



GREEN LAKE COUNTY

571 County Road A, Green Lake, WI 54941

Original Post Date: 1/8/2026

Amended Post Date:

The following documents are included in the packet for the Health & Human Services Committee Meeting on January 12th, 2026:

- 1) Agenda
- 2) Minutes: 11/10/2025
- 3) School-based office presentation
- 4) HHS Financial Policies
- 5) Unit Reports



GREEN LAKE COUNTY OFFICE OF THE COUNTY CLERK

Elizabeth Otto
County Clerk

Office: 920-294-4005
FAX: 920-294-4009

Health & Human Services Committee Meeting Notice

Date: Monday, January 12th, 2026 Time: 5:00 PM
The Green Lake County Government Center, County Board Room
571 County Road A, Green Lake WI

AGENDA

Committee Members

Joe Gonyo – Chair
Mike Skivington – Vice
Chair
Brian Floeter
Christine Schapfel
Mary Hess
Nancy Hoffmann
Vacant
Vacant
Vacant

Elizabeth Otto, Secretary

Virtual attendance at meetings is optional. If technical difficulties arise, there may be instances when remote access may be compromised. If there is a quorum attending in person, the meeting will proceed as scheduled.

This agenda gives notice of a meeting of the Health & Human Services Committee. It is possible that individual members of other governing bodies of Green Lake County government may attend this meeting for informative purposes. Members of the Green Lake County Board of Supervisors or its committees may be present for informative purposes but will not take any formal action. A majority or a negative quorum of the members of the Green Lake County Board of Supervisors and/or any of its committees may be present at this meeting. See State ex rel. Badke v. Vill. Bd. of Vill. of Greendale, 173 Wis.2d 553, 578, 494 N.W. 2d 408 (1993).

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Public Comment
5. Minutes: 11/10/2025
6. School-based office presentation
7. Behavioral Health Security Risk Assessments discussion and possible action
8. HHS Financial Policies discussion and possible action
9. 2026 Rate Schedule
10. Director's Report
11. VSO Report
12. Unit Reports
13. Committee Discussion
 - Future Meeting Dates: February 9th, 2026
 - Future Agenda items for action & discussion
14. Adjourn

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Meeting ID: 285 944 756 144

Passcode: RGLTe5

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Phone conference ID: 617 542 394#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

Please accept at your earliest convenience. Thank you!

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Kindly arrange to be present, if unable to do so, please notify our office.
Elizabeth Otto, County Clerk

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.

HEALTH & HUMAN SERVICES COMMITTEE MEETING

November 10th, 2025

The meeting of the Health & Human Services Committee was called to order by Chair Joe Gonyo at 5:00 PM on Monday, November 10th, 2025 in person and via remote access at the Government Center, 571 County Road A, Green Lake, WI. The requirements of the open meeting law were certified as being met. The pledge of allegiance was recited.

Present: Joe Gonyo
Mary Hess
Mike Skivington
Christine Schapfel
Nancy Hoffman

Absent: Brian Floeter

Other County Employees Present: Karissa Rohde, Deputy County Clerk; Jason Jerome, HHS Director; Kayla Yonke, HHS Financial Manager; Shelby Jensen, ESU Unit Manager; Dawn Brantley, FRI Unit Manager; Rachel Prellwitz, Health Officer; Lisa Schiessl, Children & Family Unit Manager; Jon Vandeyacht, Veterans Service Office; Nichol Wienkes, Behavioral Health Unit Manager (remote)

PUBLIC COMMENT - none

APPROVAL OF MINUTES – 9/08/2025 MINUTES

Motion/second (Hoffman/Skivington) to approve the minutes of the 9/08/2025 meeting as presented with no additions or corrections. Motion carried with no negative vote.

85.21 SPECIALIZED TRANSPORTATION 2026 GRANT APPLICATION

An 85.21 Specialized grant is a state financial assistance program in Wisconsin, authorized by state statute 85.21, that provides funds to counties for specialized transportation services for seniors and individuals with disabilities. Ryan Bamberg from the Aging/ADRC unit puts together the grant application for all disability vehicles. Discussion held. Spelling errors and a few changes to the totals need to be made. *Motion/second (Hoffman/Gonyo)* to accept the grant with proposed changes. Motion carried with no negative vote.

2026 BUDGET UPDATE

Discussion held. A few errors will be corrected. Jerome stated he will be working with his team on long term goals/wish list in 2026.

DIRECTOR'S REPORT

No report. Jerome thanked the Unit Managers for all their help and assistance with the budget process.

VSO REPORT

The VSO department has had 64 claims this year. There has been a lot of theft and damage with the flag holders in cemeteries. VSO received a donation of \$800 to put towards new ones. They are looking for a primary volunteer driver starting the 1st of the year.

UNIT REPORTS

Reports found in the packet. No discussion.

FUTURE AGENDA ITEMS FOR ACTION AND DISCUSSION

- Next meeting date – December 8th, 2025 @ 5:00 PM
- Future agenda items for action and discussion -

ADJOURNMENT

Chair Gonyo adjourned the meeting at 5:47pm.

Submitted by,

Karissa Rohde
Deputy County Clerk

DRAFT

School-Based Outpatient Therapy

Behavioral Health Unit

Nichol Wienkes- Manager

Brooke Zank, Clinical Therapist





Current School-Based Caseload

- 1 full day/ week at Berlin MS/HS
- 1 full day/ week at Markesan MS/HS
- 1 full day/ week at Markesan Elementary
- 1 half day/ week at Green Lake School (k-12)

Logistics

- Each office is a certified “satellite” site, MOU with each school district
- Referrals can come from school, parent, or clinician
- Billing & documentation happen the same as on-site
 - Clinical Consultation w/ Student
- Scheduling- ROI w/ school needed, use of portal/ Docusign to facilitate parent involvement
- School Breaks





Benefits

- For many who utilize, school-based availability is the only way that they are able to access MH treatment
- Reduces barriers to treatment
 - Transportation
 - Missed school/ work
 - Academic impact from missed class
 - Stigma
- Builds partnership & communication between home, school, & BH
- Increased systemic collaboration outside of therapy cases

Challenges

- Waitlist management
- Navigating conflicts of interest
- Can mean less parent involvement in treatment
- Can pose ethical dilemmas especially around confidentiality/ info-sharing w/ school
- Schools are busy, crowded places– therapist must be flexible!



Policy

Security Risk Assessment

The Behavioral Health Unit shall conduct a Security Risk Assessment which is to be reviewed and updated annually.

The Security Risk Assessment will review the security of protected health information (PHI) maintained by the Behavioral Health Unit. It will take into account federal and state privacy laws. The Security Risk Assessment shall consider the security of information being stored and accessed via both physical and electronic means.

