

Rock County Human Services Department P. O. Box 1649, 3530 N. County Trunk F Janesville, Wisconsin 53547-1649

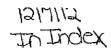
Phone: 608/757-5271 Fax: 608/757-5374

ROCK COUNTY HUMAN SERVICES BOARD Wednesday, December 26, 2012 – 4:30 p.m.

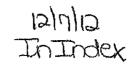
Rock County Health Care Center - 3rd Floor Conference Room, Janesville

AGENDA

- 1. Call Meeting to Order
- 2. Approval of Agenda
- 3. Approval of Minutes of Human Services Board Meeting of December 14, 2012 *
- 4. Citizen Participation
- 5. Approval of Contracts, Transfers, and/or Encumbrances * Mr. Boutwell
- 6. Approval of Bills Mr. Hegg
- 7. Resolution Recognizing Merry Evans' Retirement *-Ms. Haigh (Blackcoon)
- 8. Resolution Recognizing Lorraine Halverson's Retirement *- Ms. Haigh (Blackcoon)
- 9. Director's Report *
 - W2 / ES Caseload
 - Semi-Annual Report Conventions/Conferences Exceeding \$1,000
- 10. Committee Requests for Future Agenda Items
- 11. Next Meeting: Wednesday January 9, 2012 at 4:30 p.m. at the Rock County Health Care Center, 3rd Floor Conference Room, in Janesville, Wisconsin.
- 12. Adjourn



HSD_2013_0074	G-B	(ÚSINESS/CC	NTRACT\20	13 Contra	ots/ACS/S	HC\Beloit Meals	
New Contract: 6	or.	~		or,			
(check box if yes)	11 A	mendment to	Contract#			dendum to Contrac	t#
Human Services I	Department	Sara	a Mooren		x 8431		
Originating Depart	artment	Conta	act Person	-	Phone	 *	
Contract with: (Name of entity)	с ш, ч	 	Beloit Meal	s On Whe	els, Inc.		
Contract Period:	Start Date:	1/1/2013	→	Expirati	on Date:	12/31/201	4
Contract Amount: \$ Rate x Number of approved clients							
···	Service	- Allenda	Rate	<u>Unit</u>	<u>Change</u>	from prior year	
Hot Meal			\$10.00	Meal		0%	
Cold Meal			\$4.00	Meal		0%	
; ;	- n Services Departm re services. This is n services. Rates fo	O4 COP Wai O4 Commun O4 Nursing F O4 Communi nent has deve	ity Relocation ity Integration Home Diversi ity Support P loped contra- al providers f	n Initiative n Program on rogram (C cts with se	(CIP II) SP) veral prov Rock Coi	unty clients	
Were Bids	or Quotations Solic	ited?	(min	Yes	াত	No	
Covered by	State Contract?		grown !	Yes	ing.	No	
State Contra	act#						
Contract will	I be signed by:	entos	County Boar	rd Chair			
		P	Other? Who	?	Human S	ervices Board Chair	



HSD_2013_0009	G:\BUSINESS\CONTRACT\2013 Contracts\SUB\Clinicare Cor										
New Contract: ▼	or,			or	<u>'</u>						
(check box if yes)	· ·	Amendment to Co	dment to Contract #			to Contract#					
Human Services D		Sara Mo	oren		x 8431						
Originating Depa	rtment	Contact F	Person	•	Phone						
Contract with: (Name of entity)	(Clinicare	Corpor	ation						
Contract Period:	Start Date:	1/1/2013		Expirat	iration Date;	12/31/2013					
Contract Amount:	\$ Rate x N	lumber of approved	clients								
Mary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Service	······································	Rate	<u>Unit</u>	Change from prior	<u>r year</u>					
	cademy RCC		\$306.80	Day	-3.0%						
Eau Claire A	cademy STOF	•	\$306.80	Day	-3.7%						
St. Louis Ho	use/Annex		\$266.69	Day	-4.1%						
Wyalusing A	cademy RCC		\$306.80	Day	-0.5%						
Wyalusing A	cademy STOP		\$306.80	Day	-2.1%						
Milwaukee A	cademy RCC		\$313.18	Day	-2.1%						
*Eau Claire /	Academy Resp	ite	\$159,15	Day	3.0%						
*Eau Claire /	Academy Scho	ol	\$93.75	Day	0.0%						
*Wyalusing (Day School		\$95.00	Day	0.0%						
*Wyalusing F	Respite Care		\$143.38	Day	3.0%						
*Milwaukee f	Respite Care		\$143.38	Day	3.0%						
*REQUIRES SPE	CIAL APPROV	/AL		-							
Expenditure/ Revenue	e Account Num	bers (provide 9-digit	object code	es):							
	36-3638-000	D-64604 Child Pro	tective Serv	rices – S	Substitute Care						
	<u>36-3654-000(</u>)-64604 Juvenile .	lustice Serv	ices S	Substitute Care						
Executive Summary: Interpretation of the Summary: Interpretation of the State of th	er of children ar ather than the	oproved for placeme County now negotiat	nt at each fa es the rates	acility w s with ea	III determine the ac	tual amount of					
tandard. Clinicare op cognitive-behavloral fo	ocus in working	r sites all over the sta r with most mental h	aalth issues	i and c	ndependent living p	rograms, a					
rogram.	- SAIS II WOULD	THE HIGH HIGH THE	<u></u>	r and 3	TOF, WHICH IS A SE	xual oliender					

