



**DEVELOPMENTAL DISABILITIES BOARD MEETING**

**WEDNESDAY, JUNE 11, 2014 – 6:00 P.M.**

**Rock County Health Care Center  
1<sup>st</sup> floor Lobby, Admin. Conference Room  
3530 North County Trunk Highway F  
Janesville, Wisconsin 53545**

**AGENDA**

1. CALL TO ORDER
2. INTRODUCTION OF BOARD MEMBERS / ROLL CALL
3. ADOPTION OF AGENDA
4. APPROVAL OF MINUTES – (May 28, 2014)
5. CITIZEN PARTICIPATION, COMMUNICATION AND ANNOUNCEMENTS
6. UNFINISHED BUSINESS
7. NEW BUSINESS
  - A. BILLS
  - B. CONTRACTS / ADDENDUMS
  - C. ENCUMBRANCES
  - D. LINE ITEM TRANSFERS
  - E. QUARTERLY BUDGET REVIEW (Feb., May, Aug., Nov.)
  - F. DISCUSSION OF THE CARE WISCONSIN PRESENTATION AND FAMILY CARE
8. DIRECTOR'S REPORT
  - A. DEPARTMENT UPDATES
  - B. BUDGET UPDATES
  - C. RESIDENTIAL PLACEMENTS
  - D. CONSUMER UPDATES
  - E. PROVIDERS' CONCERNS
  - F. STAFF UPDATES
9. CORRESPONDENCE
10. ITEMS FOR FUTURE BOARD MEETING CONSIDERATION
11. ADJOURNMENT

**COMMITTEE APPROVAL REPORT**

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
00-0000-0001-22200	GARNISHMENT DEDU		05/01/2014	POSITIVE LIVING INC	(5,000.00)
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	0.00	10,337.04	0.00	(5,000.00)	(5,337.04)
<b>GENERAL FUND PROG TOTAL</b>				<b>(5,000.00)</b>	

I have examined the preceding bills and encumbrances in the total amount of **(\$5,000.00)**

Claims covering the items are proper and have been previously funded. These items are to be treated as follows:

- A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
- B. Bills under \$10,000 to be paid.
- C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: **JUN 11 2014**

Dept Head \_\_\_\_\_

Committee Chair \_\_\_\_\_

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt		
33-3310-0000-62601	PURCH OF CARE	P1400105	05/20/2014	ARC WISCONSIN	9,293.25		
		P1400126	04/15/2014	GUARDIAN FRIENDS	1,527.08		
		P1400180	05/28/2014	SHOULTZ,MICHAEL D	1,105.00		
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		
	1,206,823.00	518,139.79	667,512.99	11,925.33	9,244.89		
33-3310-0000-62604	NURSING HM-CIP1B	P1400103	05/15/2014	ALTERNATIVE HOMECARE INC	2,574.00		
		P1400111	05/01/2014	CARTOGRAPHICS CORP CBRF	13,847.94		
		P1400121	05/16/2014	EASTER SEALS RESPITE PROGRAM	600.00		
		P1400138	05/01/2014	KELLY HOUSE	2,333.37		
		P1400149	05/01/2014	MASSEY,LYNDA	2,785.64		
		P1400150	05/21/2014	MERCY HEALTH SYSTEM LIFELINE	75.00		
		P1400164	05/01/2014	POSITIVE LIVING INC	59,467.00		
		P1400171	04/23/2014	REM WISCONSIN III	100.00		
		P1400180	05/21/2014	SHOULTZ,MICHAEL D	2,662.50		
		P1402147	05/20/2014	MCGOWAN CONSULTANTS INC	1,756.15		
		P1402148	05/12/2014	MERCY ASSISTED CARE INC	552.88		
		P1402164	05/28/2014	HOTTENSTEIN,PAM	1,263.50		
			Budget	YTD Exp	YTD Enc	Pending	Closing Balance
			23,718,761.00	8,113,063.31	12,490,446.79	88,017.98	3,027,232.92
33-3310-0000-62620	COMM.INTEG.-1A	P1400103	05/15/2014	ALTERNATIVE HOMECARE INC	3,096.00		
		P1400180	05/21/2014	SHOULTZ,MICHAEL D	1,722.50		
		P1402147	05/20/2014	MCGOWAN CONSULTANTS INC	1,756.15		
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		
	3,649,934.00	1,252,083.78	2,010,860.81	6,574.65	380,414.76		
33-3310-0000-62627	BT-WAIVER	P1400111	05/01/2014	CARTOGRAPHICS CORP CBRF	2,424.22		
		P1400148	04/10/2014	MANKIND SUPPORT SERVICE INC	8,680.00		
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance		
	879,234.00	301,623.01	412,394.95	11,104.22	154,111.82		
<b>DEVELOPMENTAL DISABILITY BOARD PROG TOTAL</b>					<b>117,622.18</b>		

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I have examined the preceding bills and encumbrances in the total amount of **\$117,622.18**

Claims covering the items are proper and have been previously funded. These items are to be treated as follows:

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Committee Chair \_\_\_\_\_