The Security Risk Assessment will include, at a minimum:

- Behavioral Health Unit Manager
- IT Director or designee
- Staff responsible for handling requests for medical records
- Staff responsible for training and orientation of new Behavioral Health Unit staff
- Health Record Administrator

Electronic Health Record Use & Access

Screening: Behavioral Health and/or administrative staff who will be given access to ePHI through the electronic health record, shall be subject to screening through the use of the following:

- Caregiver background check, to be renewed every 4 years
- Vetting against appropriate exclusion lists at time of hire and monthly thereafter

Orientation & Training: At time of orientation, all staff receiving access to the electronic health record will sign the agency-wide general confidentiality form and review agency confidentiality practices, including:

- General confidentiality
- Recognizing and handling Protected Health Information (PHI)
- Agency security officer and training requirements
- Agency use of technology policies and procedures
- Applicable state and federal privacy laws
- Password security

All staff accessing the electronic health record shall complete required maintenance and update trainings as required by the Security Officer and IT Department. Clinical staff shall have additional annual refresher trainings related to client rights and confidentiality updates as determined by the Behavioral Health Unit Manager.

Electronic Health Record Access: Upon completion of the relevant training and orientation, the Behavioral Health Unit Manager will designate the appropriate access level to the health information systems stored electronically. Users shall have the lowest level of access required to carry out the responsibilities of their employment.

Access to electronic health information shall be reviewed anytime a staff member:

- Changes positions within the department
- Leaves their employment with the department
- Is involved in a security breach or suspected security breach

Electronic access to health information shall be deactivated immediately should a person's role change such that access is no longer required in order for them to fulfill the responsibilities of their employment.

When increased level of access is needed, this shall be granted by the system administrator with the approval of the DHHS Director and/or Behavioral Health Unit Manager.

User Accounts: No user of the electronic health record (or any application used within the scope of employment that stores or transmits ePHI) shall share their account access with any other staff member.

Appropriate Use: Users shall not utilize their access to ePHI for any reason outside of the scope of their employment with Green Lake County DHHS, and should not access the record of any client that they does not relate to their job function.

Behavioral Health Unit Manager will develop and maintain a procedure for checking access history to ensure appropriate use.

Modifying ePHI: Users shall add information to the electronic health record based on their user role. Users entering records shall follow the operating protocols for each type of ePHI that they are responsible for entering.

Users shall not delete information for the electronic health record without the approval of the Behavioral Health Unit Manager or designee. Deletion of information should only occur in the case of entry errors or in line with the federal or state laws and county ordinance providing for the destruction of PHI. In all other situations requiring modification, staff shall utilize options to annotate, update, or revise, rather than deleting, the record.

Electronic Communication: Electronic communication with clients and electronic transmission of PHI shall always occur using the most secure available method of transmission available.

Emergency Access: The agency Continuity of Operations (COOP) plan shall address emergency circumstances impacting access to the electronic health record as needed for staff to provide essential clinical functions. Staff shall receive training on the provisions of the COOP plan at hire and each time the plan is updated thereafter.

System Updates: Changes and updates to the electronic health record system shall be tested implemented in a testing environment prior to implementation with all users in the live environment. Testing will be performed by a designated group of users representative of all user interfaces.

Contract Providers: Contract providers who require access to the electronic health record shall be subject to the same procedures for screening and account initiation/ termination as employees except that specific orientation to confidentiality and security practices will be according to the terms of their contract and BAA.

Physical Security Measures for PHI

Staff working in the Behavioral Health programs as well as administrative staff who come into contact with PHI as a part of their administrative functions, shall follow all security measures required in the Green Lake County Personnel Policy & Procedures. In addition, staff will:

1. Ensure a physical privacy barrier (closed door, arrangement of office space to ensure screen is not visible through doorway or window, use of privacy screen cover, etc.) is in place when accessing ePHI on any device.
2. Utilize only password storage methods recommended by the IT department
3. Ensure that no PHI is visible when leaving work station for any reason (lock screen, put away physical copies of documents)
4. Use identification verification strategies when responding to telephonic requests for information
5. Utilize correct channels for sending and receiving requests for written copies of healthcare information. Staff not trained in records requests should not respond to records requests, but rather refer these to the appropriately trained staff.

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 2 – Cash and Receipts	Effective Date: 2/13/17
Sub-Section: 2.1 – Cash Receipts and Deposits	Revision Date:
Authorized By: APPROVED DHHS BOARD 2/13/17	

POLICY

Green Lake County Department of Health and Human Services (“DHHS”) will follow County policy and procedures related to cash receipting and depositing with the Treasurer’s office related to timely deposits and proper control over funds prior to deposit. The following is required:

- Pre-numbered receipts are required for all payments. For manual receipt books, triplicate receipts are required.
- Cash drawer shall be reconciled on a daily basis. If receipted by **4:30p.m. receipts will be deposited** the following day. ~~12:00 p.m., will go in same day. If receipted after 12:00 p.m. will be deposited the following business day.~~
- Deposits are to be made daily, depositing the **previous** day’s **receipts**, unless under \$500. Ideally, the deposit will be made daily but if below the identified threshold, the deposit may be locked in a secure location and deposited the subsequent day.
- ~~Checks shall be restrictively endorsed “For Deposit Only” upon receipt.~~
- Undeposited funds shall be kept in a secure location with access limited to only authorized personnel.

PROCEDURES

Cash Receipts

- ~~Primary~~ Receptionist receives and receipts cash and/or checks from clients directly at the reception desk, from staff on behalf of clients (examples: Aging meal sites, Public Health immunization clinics) or through the mail.
- Mail is opened and date-stamped by Administrative staff.
- A manual receipt book, in triplicate, is utilized. The top copy is given to the client, the second copy is attached to the deposit and stored in the deposit bag, and the third copy is retained in the receipt book.
- All voided receipts must be approved by a Unit Manager. Supporting documentation will be retained and filed with the voided receipt.
- Refunds may not be given from the front desk. If a refund is due, a check request will need to be processed and paid through accounts payable
- The Financial Manager **(backup – Admin Coordinator)** ~~(backup – Secondary Receptionist/Data Entry Specialist)~~ will collect the daily receipts. He/she will count and verify daily receipt amount less the \$50 which is retained in the change fund at all times. The Financial Manager then logs all receipts on the monthly check register. The information recorded includes:

Initials of individual logging receipts, date of receipt, receipt number, payer name, unit name, check number or cash and amount paid including daily total. The daily total is written on post-it note and eHR Administrator/Financial Assistant makes sure deposit equals that amount.

- Upon completion, receipts and funds will be placed in a secure location to If receipted by 12:00 p.m., will go in same day. If receipted after 12:00 p.m. will be deposited the following business day. The Financial Manager will forward the deposit and receipts to the eHR Administrator/Financial Assistant (backup – Billing Specialist) Account Clerk Specialist who will code the deposits and forward to the County Treasurer.
- It is the responsibility of each individual to have backup assigned in their absence. Those covering these responsibilities may not also provide backup for the eHR Administrator/Financial Assistant Account Clerk Specialist deposit functions.