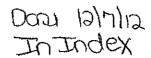
HSD_2013_00009

The 2013 County Adopted Budget includes the following funds for substitute care:

Child Protective Services \$1,890,412 Foster Homes I-V \$167,998 Group Homes \$1,688,261 Residential Care Centers \$3,746,671 Total	\$. \$: <u>\$</u>	397,144 254,322	Justice Services Foster Homes I-V Group Homes Residential Care Centers Total			
Were Bids or Quotations Solicited?	i.	Yes	P	No		
Covered by State Contract?		Yes	E	No		
State Contract #						
Contract will be signed by:	County Board	Chair				
lá	Other? Who?		Human Services Board Chair			



HSD_2013_0050			G:\BUS	INESS/CONTRAC	T\2013 Con	tracts\ACS\SHC\CSCo
New Contract: ₱	or, _			or.	<u> </u>	
(check box if yes)		Amendmen	t to Contract #		Adden	dum to Contract #
Human Services D Originating Depa			ara Mooren ontact Person	-	x 8431 Phone	
Originating bopa	i i i i i i i i i i i i i i i i i i i	00	made recom		FIIOHB	
Contract with: (Name of entity)	 			CSCo		
Contract Period:	Start Date:_	1/1/2013	ardu	Expi	ration Date:	12/31/2014
Contract Amount:	\$ Rate x No	ımber of app	proved clients	•		
	Service		Rate	<u>Unit</u>	Change from	m prior vear
Cleaning Se		·	\$15.00	Hour/per cleaner		
Carpet Clea			\$0.22	Square foot	09	
Sofa with 3			\$45,00	Sofa	00	
Love Seat			\$30,00	Love Seat	09	%
Chair			\$25,00	Chair	00	%
Recliner			\$35.00	Recliner	00	%
Ottoman			\$15.00	Ottoman	09	%
Door Mats			\$12.00	Mat	0.0	%
Sectional wi	th 6 cushions		\$75.00	Sectional	O ₄	%
Floor Strip a	nd Wax		\$0.22	Square foot	09	%
Shower Scri	ıþ		\$0.11	Square foot	09	%
Shower Spra	ay Buff		\$0.06	Square foot	04	%
Expenditure/ Revenu	e Account Nu	ımbers (prov	vide 9-digit obje	ct codes);		
•			g Term Suppor	•		
	6-3668-0000-			s Program (COP)		
			- •	a Flogram (OOF)		
	6-3674-0000 -		P Waiver	33		
	6-3675-0000-		nmunity Reloca			
3	6 - 3678-0000-	64604 Cor	nmunity Integra	ition Program (CIP	' II)	
3	6 -3 681-0000-	64604 Nur	sing Home Dive	ersion		
3	6 - 370 6-000 0-	64604 Cor	nmunity Suppo	rt Program (CSP)		
Executive Summary:						
Rock County Human care services. This I These rates are sign	s one of seve	ral providers	from which Ro	ck County clients	may choose	for such services.
Were Blds o	r Quotations	Solicited?	- Januaro	Yes	(7	No
Covered by	State Contrac	ot?	1***	Yes	তি	No
State Contra	act#					
Contract will	be signed by	/ :	County Board	d Chair		
			[™] Other? Who?	. Huma	ın Services E	Board Chair



HSD_2013_003	7		G:\BUSINE	ESS/CON	NTRACT\20	13 Contracts\AODA\G	enesis
New Contract:	ு or,			0	r,		
(check box if yes)	Amer	ndment	to Contract#			dendum to Contract#	· ,
Human Services Originating Dep			Sara Mooren Contact Person			x 8431 Phone	
Contract with: (Name of entity)			Genesis Beha	vioral Se	ervices, inc	,	
Contract Period:	Start Date: 1/1/	2013	a	Expira	tion Date:	12/31/2013	
Contract Amount:	\$ Rate x Number	of appr	oved clients	_			
	Service		Rate	<u>Unit</u>	Change	from prior year	
Medically N Resident			\$319.00	Day		0%	
Expenditure/ Reven	ue Account Numbers (p	orovide §	9-digit object co	des):			
	36-3686-0000-62	119	Detox Service	es	1000E		
Executive Summary	<i>r</i> :						
Rock County Huma provision of alcohol	— n Services Department detoxification services t ers. Funds for this serv	for Cour	ity clients. Gen	iensis Be	haviorial Se	ervices, inc. is	
Were Bids	or Quotations Solicited?	?	f -	Yes	Jür.	No	
Covered by	State Contract?		grantery 1	Yes	17	No	
State Contr	act#						
Contract wi	ll be signed by:	r ~	County Board	d Chair			
		Γ	Other? Who?	·	Human Se	ervices Board Chair	

