at Highway & Courthouse, 8 at HHS)</p>	<p>Highway 1 Highway Commissioner <u>1 Financial Manager</u> <u>1 Emergency Management Coordinator</u> <u>1 Administrative Specialist</u> 4 2-Mechanics I/II/III <u>1-Chief Mechanic</u></p>	<p>Health & Human Services 1 Director 1 Deputy Director <u>1 Financial Manager</u> <u>8 Accounting Clerks</u></p>	<p>Emergency Management 1 Director 1 PT Program Assistant</p>
--	--	--	--

FINAL RE-ORG OUTCOME:

<p>Finance 1 Finance Director 1 Assistant Finance Director 3 Accountants 1 Accounting Clerk</p>	<p>Highway/Emergency Management 1 Highway Commissioner 1 Financial Manager 1 Emergency Management Coordinator 1 Administrative Specialist 2 Mechanics I/II/III 1 Chief Mechanic</p>	<p>Health & Human Services 1 Director 1 Deputy Director 1 Financial Manager 8 Accounting Clerks</p>
--	--	--

Note: Employees within the positions moving from Finance to Health & Human Services will retain their same positions only the department they work for and the upper management they report to will change. Once the Highway Department Financial Manager position is filled it is anticipated that there will be a vacancy in an Accountant position in Finance which will then be eliminated. The Part-time Program Assistant in Emergency Management will be eliminated when it becomes vacant. The Emergency Management Office will be physically relocated to the Highway Department Office in Peshtigo.



BROWN COUNTY COMMUNITY TREATMENT CENTER (CTC) AND SHELTER CARE SERVICE CONTRACT

I. Parties and Contract Period

This contract is between [enter county] County [enter county department] whose business address is [enter address] hereinafter referred to as "Purchaser" and **Brown County Health and Human Services - Community Treatment Center** whose business address is **3150 Gershwin Drive, Green Bay, WI 54311**, hereinafter referred to as "Provider." This contract is to be effective for the period **January 1, 2019 through December 31, 2019**.

The Provider employee responsible for day-to-day administration of this contract will be **Molly Hillmann, (920) 448-6237, hillmann_mm@co.brown.wi.us**. In the event that the administrator is unable to administer this contract, Provider will contact Purchaser and designate a new administrator.

If you have questions regarding an admission to Nicolet Psychiatric Center or Bay Haven Crisis Stabilization CBRF, please call the RN Charge Admissions Nurse at (920) 391-7554. If you have questions regarding an admission to Shelter Care please call (920) 391-4625.

Purchaser's employee responsible for day-to-day administration of this contract will be [enter name and phone number] whose business address is [enter address]. In the event that the administrator is unable to administer this contract, Purchaser will contact Provider and designate a new administrator.

II. Services to be Provided

Subject to the terms and conditions set forth in the contract, the Purchaser agrees to purchase for and Provider agrees to provide to eligible client(s) inpatient services, community based residential services or shelter care services as described in detail in this contract.

The Provider shall make available to the Purchaser adult inpatient services at Nicolet Psychiatric Center, inclusive of placement of clients on Statements of Emergency Detention, Voluntary Placements, adult crisis services at Bay Haven CBRF and/or shelter care services at the Brown County Shelter Care facility.

Voluntary services to clients (inpatient services at Nicolet Psychiatric Center, adult crisis services at Bay Haven CBRF and/or shelter care services at Brown County Shelter Care Facility) must be authorized by the Purchaser. If Purchaser does not authorize voluntary services to a client, the Purchaser is not financially responsible for said services.

III. Payment for Services

Purchaser and Provider agree:

A. The total amount to be paid to Provider by Purchaser for services provided in accordance with this Contract shall not exceed the contracted dollar amount of **[\$[enter dollar amount]]**. The Provider agrees that the rates for services provided will be:

***Please see attachment A**

B. Provider shall return to Purchaser funds paid in excess of the allowable cost of services provided. If the Provider fails to return funds paid in excess of the allowable cost of standard programs categories/clusters provided, Purchaser shall recover from Provider any money paid in excess of the allowable costs from subsequent payments made to the Provider. The allowable cost of standard programs shall be determined pursuant to the Department of Health Services' *Allowable Costs Policy Manual*.