Deposits

- The eHR Administrator/Financial Assistant Account Clerk Specialist prepares daily deposit after receipt from the Financial Manager Accounting Specialist.
- The daily deposit is recorded on either the “Remittance Slip to County Treasurer” or the “Remittance Slip to Circuit Court” forms. The deposit is summarized based on total amount per appropriate account code as determined by the eHR Administrator/Financial Assistant Account Clerk Specialist.
- There is a separate checkbook for restitution receipts. The eHR Administrator/Financial Assistant Account Clerk Specialist prepares the deposit for these receipts.
- The total of the remittance slips plus the restitution deposit must equal the daily deposit. This is verified by the eHR Administrator/Financial Assistant Account Clerk Specialist.
- Upon completion, If receipted by 12:00 p.m., will go in same day. If receipted after 12:00 p.m. will be deposited the following business day. The deposit is delivered to the Treasurer in a timely manner by the eHR Administrator/Financial Assistant Account Clerk Specialist.
- The County Treasurer issues a receipt for the DHHS deposit which is returned via email to the eHR Administrator/Financial Assistant Account Clerk Specialist and is saved in the H&HS – Administrative Unit – Receipts folder. retained with the daily deposit.
- Any funds received after delivery of deposit are locked in a secure file cabinet until the next business day.
- In the absence of the eHR Administrator/Financial Assistant the Billing Specialist Account Clerk Specialist, the Secondary Receptionist/Data Entry Specialist will log the receipts and Financial Manager will fulfill the depositing functions. The Administrative Assistant may also serve as back-up in either role.

Restitution Program:

A separate checkbook is maintained for receipt of restitution paid by juveniles and payments sent to victims for reimbursement of property. and victim/witness. Victim/Witness Fees received collected are entered on Remittance Slip for Circuit Court form and is given to the Register in Probate

office who will post payment on juvenile's case and gives receipt to eHR Administrator/Financial Assistant. Circuit Court Office deposit Register in Probate gives payment to Circuit Court Office for deposit. Upon receipt, the Account Clerk Specialist eHR Administrator/Financial Assistant records the collected fees for restitution and victim/witness fees on a spreadsheet to monitor payments. The following individuals and related tasks are as follows:

- ~~Victim/Witness Coordinator~~ provides green sheet to Account Clerk Specialist Electronic Health Records Administrator/Financial Assistant identifying victims and amounts owed to each.
- *Juvenile Court Intake Worker* – enters Deferred Prosecution agreement (DPA) with juvenile and parents; receives Consent Decree and Dispositional Orders from court and provides copy to Account Clerk Specialist eHR Administrator/Financial Assistant with restitution amounts owed and name/address of victim.
- *Dispositional Workers* – in the event a payment is given to Dispositional Worker during a home or school visit, the worker will issue a written receipt for the monies collected and will deliver to the Receptionist upon return to the office.
- ~~Account Clerk Specialist~~ eHR Administrator/Financial Assistant – processes monthly billing to parents for juvenile supervision fees for restitution and witness fees; deposits funds and issues payments to victims (along with a letter signed by juveniles his/her social worker); provides monthly reports to Social Workers regarding outstanding balances for each juvenile on their caseload.
- *County Treasurer* – receives monthly bank statement for the Restitution account and provides a copy to the Account Clerk Specialist eHR Administrator/Financial Assistant; prepares a monthly bank reconciliation; counter signs checks to victims as two signatures are required (Account Clerk Specialist eHR Administrator/Financial Assistant and Treasurer).

Other Cash Receipts and Deposits

- All revenue received by DHHS is in the form of checks or cash, excluding the following monthly electronic payments:
 - Credit Card payments via myHealthPointe Portal and Back Office
 - Medicare EFT Deposits* (explained below?)
 - ~~CARS (Community Aids Reporting System)~~ GEARS (Grant Enrollment, Application and Reporting System)- State of WI Department of Health Services
 - SPARC (System for Payments and Reports of Contracts) payment - State of WI Department of Children and Families
 - ~~GWAAR payment – Greater Wisconsin Area on Aging~~

These payments are deposited directly into the County's bank account via electronic funds transfer. The Accounting Specialist eHR Administrator/Financial Assistant provides the account numbers to the Treasurer for accurate recording into the General Ledger. A copy of the transmittal letters and Treasurer emails receipt to Accounting Specialist eHR Administrator/Financial Assistant and its saved in the H&HS – Administrative Unit – Receipts folder.

- Medicare Part B (NGS) payments are also received electronically. The Account Clerk Specialist

eHR Administrator/Financial Assistant provides the Treasurer with the appropriate account numbers (either for the Behavioral Health Unit, Health Department for flu vaccinations or Diabetes Prevention Program).

FORMS

- Log for multiple payments received for singular purposes(Home Delivered Meals, Sharing a Holiday Meal Donations, 85.21 Rides Program)
- Monthly check register for logging receipts
- Remittance slip to County Treasurer
- Remittance slip to Circuit Court

Monthly Check Register for Logging Receipts

[illegible]

REMITTANCE SLIP TO COUNTY TREASURER

DATE:
FROM: DHHS
CHECKS: _____
CASH: _____

TOTAL:
\$ -
(Will auto total)

DEPOSIT INTO THE
FOLLOWING:

DESCRIPTION	ACCT #XX-XXX-XX-XXXXX-XXX-XXX	AMOUNT

REMITTANCE SLIP TO CIRCUIT COURT

DATE:
FROM: DHHS
CHECKS: \$0.00
CASH: \$0.00

TOTAL:
\$0.00
(Will auto total)

DEPOSIT FOR THE
FOLLOWING:

JUVENILE	CASE #	AMOUNT
	TOTAL:	\$0.00

(Will auto total)

Green Lake Department of Health and Human Services
Financial Policies and Procedures

Section: 2 – Cash and Receipts	Effective Date: 2/13/17
Sub-Section: 2.2 – Accounting for Revenues	Revision Date:
Authorized By: APPROVED DHHS BOARD 2/13/17	

POLICY

The Green Lake County Department of Health & Human Services (“DHHS”) generates revenues from various sources including property taxes, intergovernmental funding and charges for services. DHHS will properly recognize these revenues in conformity with accounting standards, statutory requirements and local budgetary practices.

PROCEDURES

The primary forms of revenue recorded by DHHS include intergovernmental revenues and charges for service. Property taxes are recorded county-wide by the County Clerk’s office. See Section 2.1 for cash receipting and depositing procedures. Below is a summary of revenues received by unit within DHHS:

- Administrative Unit
 - Other Public Charges
 - See attached – Copying Charges Policy
 - See attached – Policy on Use of Fax Machine
- Health Unit (Insurance or self pay)
 - Intergovernmental revenues
 - Vaccines (Flu, ~~Pneumonia~~, Immunizations) No more ~~Pneumonia~~
 - ~~Hepatitis Vaccines~~
 - Miscellaneous (Adult Health Screenings, CPR Training, Medicare Diabetes Prevention Program, ~~Cholesterol Clinics, Medical Supplies~~)
- Children and Families Unit
 - Intergovernmental revenues
 - Foster Care
 - Juvenile Supervision
 - Family Mediation
- Behavioral Health Unit
 - Intergovernmental revenues
 - Intoxicated Driver Program (self pay only)
 - Inpatient Services (self pay portion)
 - Outpatient Services (third party reimbursement, self-pay including copays)
- Economic Support/Child Support Unit
 - Intergovernmental revenues
 - Badger Care and child support payments (payments received from consumers which are receipted, logged and forwarded directly to the State)

Green Lake Department of Health and Human Services

Financial Policies and Procedures

Section: 2 – Cash and Receipts	Effective Date: 11/13/17
Sub-Section: 2.3– Billings and Collections	Revision Date:
Authorized By: APPROVED DHHS BOARD 11/13/17	

POLICY

The Green Lake County Department of Health & Human Services (“DHHS”) billing and collections procedures are established in accordance with State Statute 46.10 Wisconsin Administrative Code DHS 1-Uniform Fee System.