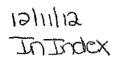


HSD_2013_0049	G;\B	USINESS	CONTRACT	2013 Cont	racts\AC\$	S\SHC\Independent Disability
New Contract: で	or,			or		
(check box if yes)		ndment to	Contract #			Idendum to Contract#
Human Services D			Mooren		x 8431	_
Originating Depa	rtment	Conta	ict Person		Phone	
Contract with; (Name of entity)	<u> </u>	Ind	ependent Dis	sability Se	rvices, Ir	nc.
Contract Period:	Start Date: 1/1	1/1/2013		Expiration Date:		12/31/2014
Contract Amount:	\$ Rate x Numbe	r of approv	ed clients	-		
	Service		Rate	<u>Unit</u>	Change	from prior year
Supportive F	lome Care		\$18.00	Hour		0%
Representat	ive Payee		\$37.00	Month		0%
Background	Checks		\$10.00	Query		0%
Expenditure/ Revenu	e Account Numbers	(provide 9-	digit object co	odes):		
3	6-3666-0000-64604	Long Ter	m Support			
3	6-3668-0000-64604	Commun	ity Options Pr	ogram (C0	OP)	
3	6-3674-0000-64604	COP Wal	ver			
3	6-3675-0000-64604	Commun	ity Relocation	Initiative		
3	6-3678-0000-64604	Communi	ity Integration	Program ((CIP II)	
3	6-3681-0000-64604	Nursing F	lome Diversio	n		
3	6-3706-0000-64604	Communi	ity Support Pr	ogram (CS	SP)	
Executive Summary:						
	s one of several prov	ders from	which Rock C	ounty clie	nts may c	iders for supportive home thoose for such services. Is service.
Were Bids o	r Quotations Solicited	17	1	Yes	Ĩ₩	No
Covered by	State Contract?		\$Vermail	Yes	F	No
State Contra	ct#					
Contract will	be signed by:	"	County Boar	d Chair		
		ĬA	Other? Who	7	Humaл S	ervices Board Chair

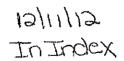
ININGEY

Contract Review Cover Sheet

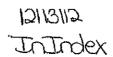
HSD_2013_0105 (Med/K New Contract: X or,	(aye)	or,			
(check box if yes).	Amendment to C	ontract #	Addendum t	o Contract#	
HUMAN SERVICES Originating Departmen	t	Sara Mooren Contact Person		X8431 Phone	
Contract with: <u>Michael Ka</u> (Name of entity)	aye, Ph.D				
Contract Period: Start Date: <u>(</u>	<u>)1/01/2013</u> E	xpiration Date; 12/31/1	[3		
Contract Amount: \$_\$104.00) per Hour (same as	2012)			
Expenditure/ Revenue Accoun (provide 9-digit object codes)	it Numbers:				
	36-3634-0000-62° 36-3690-0000-62°				
Executive Summary: The Rock County Human ourchase psychological or Psychological consulting someonic mutually agreed undersof service performe	onsulting service services provided upon. The actual	s rendered to RCHS d under this contract	D on behalf are at the re	of RCHSD pa equest of RCH	tients/clients. ISD at times a
Were Bids or Quotation	ns Solicited?	☐ Yes	X No		
Covered by State Conf	tract?] Yes	X No		
State Contract #					
Contract will be signed	•	Board Chair	Oh e in		
	A Other	'? Who? <u>HSD Board (</u>	<u>Jnair</u>		



HSD_2013_0048	1	G:\BUS!I	NESS/CONTR	ACT\2013	Contract	ls\ACS\SH	COppertunties Inc
New Contract:	ार or,			or,			
(check box if yes)		mendment to	Contract#	,		dendum to	Contract #
Human Services Originating Dep			a Mooren act Person		x 8431 Phone	<u></u>	
Contract with: (Name of entity)	- Comment of the Comm	. 100	Lutheran (Social Se	rvices		
Contract Period:	Start Date:	1/1/2013		Expiration	on Date:		12/31/2014
Contract Amount:	\$ Rate x Num	ber of appro	ved clients	_			
O complete d	Service	ot yo ul	Rate	<u>Unit</u>	Change	from prior	year
Guardian :	Services		\$110.00	Month		0%	
Expenditure/ Rever	านe Account Numbe	rs (provide 9	-digit object co	odes):			
	36-3666-0000-6460)4 Long Te	rm Support				
	36-3668-0000-6460	04 Commu	nity Options Pr	ogram (C	OP)		
	36-3674-0000-6460	04 COP Wa	alver				
	36-3675-0000-6460)4 Commu	nity Relocation	Initiative			
	36-3678-0000-6460	04 Commun	nity Integration	Program	(CIP II)		
	36-3681-0000-6460	4 Nursing	Home Diversion	n -			
	36-3706-0000-6460)4 Commu	nity Support Pr	ogram (C	SP)		
Executive Summar	<u>v:</u>						
care services. This	n Services Departn is one of several pi ce fall on the low en	oviders from	which Rock C	ounty clie	nts may d	choose for	such services.
Were Bids	or Quotations Solic	ited?		Yes	r	No	
Covered b	y State Contract?			Yes	(F	No	
State Cont	ract#						
Contract w	rill be signed by:	and some	County Boar	d Chair			
		1A	Other? Who:	?	Human S	Services Bo	ard Chair