C. The Purchaser agrees to reimburse the Provider an additional fee per shift (see Attachment A) for intensive supervision for physician ordered 1:1 staffing for their client. The Provider agrees to notify the Purchaser within 24 hours, excluding weekends, of the intensive care order.

D. The Purchaser agrees to pay for additional days of care that are not medically necessary or are considered a "hold" waiting a court date or placement. These days of care, if not covered by Medicaid or insurance will be the responsibility of the Purchaser.

E. The co-payments, coinsurance and deductibles associated with Medicare Parts A and B will be paid by the Purchaser. Medicaid co-payments associated with professional services shall also be paid by the Purchaser.

F. Psychiatric fees, outside medical charges such as out of the facility laboratory exams, C.T. Scans, emergency room charges, etc., if ordered by a physician, will be billed to the Purchaser when third party insurers do not pay for the charges.

G. In the event that a voluntary patient requires involuntary detention through either a Statement of Emergency Detention by Law Enforcement ("EM-1") or a Statement of Emergency Detention by Clinical Director ("Director's Hold") establishing Brown County as the venue of conflict, the Purchaser shall be liable for all costs associated with such legal action.

IV. Billing and Collection Procedures

A. The Provider shall charge a uniform schedule of fees as defined in §46.03(18), Wis. Stats., unless the parties agree in writing to a change in the uniform schedule of fees, including where the uniform schedule of fees are waived by the Purchaser with written approval of the Department of Health Services.

B. Fees collected on behalf of a client from any source will be treated as an adjustment to the costs and will be deducted from the amount paid under this contract.

C. Provider shall bill the purchaser for services within twelve (12) months from date of service. Unless there are extenuating circumstances mutually agreed upon by Provider and Purchaser that prevent the Provider from billing within the twelve (12) month period, Purchaser will not be responsible for payment of services billed after that time.

D. The billing and collection effort of the Provider may be limited at the discretion of the Provider to the submission of not more than two statements to the client's responsible party or the processing of their third party payment claim forms. Although the Provider may, at its discretion, use more extensive billing and collection procedures, Provider shall not be obligated to institute suit to collect sums due, nor to undertake any other collection procedure with respect to third party payment sources for their client. The procedures used by the Provider shall comply with the provisions of Wisconsin Administrative Code HSS 1.01-1.06.

V. Eligibility Standards for Recipients of Services

Provider and Purchaser understand and agree that the eligibility of individuals to receive the services to be purchased under this Agreement from Provider will be determined by Purchaser. An individual is entitled to the right of an administrative hearing concerning eligibility and the Provider shall inform individuals of this right.

VI. Indemnity and Insurance

A. Provider agrees that it will at all times during the existence of this Contract indemnify Purchaser against any and all loss, damages, and costs or expenses which Purchaser may sustain, incur, or be required to pay by reason of any eligible client's suffering, personal injury, death or property loss resulting from participating in or receiving the care and services to be furnished by the Provider under this Agreement; however, the provisions of this paragraph shall not apply to liabilities, losses, charges, costs, or expenses caused by Purchaser. Notwithstanding, the Purchaser does not waive, and specifically reserves, its right to assert any and all affirmative defenses and limitations of liability as specifically set forth in Wisconsin Statutes, Chapter 893 and related statutes.

B. Provider agrees that, in order to protect itself as well as Purchaser under the indemnity provision set forth in the above paragraph, Provider will at all times during the terms of this contract keep enforce a liability insurance policy issued by a company authorized to do business in the State of Wisconsin and licensed by the Wisconsin Insurance Department. Upon the execution of this Contract, Provider will furnish Purchaser with a certificate of insurance verifying the existence of such insurance. In the event of any action, suit, or proceedings against Provider upon any matter herein indemnified against, Provider shall, within five working days, cause notice in writing thereof to be given to Purchaser by certified mail, addressed to its address listed on page one of this document.