OUTPATIENT SERVICES PROCEDURES

Financial and insurance coverage information will be collected from each client. ~~Reception~~ Staff enters this information into the billing software system.

Insurance coverage and benefit information is verified by DHHS staff. Staff will speak with client to determine their Ability to Pay (ATP). The Maximum Monthly Payment Schedule (MMPS) will be used to determine the client monthly payment amount. The client will be responsible for all total accumulated charges. ~~The client will be informed of information given to DHHS staff by their insurance company.~~ If the information given to ~~by~~ DHHS staff is in question, the client will be advised to contact their insurance company. ~~Insurance Coverage and Authorization to Bill Insurance~~ Authorization to Bill/Financial Form will be signed by the client or responsible party. This form states he/she understands their financial responsibility and gives DHHS permission to bill their insurance company.

Co-payment will be collected at each office visit, if applicable.

The Uniform Fee System Schedule will be used to determine maximum monthly amounts due from client for private pay services. Client is liable for full cost of services or the maximum monthly amount per month (using the Wisconsin Uniform Fee System Schedule), whichever is less.

Parents/ Legal guardians are responsible parties when the client is a minor. This includes past due amounts incurred while the client was a minor.

The Wisconsin Uniform Fee System Schedule will not be used ~~when a client is liable for an insurance deductible amount, insurance co-payment amount, or any~~ for Court Ordered assessments (i.e. IDP, AODA or MH) charges. The client is liable for full payment of these amounts.

If the client refuses to provide income or insurance information they will be liable for the full cost of services unless an exception is granted by the Director of DHHS.

If the client has insurance coverage with an HMO plan that Green Lake County is not a provider for, client will be responsible for all costs since client has the opportunity to seek services with an “in plan Network” provider.

For initial software set up of programs, practitioners, guarantors, etc. see ~~procedure binder~~ NX Guide.

For step-by-step billing process in the billing software, please see billing software procedures binder.

I. RECORDING OF CHARGES AND PAYMENTS

Staff providing services will have notes entered into the billing software system by the 5th ~~working day of the following month~~ **end of each business week**.

Reception staff will record payments in a receipt book.

~~Accounting staff will perform billing procedures monthly and in a timely manner.~~

All receipts will be recorded on a spreadsheet showing payment date, receipt number, received from and which unit payment is being assigned to, amount of payment and whether cash or identify check number.

Accounting staff will post payments in the billing software system to credit the account accordingly. **Charges that are above usual and customary amounts will be written off.**

II. INSURANCE BILLING

~~Accounting~~ **Billing staff will perform billing procedures monthly and in a timely manner.**

Claims are submitted to insurance companies via electronic billing, paper claims, or the use of secure insurance company portals.

III. PRIVATE PAY STATEMENTS/**OVERDUE ACCOUNTS**

~~Private pay client statements will be mailed monthly.~~

IV. ~~OVERDUE ACCOUNTS~~

~~Notice of payment due will be given when an account is without a payment since the previous statement was mailed. After the initial mailing of the private pay balance due, notices will be mailed each month for the following 3 months informing client's of their balance due and a payment has not been received.~~

~~The billing software system has "self pay" dunning message that will appear on statements with 1st, 2nd, 3rd and Final Notices.~~

~~The Final Notice will indicate the account is overdue and collection action will be initiated if no payment within 30 days. The account will be reviewed by the Accounting staff/Director to determine appropriate collection procedures.~~

Statements will be sent monthly to client/parent/guardian showing the amount due. Once any portion of liability is waived the county may not take action to collect the waived amount.

Waived amounts and claim information are included on each monthly billing statement.

Waived amounts can be:

- **If a client only receives SSI or SSDI income they automatically will be exempt (no ATP) from any out-of-pocket expenses.**
- **If the client only has Medicaid they will automatically be exempt (no ATP) from an out-of-pocket expenses.**
- **If the client has BadgerCare Plus there will not be any out-of-pocket expenses. BadgerCare is the payor of last resort.**
- **If the client has no ability to pay (ATP) per DHS 1 the liability is waived and charges are written off monthly.**
- **If a client qualifies for a MMPS the MMP amount will be shown on the client billing**

statement as the amount due (the total monthly charges for services will be listed on the statement). If client is unable to pay the full MMP amount, a payment for less is acceptable and their account is considered current and active.

If no response is received within 30 days from the initial billing a second bill be sent with notation to contact the billing department to arrange Maximum Monthly Payment if one was not originally completed or to establish a payment plan.

If no response is received within 60 days from the initial billing an attempt will be made to reach the client by phone to obtain payments or establish a payment arrangement; a third bill will be sent.

If no response is received within 90 days a statement and FINAL collection letter (outlines the collection process) will be sent. If no response is received within 30 days, the account will be turned over to the Department of Revenue for collection.

The account is considered past due when a client:

- Has not made payment on the account in 3 months.
- Does not communicate or return calls to discuss the balance due and/or does not provide requested financial information.
- Statements are returned as undeliverable.

When a client is continuing to receive services, persistent efforts will be made to contact client/client representative for payment and/or financial information, including working with the client's service provider for additional information.

If the Behavioral Unit Manager or the client's service provider decide that sending the liability to collection would cause hardship or undo the positive outcomes of the services provided the liability would be waived and the amount would be written off.

COLLECTION AGENCY: Green Lake County DHHS has contracted with the Department of Revenue to handle all past due accounts. Procedures relating to the collection agency's practices are found in the contract agreement.

Balances eligible to send to the Department of Revenue are the Integrated outpatient services, inpatient services, juvenile supervision fees and NFS check fees.

Balances not eligible to be sent to the Department of Revenue are total balances under \$50.00, Restitution, B-3 Parental Cost Shares and CLTS Cost Shares.

ANNUAL REVIEW: The financial status of clients will be reviewed yearly from the time of their admission of services. This may be reviewed more frequently when:

- Client is discharged from a residential or inpatient level of care to an outpatient level of care.
- Client reports a change in insurance.
- Client is no longer a financial dependent and their qualification for MMPS may change if their financial information is reviewed.

When a client completes services with Green Lake County DHHS and a balance is left on their account, the amount determined from the MMPS Schedule will continue to be billed monthly until the MMP account balance has been paid off or new income information has been reported.

Actions that may be taken on the account:

Discontinue billings considered not collectable or too small to pursue and place in financial file in inactive status. May be re-activated if client contacts Department or if evidence is found that account may be collectable through an estate or other change in status.