HSD_2013_0043	G:\BUSI	NESS\C	ONTRACT\20	13 Contra	icts\ACS\S	SHC\Meal Magic	
New Contract:	or,			or			
(check box if yes)	Ame	ndment	to Contract#		Ad	ddendum to Cont	ract#
Human Services	Department	Sa	ra Mooren		x 8431		
Originating Dep	artment	Con	tact Person	***	Phone		
Contract with: (Name of entity)			Meal	Magic, Ir	ıc.	· · · · · · · · · · · · · · · · · · ·	namidali y, a sapingana a
Contract Period;	Start Date: 1/1.	/2013		Expirat	ion Date:	12/31/	2014
Contract Amount:	\$ Rate x Number	r of appr	oved clients				
	Service		<u>Rate</u>	<u>Unit</u>	Change	from prior year	
Meal Prepa	aration and Delivery		\$9.65	Meal		0%	
Expenditure/ Reven	ue Account Numbers (orovide	9-diait object c	odes):			
	36-3666-0000-64604		erm Support	,			
	36-3668-0000-64604		inity Options Pi	rogram (C	COPI		
	36-3674-0000-64604	COP W	•	12912111 (,		
	36-3675-0000-64604		inity Relocation	ı İnitiative	,		
	36-3678-0000-64604		ınity Integration				
	36-3681-0000-64604		Home Diversi	-	r (On II)		
	36-3706-0000-64604	-	inity Support P		'GD\		
	00-07 00-0000-0-400-4	Outillio	inity outpost in	rogram (c	70F)		
providers for suppor	: Rock County Humar tive home care service h services, Rates for th	s. This	<u>is one of sever</u>	al provide	ers from w	hich Rock Count	/ clients
Were Bids	or Quotations Solicited	17	dy-cate	Yes	ĨV	No	
Covered by	State Contract?		}	Yes	ľ₽.	No	
State Contr	act#						
Contract w	Il be signed by:	ļ	County Boar	d Chair			
		ſΫ	Other? Who	?	Human S	Services Board Cl	nair



Instructions: Departments are required to complete this form and send with two copies of the contract to General Services. Review the County Policy and Procedure Manual for specifics on the Contract Review Process.

G:\BUSINESS\CONTRACT\2013 Contracts\SUB\Nexus indian Oaks

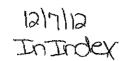
HSD_2013_0032

New Contract:	or,			Or	7	
(check box if yes)	•	Amendment	to Contract #	•		ddendum to Contract#
Human Services D		Sa	ara Mooren		x 8431	
Originating Depa	rtment		ntact Person		Phone	
Contract with: (Name of entity)		Albana.	Nexus dba l	ndian Oak	s Academ	y
Contract Period:	Start Date:_	1/1/2013	····	Expira	tion Date:	12/31/2013
Contract Amount:	\$ Rate x	Number of appr	roved clients			
	Service		Rate	<u>Unit</u>	<u>Change</u>	from prior year
Residential	Care Center	,	\$463	.00 Day		0.3%
Expenditure/ Revenu	le Account Nu	mbers (provide	9-digit object	codes):		
·				·		
	36-3638-00		ld Protective		,	
	<u>36-3654-00</u>	<u>00-64604 Juv</u>	enlle Justice	Services –	<u>Substitute</u>	Care
Executive Summary:						
provider (located in N behavioral and emoti	/anteno, IL) w onal problems	orks with hard-to and specializes	o-place boys s in treatment	and girls in for these ty	a safe env pes of be	ental health needs. This rironment to address their haviors.
The 2013 County Add	opted Budget i	includes the follo	owing funds f	or substitute	e care;	
\$1,89 0,412 \$167,99 8	ild Protective s Foster Home Group Home Residential C Total	es I-V	\$	Juvenile J \$397,144 \$254,322 \$916,812 51,568,278	Foster Ho Group Ho Resident	omes I-V
Were Bids o	r Quotations S	Solicited?	/	Yes	Þ	No
Covered by	State Contract	?	34004	Yes	17.	No
State Contra	ct#					
Contract will	be signed by:	in the second of	County Box	ard Chair		
		17	Othora Wh	^2	I la mara a a a	Annual Company