VII. Civil Rights Compliance

Provider shall comply with the requirements of the current Civil Rights Compliance (CRC) Plan as outlined at <https://www.dhs.wisconsin.gov/civil-rights/index.htm>.

VIII. Renegotiation

This contract or any part thereof must be renegotiated in the case of 1) increased or decreased volume of services; 2) changes required by federal or state laws or regulations or court action; or, 3) monies available affecting the substance of this Agreement.

IX. Contract Revisions and/or Terminations

A. Failure to comply with any part of this contract may be considered cause for revision, suspension, or termination.

B. Revisions of this contract must be agreed to by Purchaser and Provider by an addendum signed by the authorized representatives of both parties.

C. Provider shall notify Purchaser whenever it is unable to provide the required quality or quantity of services. Upon such notification, Purchaser and Provider shall determine whether such inability will require a revision or cancellation of this contract.

D. If Purchaser finds it necessary to terminate the contract prior to the contract expiration date for reasons other than non-performance by the Provider, actual costs incurred by the Provider may be reimbursed for an amount determined by mutual agreement of both parties.

E. This contract can be terminated by a thirty (30)-day written notice by either party for any reason.

F. If during the term of this agreement, the Brown County Board of Supervisors shall fail to appropriate sufficient funds or approve necessary revenue amounts to carry out Brown County's financial obligations under this agreement, this agreement shall be terminated as of the date existing funds have been exhausted and no funds are available and such termination under this non-funding provision becomes effective immediately and without further notice of any kind to the Purchaser. The provisions of this article of the agreement control over any other provisions or terms set forth in other articles of this agreement.

X. Resolution of Disputes

The Provider may appeal decisions of the Purchaser in accordance with the terms and conditions of the contract and Chapter 68, Wis. Stats. Should such appeal be sought, Provider will submit in writing documentation stating the decision being disputed and a brief summary of why the decision is being disputed to the Purchaser's Director. The Department will offer initial response to the appeal within 10 working days of the receipt of such documentation.

XI. Records

A. Provider shall maintain such records and financial statements as required by state and federal laws, rules and regulations.

B. Provider will allow inspection of records and programs, insofar as it is permitted by state and federal laws, by representatives of the Purchaser, the Department of Health Services and its authorized agents, and Federal agencies, in order to confirm Provider's compliance with the specifications of this contract.

C. The use or disclosure by any party of any information concerning eligible clients who receive services from Provider for any purpose not connected with the administration of Provider's or Purchaser's responsibilities under this contract is prohibited except with the informed, written consent of the eligible client or the client's legal guardian.

XII. Reporting

Provider shall comply with the reporting requirements of Purchaser. Provider shall maintain documentation on client service relevant to the specific standards of their corporate and individual licensure. This may include progress notes/reports and staffing notes.

XIII. Provider Responsibilities

Provider agrees to meet state and federal service standards and applicable state licensure and certification requirements as expressed by state and federal rules and regulations applicable to the services covered by this contractual agreement. In addition, Provider shall:

A. Cooperate with the Purchaser in establishing costs for reimbursement purposes. [Refer to Number 1 in the commentary following this section.]

B. Maintain a uniform double entry accounting system and a management information system compatible with cost accounting and control systems. (See *DHSS Allowable Costs Policy Manual*.) [Refer to number 2 in the commentary following this section. Refer to section VI of instructions for exceptions on small residential providers.]

C. Transfer a client from one category of care or service to another only with the approval of the Purchaser. [Refer to number 3 in the commentary following this section.]

D. If the Provider obtains services for any part of this Agreement from another vendor, the Provider is responsible for fulfillment of the terms of the contract and shall give prior written notification of such to the Purchaser for approval.