Personal contact by Director, Unit Manager, Accounting staff, Corporation Counsel, etc. to ascertain the person's situation and arrange a new payment schedule based on current ability to pay.

Refer account to the Collection Agency for further action.

Pursuit of small claims action through Corporation Counsel/District Attorney when there is documentation of ability to pay and a judgment can be obtained.

- V.** Notation and documentation of collection decisions/actions are made in the client financial file. No client will be refused future services because of an overdue account within the Department of Health & Human Services – Behavioral Health Unit. All due consideration of the client's financial circumstances shall be taken into account when attempting collections and no client or family shall be asked to pay an amount that would create an undue financial burden. Clients are at all times encouraged and allowed to discuss their accounts, payment arrangements, financial situation changes, etc. with the Accounting staff and/or Unit Manager/Director.

VI. SYSTEM MAINTENANCE

Each month is closed out on the billing software system by Accounting staff ~~with the approval of the Director.~~

VII. PROCESS FOR WRITE-OFF OF ACCOUNTS

Charges determined to be uncollectable will be written off (adjustment) in the billing software system by the Accounting Staff.

RETENTION POLICY: Financial documentation on client accounts that are paid in full, settled by a mutual agreement and/or written off due to bankruptcy will be retained for 10 years from the date of the last payment or from when the official bankruptcy notice is received. After 10 years has expired, all documents will be shredded.

Forms Initial

- ~~Intake Application~~ Client Registration
- Fee Schedule
- Insurance Coverage and Authorization to Bill
- Financial Form
- Client Policies
- Consent for Treatment
- Notice of Privacy Practices
- Client Rights and Grievance Procedure
- Telehealth Consent along with technical instructions for Telehealth
- Outside provider info, patient condition form, PHQ-9

IDP Forms

- IDP Citation Information Form ~~Payment Forfeiture Letter~~
- IDP Appeal Process Release Form
- IDP Frequently Asked Questions
- IDP DOT Information Form
- Tuberculosis Survey

Other Forms

- Mandatory ~~6-8 week~~ 3 Month updates Front Desk Form

Green Lake Department of Health and Human Services

Financial Policies and Procedures

Section: 2 – Cash Payments and Receipts	Effective Date:
Sub-Section: 2.4 – Credit Card Payments and Security	Revision Date:
Authorized By:	

POLICY

Green Lake County Department of Health & Human Services (“DHHS”) accepts credit card payments from clients for payment on account. There are two ways a client can make credit card payments:

- 1) Via myHealthPointe client portal using Bill Pay tile.
- 2) In person or by phone call; designated DHHS staff with access to Back Office application will manually enter credit card information.

myHealthPointe Client Portal

- Client needs login/password to access portal.
- Client will go to Bill Pay tile.
- Client will see Current Total Balance and can click on Make a Payment button.
- Credit card payment is automatically posted to client account against oldest service date.
- Client can enter a custom amount to pay, credit card information and email address to receive a receipt. Click Submit Payment.

Back Office

- Billing Specialist (backup eHR Administrator) processes credit card payment, in person or via phone call, for client that has an office copay or balance on account for behavioral health services.
- Office Coordinator (backup Billing Specialist) processes credit card payment, in person or via phone call, for client paying for IDP Assessment.
- Deposit Entry form is used to enter Credit Card information, Client ID, Episode Number, Service Code 54: DEPOSIT – Unapplied Cash, Location, Guarantor 42-Self Pay, Amount and Posting Code: Payment Back Office.
- Payment is automatically posted to Client Register.
- Receipt for client is available by logging into Fiserv CardPointe, Reporting tab, find Transaction number and print receipt.
- If credit card payment is Declined, log into Fiserv CardPointe, Reporting tab, find Transaction number and scroll down to bottom and look at History Data to find reason (AVS Response).

Designated Staff Access

eHR Administrator is responsible for setting up staff permissions and user access to Back Office application and Fiserv CardPointe portal.

DHHS CardPointe Deposit Slip

- Credit Card/ACH Payments Report is printed every month on the last business day of the month.
- Deposit Slip is prepared using information from Credit Card/ACH Payments Report.
 - Select revenue account and correlating dollar amount
 - Grand total should match amount on Payments Report.
 - Email Deposit Slip to Treasurer's Office.
- Treasurer's Office will email Receipt for Credit Card Deposit.
 - Receipt will be put in H&HS – Administrative Unit Receipts Folder on Shared Drive.

Reconciliation

eHR Administrator (backup Billing Specialist) completes reconciliation to ensure DHHS records balance with Treasurer's Office.

Monthly Bank Statement

- When monthly bank statement is available. Log into Horicon Bank's Ascend Portal.
 - Go to HHS Credit Card Accounts tab and select Statements & eDocs.
 - Go to Statements tab and print the appropriate month.
 - Make sure deposits listed are equal to the amount submitted to Treasurer's Office. Transfer completed by Treasurer's Office; for the deposit amount, should be on bank statement. Transfer posts revenue to DHHS revenue accounts entered on deposit slip.
 - Note: Previous Month's Service and Processing Fees for myHealthPointe Portal and Back Office accounts.
 - Log into Fiserv CardPointe Portal and click on Reporting tab, click on Statements tab and download monthly statement for both GLC DHHS – MyHP and Green Lake County DHHS (Back Office).
 - Statements will give you separate Service Fee and Processing Fee for myHealthPointe and Back Office. The Service Fee and Processing Fee added together should match amount on bank statement. There are two amounts on bank statement, one for myHealthPointe Portal and one for Back Office.
- Email the following information to Financial/Business Manager to complete journal entry.
 - myHealthPointe Portal monthly Service & Processing Fees.
 - Back Office monthly Service & Processing Fees.
 - Forward both CardConnect bank statements to Financial/Business Manager.

- Monitor balance in Horicon Bank Ascend HHS Credit Card account.
 - Once or twice a year Treasurer's Office will need to replenish HHS Bank Account (207-00-11000-000-000). This balance in this account should match Alio.

DHHS CardPointe Deposit Slip

- Credit Card/ACH Payments Report is printed every month on the last business day of the month.
- Deposit Slip is prepared using information from Credit Card/ACH Payments Report.
 - Select revenue account and correlating dollar amount
 - Grand total should match amount on Payments Report.
 - Email Deposit Slip to Treasurer's Office.
- Treasurer's Office will email Receipt for Credit Card Deposit.
 - Receipt will be put in H&HS – Administrative Unit Receipts Folder on Shared Drive.

Credit Card Security Policy

Sensitive Information must have adequate safeguards in place to protect them, to protect cardholder privacy, to ensure compliance with various regulations.

Designated DHHS staff handling sensitive cardholder data should ensure:

- Protect sensitive card information. Enter credit card information directly into Back Office application, never write down on paper for later use or make a copy of card.
- Client paying in person. Take client in a private office.
- Never use Back Office application when working remotely.
- Credit card number and cardholder data is NEVER saved in CardPointe Portal for recurring monthly payments.
- Credit card numbers and cardholder data should NEVER be emailed, faxed or sent via any electronic messaging technologies.
- Credit cardholder information provided will not be stored anywhere.
- Cardholder's first-time paying with a credit card, a picture ID will be requested for verification.
- If client sends credit card information on billing statement it will be shredded immediately and client will be notified to never write down their credit card information and give to us.