InIndex InIndex

Contract Review Cover Sheet

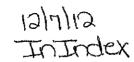
HSD_2013_0046		G:\BUSIN	IESS\CONTRA	CT\2013	Contract	s/ACS/SHC\Opportunties Inc
New Contract:	or,			or,		
(check box if yes)		ndment to	Contract #	' .	Ad	dendum to Contract#
Human Services De	partment	Sar	a Mooren		x 8431	
Originating Depart			act Person		Phone	_
Contract with:		Onn	ortunities Inc	of laffa	waan Car	
(Name of entity)		Opp	ortunities, Inc.	, or serie	rson co	unty
Contract Period:	Start Date: 1/1	/2013	,	Expiration	n Date:	12/31/2014
Contract Amount:	ontract Amount: \$ Rate x Numbe		ved clients	•		
<u> </u>	Service		<u>Rate</u>	<u>Unit</u>	Change	from prior year
Guardian of F	ERSON Only:					
Nursing Hom	10		\$95.00	Month		0%
Alternate Car	re		\$115.00	Month		0%
Own Home			\$135,00	Month		0%
Guardian of P	ERSON and ESTA	TE:				
Nursing Hom	e		\$125,00	Month.		0%
Alternate Car	е		\$185.00	Month		0%
Own Home			\$225.00	Month		0%
Representativ	re Payee		\$90.00	Month		0%
Expenditure/ Revenue	Account Numbers	(provide 9	-digit object cod	des):		
36	-3666-0000-64604	Long Ter	rm Support			
36	-3668-0000-64604	_	nity Options Pro	gram (C0	OP)	
36	-3674-0000-64604	COP Wa		•	•	
36	-3675-0000-64604	Commur	nity Relocation I	nitiative		
36	-3678-0000-64604	Commun	nity Integration I	Program	(CIP II)	
36	-3681-0000-64604	Nursing i	Home Diversion	1		
36	-3706-0000-64604	Commun	nity Support Pro	gram (C	SP)	
Executive Summary:						
	one of several provi	ders from	which Rock Co	ounty clie	nts may c	iders for supportive home hoose for such services. oviding these services.
Were Bids or	Quotations Solicited	1?		Yes	(V	No
Covered by S	tate Contract?		granit	Yes	Ť	No
State Contrac	:t #					
Contract will t	pe signed by:	ptote	County Board	Chair		
		Ø	Other? Who?		Human S	ervices Board Chair



HSD_2013_0055	0055 G:\BUSINESS\CONTRACT\2013 Contracts\ACS\SHC\Kathy Papa									
New Contract:	ør,			or,						
(check box if yes)		endment to	Contract#			dendum to Contra	act#			
Human Services I			a Mooren		x 8431					
Originating Dep	artment	Cont	act Person		Phone					
Contract with:			Kathy	Papa, Inc	D		· · · · · · · · · · · · · · · · · · ·			
(Name of entity)										
Contract Period:	Start Date:1	/1/2013		Expiration	on Date:	12/31/2	014			
Contract Amount:	er of appro	ved clients								
	Service		<u>Rate</u>	<u>Unit</u>	Change	from prior year				
Supportive	Home Care		\$16. 00	Hour	_	0%				
Personal C	are		\$16.04	Hour		0%				
Evnenditure/ Rayon	ue Account Number	s (provide 9	Ldigit object o	ndee).						
•	36-3666-0000-6460 ²	,,	rm Support	oues).						
	•	_	rm Support hity Options Pi	ragrama (C)	OD)					
	36-3668-0000-64604 36-3674-0000-64604		• •	rogram (Ci	UP)					
				. Indiativa						
	36-3675-0000-64604 36-3679-0000-64604		nity Relocation		(Olb II)					
	36-3678-0000-64604 36-3694-0000-64604		nity Integration	_	(CIP II)					
	36-3681-0000-64604	•	Home Diversion		001					
	36-3706-0000-64604	i Commur	nity Support P	rogram (C	SP)					
care services. This	: n Services Departme is one of several pro vices fall on the low e	viders from	which Rock (County clie	nts may d	choose for such se	ervices.			
Were Bids	or Quotations Solicit	ed?	. Profes	Yes	P	No				
Covered by	State Contract?		franc.	Yes	দ	No				
State Contr	act#									
Contract wi	ill be signed by:	N _{ext}	County Boar	rd Chair						
		Ţ.	Other? Who	?	Human S	Services Board Ch	air			



HSD_2013_0052		G	BUSINESS	CONTRAC	CT\2013 C	ontracts\A	CS\SHC\Riverfront
New Contract: ロロード	or,			or			
(check box if yes)		mendment to	Contract #	······································		dendum to	Contract #
Human Services D			a Mooren		x 8431		
Originating Depa	ırtment	Cont	act Person		Phone	_	
Contract with: (Name of entity)	MAN		Riverfront	Activity Co	enter, Inc.		
Contract Period:	Start Date:	1/1/2013		Expirat	ion Date:		12/31/2014
Contract Amount:	\$ Rate x Nun	nber of appro	ved clients				
**************************************	Service .	····	<u>Rate</u>	<u>Unit</u>	Change	from prior	year
Supportive	Employment Servi	ces	\$14.12	Hour		3%	
Job Coachir	ng		\$33.73	Hour		3%	
Expenditure/ Revenu	ıе Account Numbe	ers (provide 9	-diait oblect	codes):			
	86-3666-0000-646	**	rm Support	/			
	6-3668-0000-646		nity Options i	Program (C	OP)		
3	16 - 3674-0000-646						
3	6-3675-0000-646	04 Commur	nity Relocatio	n Initiative			
3	6-3678-0000-646		nity Integration				
3	6-3681-0000-646		Home Divers	_			
3	6-3706-0000-646	-	ity Support!		CSP)		
Executive Summary: Rock County Human care services. This I These rates fall withi	Services Departn s one of several p	roviders from	which Rock	County cli-	ents may d	hoose for	upportive home such services.
Were Bids o	r Quotations Solic	ited?	j"-	Yes	17	No	
Covered by	State Contract?		r.	Yes	ia.	No	
State Contra	act#						
Contract will	be signed by:	, garines	County Box	ard Chair			
		ſΨ	Other? Wh	0?	Human S	ervices Bo	ard Chair