Commentary:

1. *This is a requirement of §46.036(4)(b), Wis. Stats.*
2. *This is a requirement of §46.036(4)(a), Wis. Stats.*
3. *This is a requirement of §46.036(4)(d), Wis. Stats.*

E. At the time of discharge a client (adult or child/adolescent) will be supplied a prescription to suffice until the scheduled outpatient psychiatric appointment.

F. The Purchaser may request independent psychiatric evaluation of a patient. The Purchaser will bear the cost of such an independent evaluation.

G. Requests for extra medical examinations (i.e. CT scans) must be approved in advance by the Purchaser.

XIX. Conditions of the Parties Obligations

- A. This contract is contingent upon authorization of Wisconsin and United States laws and any material amendment or repeal of the same affecting relevant funding or authority of the Department of Health Services shall serve to terminate this Agreement, except as further agreed to by the parties hereto.
- B. Nothing contained in this contract shall be construed to supersede the lawful powers or duties of either party.
- C. The Purchaser shall insure that the Provider meets applicable state certification and licensure requirements.
- D. It is understood and agreed that the entire contract between the parties is contained herein, except for those matters incorporated herein by reference, and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter thereof.
- E. Purchaser shall be notified in writing of all complaints filed in writing against the Provider. Purchaser shall inform the Provider in writing with their understanding of the resolution of the complaint.
- F. Purchaser shall receive from the Provider a copy of the most recent licensing or certification report concerning the Provider.

XV. Access to Provider Records

The Provider shall permit appropriate representatives of the Purchaser to have timely access to the Provider's records and financial statements as necessary to review compliance with contract requirements for the use of the funding.

XVI. Audit Requirements

1. The Provider shall submit an annual agency-wide audit to the Purchaser if the total amount of annual funding provided by the Purchaser through this and other contracts is \$100,000 or more. Costs of completing that audit are to be borne by the Provider and included as an allowable cost of operating their business.
2. The audit shall be performed in accordance with generally-accepted auditing standards; Wisconsin Stat. 46.036 and 49.34(4)(c); Government Auditing Standards as issued by the U.S. Government Accountability Office; and other provisions specified in this contract. In addition, the Provider is responsible for ensuring that the audit complies with other standards and guidelines that may be applicable depending on the type of services provided and the amount of pass-through dollars received. The following documents reference the complete audit requirements:
 - 2 Code of Federal Regulations (CFR), Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F - Audits. The guidance also includes an Annual Compliance Supplement that details specific federal agency rules for accepting federal sub-awards.

- The State Single Audit Guidelines (SSAG) expand on the requirements of 2 CFR Part 200 Subpart F by identifying additional conditions that require a state single audit. Section 1.3 lists the required conditions.
- The DHS Audit Guide is an appendix to the SSAG and contains additional DHS-specific audit guidance for those entities meet the SSAG requirements. It also provides guidance for those entities that are not required to have a Single Audit but need to comply with DHS sub-recipient audit requirements.

3. Source of funding: This contract may be funded by a variety of state, federal and local sources. In order to determine the mix of funds associated with payments by Purchaser, Provider should contact the Purchaser or access this information from the State Department of Health Services listing of CARS (Community Aids Reporting System) and non-CARS program funding sources online at: <https://www.dhs.wisconsin.gov/cars/index.htm>

4. Reporting Package: The Provider shall submit to the Purchaser a reporting package that includes: (a) all audit schedules and reports required for the type of audit applicable to the agency; (b) a summary schedule of prior year findings and the status of addressing these findings; (c) a Management Letter (or similar document conveying auditor’s comments issued as a result of the audit); and (d) management responses/corrective action plan for each audit issue identified in the audit.

5. Submitting the Reporting Package: The Provider shall submit the required reporting package to the Purchaser within 180 days of the end of the Provider’s fiscal year.

6. Access to auditor’s work papers: When contracting with an audit firm, the Provider shall authorize its auditor to provide access to work papers, reports, and other materials generated during the audit to the appropriate representatives of the Purchaser. Such access shall include the right to obtain copies of the work papers and computer disks, or other electronic media, upon which records/working papers are stored.