GLC DHHS is required to comply with the Payment Card Industry Data Security Standards (PCI-DSS). PCI-DSS is verified annually by IT Director and eHR Administrator.

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 2 – Cash and Receipts	Effective Date: 2/13/17 AMENDED 1/25/18
Sub-Section: 2.4 2.5 – Petty Cash	Revision Date:
Authorized By: APPROVED DHHS BOARD 2/13/17	

POLICY

Petty cash and change funds are needed in the day-to-day operations of Green Lake Department of Health and Human Services (“DHHS”). Establishment of and changes to petty cash funds are approved by the DHHS/County Finance Committee. Funds will be kept in a secure location in the department with access limited to only selected individuals. These individuals are identified by the DHHS Director.

PROCEDURES

Front Desk Change Fund

- A change fund in the amount of \$50 has been established and is used at the front desk to make change for customers as needed. The balance of \$50 is retained each day after the daily deposit is withdrawn from the envelope. The Financial/Business Manager (Admin Coordinator)/Secondary Receptionist/Data Entry Specialist/Insurance Verification Representative are responsible for counting and verifying the balance in the change fund.

Petty Cash Funds

- The following petty cash funds have been approved:
 - General \$100 – to be used for making change for payments at the reception desk
 - ~~Fox River Industries \$333 – to be used for general program related supplies and activities (excluding workshop purchases)~~
- ~~Purchases should not exceed \$50.~~
- ~~Prior approval is required for purchases by Unit Managers.~~
- ~~A log describing what the funds were used for and who approved the usage will be maintained.~~
- ~~Receipts must be submitted and retained in the cash fund, with approval and type of expenditure clearly documented on the petty cash log (see link below).~~
- ~~Sales tax will not be reimbursed for purchases.~~
- ~~Designated individuals shall be appointed for each petty cash fund, who will be responsible for securing the funds in a locked drawer or safe. Unit Managers will have access along with a designated individual within the unit is responsible for the petty cash fund along with the reconciliation and replenishment of funds.~~
- ~~The petty cash fund is to be monitored and balanced monthly by the Designated Individual. The monthly reconciliation is to be forwarded to the Unit Manager for approval.~~

- ~~Petty cash replenishment forms are forwarded to the Financial/Business Manager, along with a copy of the log and receipts. Replenishment of petty cash shall be completed at a minimum, once per year.~~
- ~~Personal checks will not be cashed using the petty cash funds.~~
- ~~The Financial/Business Manager reviews the petty cash transactions when entering the voucher for payment.~~

FORMS

- ~~Petty Cash Log/Replenishment Form~~

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 3 – Expenditures	Effective Date:
Sub-Section: 3.1 – Purchases and Disbursements	Revision Date:
Authorized By: APPROVED BY DHHS BOARD	

POLICY

The purpose of a purchasing procedure is to ensure the Department's funds are appropriately spent in the most cost-effective manner and that the purchase has been approved by the required administrative hierarchy. The Green Lake County Department of Health and Human Services ("DHHS") will follow the County's purchasing policies for procurement of supplies and services.

DHHS will not enter into any procurement contracts or commitments with a suspended or debarred vendor or business.

PROCEDURES

There are various means in which to initiate a purchase for DHHS. The following processes are available and shall be followed:

Purchases Orders

- ~~_____ Purchases order requests are to be completed for hotel reservations, purchases over \$1,000 \$5,000 with committee approval, and general credit card purchases initiated through the Clerk's office.~~
- ~~The purchase order request form is located on the County's intranet site with link provided below.~~
- ~~All requests must be signed by requestor and be approved by the DHHS Director/Unit Manager.~~
- ~~When purchasing items with Federal funds, the identified grant administrator must also document approval on the purchase order and invoice upon receipt.~~
- ~~Staff complete the purchase order request and submit to DHHS Director/Unit Manager for approval and forward to the Purchasing agent in the Clerk's office for processing and related initiation of purchase as DHHS does not have access to the County's credit card.~~
- ~~Purchases in excess of \$1,000 require 2-3 bids and must be approved by the governing committee and the County Property and Insurance Committee.~~
- ~~When initiating purchases with federal dollars, the Unit Manager will review the five acceptable procurement methods to ensure the appropriate procurement procedures are followed (per Section §200.320 from the Uniform Grant Guidance <http://www.ecfr.gov/cgi-bin/text-idx?node=pt2.1.200&rgn=div5>). The five methods relate to micro purchases (supplies and services below \$3,000), small purchases (supplies, property or other sales between \$3,000 and \$150,000), sealed bids (in excess of \$150,000), competitive proposals (projects over \$150,000) and noncompetitive proposals (sole source).~~

Walmart Credit Card Purchases

- ~~DHHS has Walmart credit cards that are available for client specific purchases, office supplies, and other allowable purchases (i.e. foster clothing, grant specific items, medical supplies, etc.).~~
- ~~When receipt is returned, the Unit Managers are to code, sign and stamp the receipt identifying it as an allowable cost.~~
- ~~The Accounting Specialist DHHS Financial/Business Manager retains control over the Walmart credit cards. Cards must be requested of the Accounting Specialist DHHS Financial/Business Manager or Administrative Assistant Billing Specialist in the absences of the Accounting Specialist DHHS Financial/Business Manager.~~
- ~~The Accounting Specialist DHHS Financial/Business Manager maintains control of the tracking sheet that must be completed. Information required is as follows:~~
 - ~~Staff name~~
 - ~~Date card signed out~~
 - ~~Date card signed in~~
 - ~~Receipt returned~~
 - ~~General ledger account provided~~
- ~~Walmart invoices are all entered in the accounting system Alio by the Account Budget Coordinator in the County Clerk's office. County Financial Manager in the Administrators office.~~

Purchase of Service Contracts

- See Section 3, Subsection 3.2 for purchase of service contract procedures.

Vouchers

- New vendor requests are emailed to the DHHS Director for approval. He/she will approve via email which will then be forwarded to the Clerk's office **Administrators office** for set up in the **Accounting Alio** system. A completed W-9 form is required for new vendors. The **County Clerk's office Administrators office** will notify the **Administrative Coordinator** if a W-9 form needs to be sent to new vendor.
- Invoices are received from vendors at the beginning of each month, with a preferred receipt date of the 5th day of the month.
- Invoices are routed upon receipt to the appropriate Unit Manager for review, coding (Vendor ID and general ledger account) and approval.
- For purchases made with federal funds, approval that the cost is allowable per Uniform Grant guidance (2 CFR part 200) must be documented. The Unit Manager will stamp "Allowable **Cost**" and **initial sign and date** the invoice signifying the cost is allowable per Uniform Grant Guidance and program requirements.
- Upon approval and proper coding, the Unit Managers will route the invoices to the **Accounting Specialist DHHS Financial/Business Manager** for review **and Administrative Coordinator** entry into the **Alio Accounting** system. ~~The invoice is entered into the system which generates a voucher that is printed in duplicate.~~
- ~~One copy of the voucher/invoice is sent to the Clerk's office for payment. A second copy is retained at DHHS with the original invoice stapled to it and filed.~~
- Upon Entry the invoices are sent to the Administrators office for payment.
- One primary payment batch is processed each month **week**, for approval by the ~~board~~ **County Administrator**
- ~~The Accounting Specialist prepares a summary voucher listing and a detail voucher listing by unit for the Department of Health & Human Services Board meeting. The vouchers are reviewed and~~

approved by the DHHS Director and full Health and Human Services Board prior to issuance of payment.