HSD_2013_0051		G:\BUSINES	S\CONTRA	CT\2013 (Contracts∨	ACS\SHC\Ro	ck County Advecacy
New Contract:	or,				or,		
(check box if yes)		Amendm	ent to Cont	ract #	011	Adder	ndum to Contract#
Human Service Originating D			a Mooren act Person	- .	x 8431 Phone	_	
Contract with: (Name of entity)	e i i a a a a a a a a a a a a a a a a a 		Rock Co	unty Adv	ocacy Ser	vices	
Contract Period:	Start Date:	1/1/2013		Expiration	ation Date:	1	2/31/2014
Contract Amount:	Rate x num	ber of approve	d clients	-			
	Service		<u>Rate</u>	<u>Unit</u>	Change f	rom prior yea	<u>ar</u>
Represe	ntative Payee		\$37.00	Month		0%	
Guardiar	•		\$150,00	Month		0%	
care services. Th	36-3666-0000-36-3668-0000-36-3675-0000-36-3681-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3706-0000-36-3700-0000-36-3700-0000-36-3700-0000-36-3700-0000-36-3700-0000-36-3700-0000-36-3700-0000-36-30	64604 Long 64604 Comr 64604 Comr 64604 Comr 64604 Nursi 64604 Comr partment has oral providers fr	Term Supp munity Optic Waiver munity Relo- munity Integ ng Home Di munity Supp developed of form which F	ort ons Progra cation Init ration Pro lversion bort Progra contracts lock Cour	am (COP) iative ogram (CIP am (CSP) with severa	al providers for	or supportive home or such services. roviding this service
and the gadicians	uh tata tana dil	ule ngh ena.	granit	Yes		No	
Were Bid	s or Quotations	Solicited?	,	153	••	NO	
Covered	by State Contrac	ct?	andr.	Yes	(♥	No	
State Co	atraat #						
			1	County I	Board Chal	r	
Contract	will be signed by	<i>!</i>	ľ	Other? \	Mho? Huma	an Services l	Board Chair

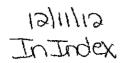
INITAEX

Contract Review Cover Sheet

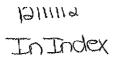
HSD_2013_0067		G:\BUSINESS\CC	NTRACT\2013	Contracts\ACS\S	SHC\Sarah's Cleaning
New Contract:	or,			or,	
(check box if yes)	Amendm	nent to Contract#	•	·	lum to Contract#
Human Services D Originating Depa	epartmentrtment	Sara Mooren Contact Person	NA	x 8431 Phone	
Contract with: (Name of entity)	99°-0	Sarah	's Cleaning Se	rvice	
Contract Perlod:	Start Date; 1/1/201	3	E	xpiration Date:	12/31/2014
Contract Amount:	\$ Rate x Number of	approved clients	- 1		
Cleaning Se	Service	<u>Rate</u> \$25.00	<u>Unit</u> Hour	Change from	
Oldaning Od	11000	Ψ20.00	i jou	0.07	ru
•	ie Account Numbers (p	• •	•		
3	6-3666-0000-64604 L	.ong Term Suppor	t		
3	6-3668-0000-64604	Community Option	s Program (COI	P)	
3	6-3674-0000 -6460 4 (COP Waiver			
3	6-3675-0000-64604 (Community Reloca	ition initiative		
3	6-3678-0000-64604	Community Integra	ition Program (C	CIP II)	
3	6-3681-0000-64604 N	Nursing Home Dive	∍rslon	·	
3	6-3706-0000-64604	Community Suppor	rt Program (CSI	⊃)	
Executive Summary:					
services. This is one	Services Department I of several providers from high end of the average	om which Rock Co	ounty clients ma	y choose for sucl	h services. Rates for
Were Bids o	r Quotations Solicited?	g.h.ota	Yes .	₩ N	lo
Covered by	State Contract?	· ·	Yes	₽ N	lo
State Contra	act#				
Contract wil	be signed by:	County Board	d Chair		
		™Other? Who?	Hu	ıman Services Bo	ard Chair



HSD_2013_0069	G:\B	USINESS	CONTRACT	2013 Con	tracts\AC	S\CBRF\Stone Ridge E	states
New Contract:	or,			or.			
(check box if yes)		endment to	Contract #	_		dendum to Contract#	
Human Services De	epartment	Sar	a Mooren		x 8431		
Originating Depar			act Person		Phone		
Contract with: (Name of entity)			Stone Rid	ge Estate	s, Inc.		
Contract Period:	Start Date: 1/1	/2013		Expiration	on Date:	12/31/2014	······
Contract Amount:	\$ Rate x Numbe	r of appro	ved clients				
:	Service		Rate	<u>Unit</u>	Change	from prior year	
Community I	Based Residential Fa	acility	\$2,411.0			0%	
Expenditure/ Revenue	e Account Numbers	(provide 9	-digit object c	odes);			
	3-3666-0000-64604	••	- ,				
	3-3668-0000-64604	•	nity Options P	rogram (C	OP)		
	3-3674-0000-64604			9, , -	/		
	3-3675-0000-64604			ı İnitiative			
	3-3678-0000-64604		nity Integration		(CIP II)		
	3-3681-0000-64604		Home Diversi		(
	3-3706-0000-64604		nity Support P		SP)		
Executive Summary:							
Rock County Human for Community Based which Rock County of of the average of othe	Residential Facility lents may choose fo	services, r such ser	This is one of vices. Rates f	f several p for this ser	roviders fi	rom	end
Were Bids or	Quotations Solicited	1?	i went	Yes	ia.	No	
Covered by \$	State Contract?		\$-10m	Yes	₽	No	
State Contra	ot#						
Contract will	be signed by:	1	County Boar	rd Chair			
		ţs	Other? Who	?	Human S	Services Board Chair	