XVII. Health Insurance Portability and Accountability Act of 1996 “HIPAA” Applicability.

The Provider agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the Provider provides or purchases with funds provided under this contract.

XVIII. Miscellaneous

- A. Any lawsuits related to or arising out of disputes under this Contract shall be commenced and tried in the Circuit Court of Brown County, Wisconsin and the Provider and Purchaser shall submit to the jurisdiction of the Circuit Court for such lawsuits. In all respects, this Contract and any disputes arising under it shall be governed by the laws of the State of Wisconsin.
- B. One or more waivers by any party of any term of the Contract will not be construed as a waiver of a subsequent breach of the same or any other term. The consent or approval given by any party with respect to any act by the other party requiring such consent or approval shall not be deemed to waive the need for further consent or approval of any subsequent act by such party.

ATTACHMENT A
Effective January 1, 2019

Nicolet Psychiatric Center Rates for 2019

Adult Inpatient	\$1,047 /day*
Professional Fees	\$195 /hour
Intensive Supervision (1:1).....	\$288 /shift
In/Out on Same Day.....	\$868

*Professional fees and intensive supervision are in addition to the daily rate when applicable.

Bay Haven CBRF Rates for 2019

Crisis Rates

MD	\$349 /hour
APNP	\$185 /hour
PhD	\$195 /hour
MS.....	\$92 /hour
BA/BS/RN	\$72 /hour
Other (Tech).....	\$42 /hour**

Non-Crisis Rate.....	\$31.40 /hour; max \$314/day
1:1 Supervision	add'l \$25.30 /hour

**Professional fees will replace the Other (Tech) rate when applicable.

Brown County Shelter Care Rates for 2019

Daily Rate	\$230 /day
------------------	------------

For Purchaser:

Printed Name _____

Signature/Title _____
[enter Title] **Date**

For Provider:

Printed Name Molly Hillmann _____

Signature/Title _____
Contract & Provider Relations Manager **Date**



AGREEMENT

Agreement made effective as of August 1, 2018 between Marinette County Public Health, (hereinafter referred to as "County") located at 2500 Hall Avenue, Marinette, WI 54143 and **The Lakes Community Health Center dba NorthLakes Community Clinic** whose primary address is 7665 US Highway 2, Iron River, WI 54847 (hereinafter referred to as "Provider").

WITNESSETH

WHEREAS, County recognizes the importance of maintaining oral health in order to reduce health related barriers to learning; and

WHEREAS, County recognizes that access to preventive oral health care is not assured in the community; and

WHEREAS, County has expressed an interest in partnering to provide oral health care opportunities available to students through NorthLakes Community Clinic's Superior Smiles program; and

WHEREAS, both the County and the Provider are desirous of establishing a partnership to ensure all students in each school have access to the program, work to engage community partners in ensuring dental homes can be established for students in need, and to maintain communication through case management of student's needs to guardian;

NOW, THEREFORE, in consideration of the foregoing herein and the mutual promises and covenants set forth herein, the parties agree as follows:

HAYWARD
11128 N Hwy 77
Hayward, WI 54843
715•634•2541

HAYWARD- DENTAL
15190 W Company Lake Rd
Hayward, WI 54843
715•934•2224

IRON RIVER
7665 US Hwy 2
Iron River, WI 54847
888•834•4551

ASHLAND
719 Main St E
Ashland, WI 54806
888•834•4551

MINONG
600 Shell Creek Rd
Minong, WI 54859
715•446•2201



1. Responsibilities of Provider:

- a. The Provider will implement Superior Smiles which will deliver preventative dental services to students Pre-K to 12th grade.
- b. Provider will bill insurance programs for services to covered clients. Provider will not seek reimbursement from student, parents or guardians, nor from County.
- c. All students are eligible to be patients in this program at no cost, provided that they have consented to services for this participation. Provider will provide consent forms for this purpose and shall require a completed form from each student who is treated by the Provider.
- d. Provider will obtain a health history from each student who seeks treatment. Provider shall then conduct a dental assessment and screening of the student and apply fluoride treatment and sealants as appropriate. If such examination reflects that further treatment is necessary, County will assist in providing the student's guardian with dental agencies who can assist in the student receiving the appropriate dental treatments.
- e. Provider shall bear the cost of all dental equipment, including protective garments and supplies, utilized in conjunction with the program and shall be responsible for the sterilization of all equipment and supplies.
- f. Provider shall maintain during the term of this Agreement, Professional Liability Insurance of not less than one million dollars (\$1,000,000) for each occurrence with a combined aggregate of three million dollars (\$3,000,000); Comprehensive General Liability Insurance of not less than \$1,000,000 for each occurrence with a combined

HAYWARD
11128 N Hwy 77
Hayward, WI 54843
715•634•2541

HAYWARD- DENTAL
15190 W Company Lake Rd
Hayward, WI 54843
715•934•2224

IRON RIVER
7665 US Hwy 2
Iron River, WI 54847
888•834•4551

ASHLAND
719 Main St E
Ashland, WI 54806
888•834•4551

MINONG
600 Shell Creek Rd
Minong, WI 54859
715•446•2201



aggregate of \$2,000,000; Umbrella Insurance of not less than \$5,000,000. Provider shall assume all risk of loss or damage to Provider's property and waives all claims with respect thereto against County, unless such loss or damage is directly attributable to the negligence of County.

2. **Responsibilities of County:**

- a. County will work with Provider to conduct case management for students who receive a referral identifying further needs. County will reach out to guardian of student to ensure they understand recommendations for care and help navigate insurance questions and where student can establish care. County will then provide case management feedback to Provider so the provider can maintain appropriate records in student's dental record.
- b. County will provide appropriate insurance coverage for staff while they are on location with the Superior Smiles program.
- c. County will bill Provider at a rate of \$30 per hour for case management up to an amount of \$7,000 for the school year.

3. **Term:** The term of this Agreement shall commence as of the date indicated above. This agreement will automatically renew at one year terms unless terminated per paragraph 4 below.

4. **Termination:** Either party may terminate this Agreement at any time, with or without cause, by providing thirty (30) days written notice to the other party. Provider retains the right to remove all of its oral health equipment and supplies from County upon termination of this Agreement, and County shall grant Provider access to the County premises for such purpose during the normal hours of operation.

5. **Modifications:** No modification, expansion or amendment of this Agreement shall be of any force or effect unless it shall be in writing and signed by the parties hereto. All additions and future program developments and curriculum design must be approved by all

HAYWARD
11128 N Hwy 77
Hayward, WI 54843
715•634•2541

HAYWARD- DENTAL
15190 W Company Lake Rd
Hayward, WI 54843
715•934•2224

IRON RIVER
7665 US Hwy 2
Iron River, WI 54847
888•834•4551

ASHLAND
719 Main St E
Ashland, WI 54806
888•834•4551

MINONG
600 Shell Creek Rd
Minong, WI 54859
715•446•2201



parties and reviewed by the appropriate administration to ensure the safety, security and protection of the clients and the County.

IN WITNESS WHEREOF, the parties have signed this Agreement.

NorthLakes Community Clinic

By: _____ Date: _____

Carrie Roberts, Clinic Director

Marinette County Public Health

By: _____ Date: _____

Robin Elsner, Health and Human Services Director

By: _____ Date: _____

Kathy Brandt, Marinette County Clerk

HAYWARD
11128 N Hwy 77
Hayward, WI 54843
715•634•2541

HAYWARD- DENTAL
15190 W Company Lake Rd
Hayward, WI 54843
715•934•2224

IRON RIVER
7665 US Hwy 2
Iron River, WI 54847
888•834•4551

ASHLAND
719 Main St E
Ashland, WI 54806
888•834•4551

MINONG
600 Shell Creek Rd
Minong, WI 54859
715•446•2201

May

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2020

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		