- Vouchers are delivered to the Clerk's County Administrators office by 4:30 pm 10:30 AM by on Wednesday weekly after the second Monday of the month's board meeting for posting to appropriate expense accounts.
- Checks are then processed by the Clerk's County Administrator's office and delivered to the Treasurer's office for mailing the on Friday following the Board Meeting or as soon as possible within reason.
- ~~As checks are only processed once per month, there are situations that arise requiring immediate payment. To address these situations, an emergency batch is run each Wednesday by the Clerk's office. Any payment to be included is entered and processed by the Clerk's office, not by DHHS. These payments are then included on the subsequent listing for the board's approval.~~
- ~~The Board has approved payment for the following types of emergency payments: utility bills, outpatient invoices, doctor/psychiatrist invoices, conferences and training.~~

Mileage and Staff Expense Reimbursement

- County-wide procedures are followed, utilizing the "Mileage Report" and "Out of County Meals" forms available on the Intranet with links provided below.
- Staff must complete and provide to Unit Manager for approval and coding. Unit Manager will then forward to Accounting Specialist Administrative Coordinator for processing with the vouchers as noted above.
- Receipts must be provided for meal reimbursement.

Equipment Purchases in Excess of \$5,000 and Real Property

- Records will be maintained to identify all equipment having a useful life of more than one year and valued over a \$5,000 threshold when purchased with federal grant funds. Disposal of equipment acquired with federal funds will be completed in accordance with federal requirements. All equipment purchased with federal funds will be safeguarded, maintained, and insured in accordance with the capital asset policies set forth by the County.

Suspension and Debarment – Federal Funds

- All vendors and contractors for sub-awards of any value and procurement contracts equal to or exceeding \$25,000 \$100,000 will be compared to listings in the federal System for Award Management (SAM) for suspended, debarred, or excluded parties. This comparison will be completed by the Administrative Assistant/Accounting Specialist DHHS Financial/Business Manager prior to entering into the contracts with payment from federal funds. Information A print-out from the SAM website will be retained in the contractor's file. For new vendors not requiring a purchase of service contract, documentation from the SAM website will be retained in an electronic file for this purpose.

FORMS

- ~~Purchase Order Request~~
- ~~Purchase Order Request – Seminars/Conventions/Training~~
- Mileage Report
- Out of County Meals

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 3 – Expenditures	Effective Date: 2/13/17
Sub-Section: 3.2 – Purchase of Service Contracts	Revision Date:
Authorized By: Approved DHHS Board 2/13/17	

POLICY

Wisconsin Statute 46.036 requires counties to use contracts under certain circumstances. When deemed necessary per Wisconsin Statute, the Department will follow the criteria set forth in the guidance provided by Wisconsin Department of Health Services, Wisconsin Department of Children and Families and Federal Uniform Grant Guidance (2 CFR Part 200).

Federal award information and compliance requirements will be provided to sub-recipients of federal grants. Sub-recipients activities will be monitored which will include review of annual audit, follow up on any identified issues in the audit and other ongoing monitoring deemed necessary based on risk assessment.

PROCEDURES

When contracting for purchase of care and services, the Department shall:

Draft and Issue Purchase of Service Contracts

- Unit managers determine the need for ongoing and new contracts through the budgetary process, or as needs arise throughout the year.
- Unit managers draft the contract identifying the units and rates along with other provider specific requirements.
- Business/Financial Manager submits a contract form to the Director and County Manager for signatures.
- Once contract form is complete The Administrative Assistant Business/Financial Manager reviews and types and sends the final contract which is then signed by the DHHS Director.
- Once the contract is returned from the Provider contract is signed by County Manager.
- State contracts and addendums are signed by the County Administrator.
- In accordance with current departmental policy, any contractor receiving \$25,000 \$100,000 annual payments from the department will be required to annually conduct and submit a copy of their audit to the department for review, unless the department has requested a waiver and received approval from the regional office.
- The Administrative Assistant/Accounting Specialist Business/Financial Manager track contracts to ensure signed contracts are on file, along with required licensure and insurance. In addition, the following related to suspension and debarment shall be included:
 - All vendors and contractors for federal sub-awards of any value and procurement contracts equal to or exceeding \$25,000 need one of the following:
 - Search of the federal System for Award Management (SAM) for verification that vendor or contractor is not suspended, debarred or an excluded party
 - A signed certification from vendor/contractor regarding suspension and debarment
 - A clause or condition added to the covered transaction with the entity

Monitor Purchase of Service Contracts

- The ~~Accounting Specialist~~ **Business/Financial Manager** maintains a spreadsheet to monitor all contracted payments. Unit managers received this information quarterly for review and approval.
- All audits received are tracked and reviewed by the ~~Accounting Specialist~~ **Business/Financial Manager**.
- Issues identified will be discussed with the Unit Manager and DHHS Director, as needed.
- Corrective action plans are reviewed with contractor and monitored by the Unit Manager and/or ~~Accounting Specialist~~ **Business/Financial Manager**.

Complete Subrecipient Determination and Monitoring

- Subrecipient Determination
 - The “Subrecipient/Contractor Determination Checklist” will be completed for each contract issued by the Department. Once completed the DHHS Director will sign and date the checklist which will then be retained in the contract file.
 - The contract for all sub-recipient organizations will be modified to include the required information related to the federal award including fund source information (e.g., CFDA title and number, award name, name of federal agency) and applicable compliance requirements of the federal grant award, agency and funding source (refer to § 200.331 of the Federal Register for an all-inclusive list of the 15 specific data elements).
- Subrecipient Monitoring
 - To comply with the Uniform Grant Guidance, the following will be completed:
 - The Unit Manager will perform risk assessments to determine appropriate subrecipient monitoring, with assistance from the ~~Accounting Specialist~~ **Business/Financial Manager** related to financial matters and DHHS Director related to department oversight.
 - The Unit Manager and/or the ~~Accounting Specialist~~ **Business/Financial Manager** will perform appropriate and ongoing monitoring of each subrecipient which could include on-site reviews, training, technical assistance, and/or contracting for an agreed-upon procedure engagement as examples.
 - The Unit Manager and/or ~~Accounting Specialist~~ **Business/Financial Manager** will review reports that the pass-through entities require of the subrecipient.
 - The ~~Accounting Specialist~~ **Business/Financial Manager** will review subrecipient’s audits, as considered necessary.
 - The Unit Manager, along with the DHHS Director, will consider how to address subrecipient noncompliance.
 - The DHHS Director will issue a management decision for audit findings of the subrecipient within six months.