HSD_2013_0031			G:\BUSINE	ss\co	NTRACT\2	013 Contracts	s\SUB\Willoglen
New Contract: IZ:	or,			n.	ή,		
(check box if yes)		mendment to	Contract #	- ",		ldendum to C	ontract#
Human Services De	partment	Sar	a Mooren		x 8431		
Órlginating Depart	ment	 	act Person	-	Phone	_	
Contract with:		141	ilinadaa Aaad	(10			
(Name of entity)			illoglen Acad	emy vvi	sconsin, ir	IC.	
Contract Period:	Start Date:	1/1/2013		Expirat	ti⁄ation Date	: <u>12/</u>	31/2013
Contract Amount:	\$ Rate x Num	ber of appro	ved clients	•			
	Service_		Rate	<u>Unit</u>	Change fr	om prjor yea	r
Residential C	are Center	_ 	\$264.66	Day	,	0.0%	•
	are Group Home	Э	\$165.00	Day		0.0%	
Willoglen Sch			\$115.01	Day		0.0%	
*Indicates s	ervices requiring	special appi	roval				
Expenditure/ Revenue	Account Number	rs (provide 9	-digit object co	des):			
	36-3638-0000-6	1604 Child	Protective Se	rvices —	Substitute	Care	
	36-3654-0000-64		nile Justice Se				
Executive Summary: I providers. The numbe each contract. The Statement of the standard.	r of children app	roved for pla	cement at eac	h facility	will determ	ine the actua	l amount of
The 2013 County Adop	oted Budget inclu	des the follo	wing funds for	substitu	ite care:		
\$1,890,412 \$167,998 <	i Protective Serv Foster Homes I-\ Group Homes Residential Care Fotal	/	\$3 \$2 \$ 9	97,144 54,322		mes I-V	rs
Were Bids or	Quotations Solle	ited?	F	Yes	ız	No	
Covered by St	ate Contract?		Paras.	Yes	Ĭ₹	No	
State Contrac	t#						
Contract will b	e signed by:	r	County Board	i Chair			
		la.	Other? Who'		Human Se	rvices Board	Chair



HSD_2013_0073		G:\BUS	SINESS/CO	NTRACT\20)13 Contra	cts\ACS\YWCA Eld	er Abuse
New Contract:	or,			or,			
(check box if yes)	<u>-</u> .	Amendment to	Contract #	 	Ad	idendum to Contrac	t #
Human Services D			a Mooren		x 8431	_	
Originating Depa	ırımenı	Cont	act Person		Phone		
Contract with:			YWCA	of Rock Co	ounty		
(Name of entity)							
Contract Period:	Start Date:	1/1/2013	_	Expirati	on Date:	12/31/201	3
Contract Amount:		\$2500	U-SIRARE LA L				
Expenditure/ Reventing 36-: Executive Summary:	3671-0000-6460	-	ouse Progran	•		•	
This contract with Y\ for Elder Adult victim 2013 Adopted Budge	s of family viole						
Were Bids o	or Quotations S	olicited?	~	Yes	ſΫ	No	
Covered by	State Contract	?	-	Yes	(V	No	
State Contr	act#						
Contract wil	l be signed by:	ľ.	County Bo	ard Chair			
		\$ 7	Other? Wh	10?	Human S	Services Board Chair	r

Rock County - Production 12/12/12

COMMITTEE APPROVAL REPORT

Page 1

Account Number	Name Appro	Yearly priation		YTD xpenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3636410000-64604 ENC 3636410000 ENC 3636410000	PROGRAM EXPENSE 29 R1300424-PC R1300425-PC		3 -VN#034	911 CHILDRENS	,000.00 SERVICE SOC ACTION INC		99,243.00 81,113.00	180,356.00
				CLOSING BALANCE		94,508,00		
		BRIGHTE	r futures	PROG-TOTAL-PO			180,356.00	
INCURRED BY BRIGH AND HAVE BEEN PRE A. BILLS AND EN B. BILLS UNDER	HE PRECEDING BILLS AND EN TER FUTURES, CLAIMS COVER VIOUSLY FUNDED. THESE IT CUMBRANCES OVER \$10,000 R \$10,000 TO BE PAID. UNDER \$10,000 TO BE PAID COMMITTE	ING THE I EMS ARE T EFERRED T UPON ACC	TEMS ARE O BE TREA O THE COU EPTANCE B	PROPER TED AS FOLLOWS NTY BOARD.		Hyv	e	DEPT-HEAD
				OATE			(RIAH

RESOLUTION NO.		AGENDA NO
	RESOLUTION ROCK COUNTY BOARD OF SUPERVISOR	RS
Charmian Klyve INITIATED BY	STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STA	Carla Blackcoon DRAFTED BY
Human Service Board SUBMITTED BY		December 17, 2012 DATE DRAFTED
	RECOGNIZING MERRY EVANS	
WHEREAS, Merry Evans dedicated and valued emplo	has served the citizens of Rock County o oyee of Rock County; and,	ver the past 21 years as a
County Sheriff's Departmer 2005 when she then became	began her career with the county on Mant as an Administrative Assistant. She seeme the Administrative Assistant to the land of the Human Services Department; and,	rved in this position until Division Manager of the
	s has proven herself to be a reliable, head to the needs of the staff and the depart	
	ounty Board of Supervisors, representing the Merry Evans for her achievements and tens of Rock County.	
duly assembled this	E IT RESOLVED that the Rock Count day of, 2013, does hereby reextend best wishes to her in her future end	cognize Merry Evans for
BE IT FURTHER RESOI a copy of this resolution to I	LVED that the County Clerk be authorized Merry Evans.	ed and directed to furnish
Respectfully Submitted,		

Phillip Owens

Terry Thomas

Shirley Williams

Marvin Wopat

Rock County Human Services Board

Sally Jean Weaver-Landers, Vice Chair

Brian Knudson, Chair

Terry Fell

Billy Bob Grahn

Ashley Kleven

RECOGNIZING I	MERRY	EVANS
Page 2		

COUNTY BOARD STAFF COMMITTEE

J. Russell Podzilni, Chair
Sandra Kraft, Vice Chair
Eva Arnold
Henry Brill
Betty Jo Bussie
Mary Mawhinney
Marilynn Jensen
Louis Peer
Kurtis I Vankee

DECOL	UTION NO.	
RESUL	aliun nu.	

AGEN	A CTT	'AIC	
A III	VI M	INE J.	

RESOLUTION ROCK COUNTY BOARD OF SUPERVISORS

Charmian Klyve INITIATED BY



Carla Blackcoon DRAFTED BY

	<u>Human Service Board</u> SUBMITTED BY		<u>December 17, 2012</u> DATE DRAFTED		
	RECO	GNIZING LORRAINE HAL	VERSON		
1 2	WHEREAS, Lorraine Halver years as a dedicated and value		of Rock County over the past 28 and,		
3 4 5 6 7	Human Services Department,	and has diligently worked in t	e county on July 9, 1984 for the he capacity of Economic Support tuman Services Department; and,		
8 9 10		t Specialist, always advocating	be a compassionate, caring, and g for Economic Support program cipants for the past years; and,		
12. 13 14 15	WHEREAS, the Rock County Board of Supervisors, representing the citizens of Rock County, wishes to recognize Lorraine Halverson for her achievements and long and faithful service to the Human Services Department and citizens of Rock County.				
16 17 18 19	duly assembled this day	BE IT RESOLVED that the Rock County Board of Supervisors day of, 2013, does hereby recognize Lorraine Halverso and extend best wishes to her in her future endeavors; and,			
20 21	BE IT FURTHER RESOLV a copy of this resolution to Lor		authorized and directed to furnish		
R	espectfully Submitted,				
R	ock County Human Services Bo	pard			
B	rian Knudson, Chair	Phillip	Owens		
S	ally Jean Weaver-Landers, Vice	Chair Terry T	homas		
T	erry Fell	Shirley	Williams		
B	illy Bob Grahn	Marvin	Wopat		
Ā	shley Kleven	sancidama.			

RECOGNIZING LORRAINE HA Page 2	ALVERSON	
COUNTY BOARD STAFF CO	MMITTEE	
J. Russell Podzilni, Chair	<u> </u>	
Sandra Kraft, Vice Chair		
Eva Arnold	arrados de seu esta t	
Henry Brill	alaandan oo dadaan 14	
Betty Jo Bussie		
Mary Mawhinney		
Marilynn Jensen		
Louis Peer		
Kurtis L. Yankee		

ROCK COUNTY HUMAN SERVICES DEPARTMENT DIRECTOR'S REPORT

Wednesday, December 26, 2012

HSD MANAGEMENT TEAM MEETING - December 11, 2012

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- Budget
- Workgroup Updates
- Praise and Recognition
- Urine Collection Guidelines
- · Rehab Panel
- Discussion Items For First Reunion Mgmt Ldrship
- Admin Policy 0100

INFORMATION ITEMS

HSD Board Agenda

MEETING WRAP-UP

HSD MANAGEMENT TEAM MEETING - December 18, 2012

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

DIVISION MANAGER CHECK-IN

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- Budget
- Workgroup Updates
- · Praise and Recognition
- · Reminder to Certified Staff to Register Hours
- · Admin Policy 0100

INFORMATION ITEMS

HSD Board Agenda

MEETING WRAP-UP

HSD MANAGEMENT TEAM MEETING - December 25, 2012

Meeting Cancelled,