- The following are examples of items to consider during the risk assessment:
 - General Assessment
 - Maturity of subrecipient to managing grant funds?
 - Has there been staff turnover at the subrecipient, either in the fiscal or programmatic areas?
 - To what extent has the subrecipient developed or implemented new or substantially changed systems?
 - How long has the subrecipient been in business?
 - Monitoring & Audit Assessment
 - What did prior audits report with respect to internal control or noncompliance findings?
 - Has any on-site monitoring been performed in the recent years and, if so, what were the results of those monitoring visits?
 - Financial System Assessment
 - Does the subrecipient have an effective financial management system in place?
 - Does the accounting system identify the receipts and expenditures of program funds separately for each award?
 - Overall Fiscal Assessment
 - How material is our funding in terms of overall funding for the subrecipient?
 - Has the subrecipient been untimely in the drawdown of funds?
 - Financial Stability Assessment
 - What does the current and prior year financial statements report as far as financial strength?
 - Has the subrecipient been able to meet its cash needs?
 - Program Assessment
 - What is the program manager's assessment of the services from a programmatic perspective?
 - Has the subrecipient been meeting its current reporting requirements?
 - Does the subrecipient also subcontract funds to other providers?

FORMS

- Subrecipient/Contractor Determination Checklist

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 3 – Expenditures	Effective Date: 2/13/17
Sub-Section: 3.3 – Payroll and Time Reporting	Revision Date:
Authorized By: APPROVED BY DHHS BOARD 2/13/17	

POLICY

The Green Lake County Department of Health and Human Services (“DHHS”) will follow county-wide policies and procedures related to the human resources functions including bi-weekly payroll processing. Specific department procedures are identified below.

Additionally, all employees whose compensation is paid, in full or in part, with Federal funds (including those used to meet a match/cost share requirement) must maintain time and effort records in accordance with the federal standards. Employees must provide the information required on a timely basis and in accordance with all procedures. Time and effort records must be maintained in order for the Department to charge employee compensation costs to Federal grants. Compliance with these procedures prevents disallowance of salary and wages charged to Federal grants.

PROCEDURES

Biweekly Payroll

- Department personnel complete excel-based timesheets for each two-week period, documenting in and out time in addition to paid time off hours.
- Employee and supervisor signatures are required on each timesheet.
- Approved timesheets are forwarded to the County Clerk’s office for processing.

Human Resources

The DHHS hiring procedure follows the County policy (see County Administrative Code – Hiring Procedure):

When a position is vacated, the following steps are to be followed:

- Justification – ~~complete the “Position Review” form,~~ reviewing the reason for the request to fill the position.
- Present the “Position Review” to the County Administrator for approval.
- Upon approval, the ~~County Clerk’s office~~ **Administrators office** will post the position ~~internally for 3 days and then advertise the position~~ for a selected period of time based on recommendation from the DHHS Director/Unit Manager/~~Administrative Assistant~~.
- Applications are then reviewed.
- Qualified applicants are selected and interviewed.
- References are provided by applicant(s) and checked by management staff.

- Successful applicant(s) is required to take Personnel Evaluation Profile (“PEP”), and complete the Background Information Disclosure (BID) and Post-Offer of Employment Drug Testing forms.
- Management staff score the PEP test and Human Resources will complete the background check.
- If hired for the position, the individual is required to pass the pre-employment physical before determined start date. Letter confirming the start date and required paperwork is then sent.

Documentation of Personnel Expenses, Time and Effort Reporting and Approval Process

As the Department has more grants and programs than employees, almost all employees need to have their payroll expenditures allocated between programs based on monthly time logs, ~~or service allocation logs (“SALs”)~~. For programs funded with federal dollars, it is critical to implement a system such as this to document time and effort as required per the Federal Uniform Grant Guidance.

Standards for Documentation of Personnel Expenses

All employees paid with Federal funds must adhere to the following procedures to complete the appropriate time and effort records. These procedures also apply to employees paid with non-Federal funds that are used as a match (or in-kind contribution) in a Federal program.

Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must:

- Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated;
- Be incorporated into the official records of the County;
- Reasonably reflect the total activity for which the employee is compensated by the County, not exceeding 100% of compensated activities.
- Encompass both federally assisted and all other activities compensated by the County on an integrated basis, but may include the use of subsidiary records as defined in the County's written policy.
- Comply with the established accounting policies and practices of the County.
- Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.

Budget estimates (i.e., estimates determined before the services are performed) alone do not qualify as support for charges to Federal awards, but may be used for interim accounting purposes, provided that a comparison to actual and a reconciliation is made at year end. If the Department identifies a variance between how an employee’s salary was charged and how the employee actually worked, the Department will adjust its payroll charges so that the amount charged to Federal funds reflects the employee’s actual time and effort.

Specific Department Procedures for Time and Effort Reporting

- Department personnel are assigned to a primary unit, with 100% of their salary and fringe benefits charged to this unit through the payroll process.
- The monthly time logs/SALs are designed to capture time spent in various programs and grants that are operated within each unit within the Department.
- A workbook has been created for each unit to summarize this data and to create the allocation and related journal entry to accurately charge payroll expenditures to each grant and/or program.
- Upon completion of the monthly time logs/SALs, the employee and Unit Manager each electronically approve the completed report by the 5th of the following month. SALs are submitted in hard copy to the Accounting Specialist. The remaining Time logs are saved electronically in a shared drive for each unit. Unit Manager will approve electronically.
- The Financial/Business Manager Accounting Specialist reviews the time logs/SAL reports for reasonableness and copies the data from the time logs/SALs into the unit worksheet. There are checks and balances built into the worksheets to aid in the accuracy review by the Financial/Business Manager Accounting Specialist. The Financial/Business Manager Accounting Specialist will lock the approved time studies after her review to deter subsequent changes.
- The Financial/Business Manager Accounting Specialist will also obtain the monthly payroll report from the Clerk's office. The report should include all pay dates recorded in the general ledger that align with the time period for the time logs. SALs.
- Journal entries are created upon entry of time and payroll expenditures. The Financial/Business Manager Accounting Specialist will review the entries ensuring they are balanced and reasonable in comparison to previous months. Upon completion, the worksheet is reviewed and approved by County Finance Director Account Budget Coordinator/County Clerk.
- Journal entries are approved and signed by the County Finance Director Administrator. The Account Clerk then posts the entries in the ~~the~~ accounting system and retains the approved journal entries.
- The Financial/Business Manager Accounting Specialist will store the approved documentation and entries on the shared drive for each unit), which need to be maintained for a period of seven (7) years per County retention policy.
- For a more in-depth explanation of each step, see the Instructions tab located in each payroll allocation workbook.

FORMS

- Timesheet Template
- Administrative Unit Payroll Allocation Workbook
- Aging Unit Payroll Allocation Workbook
- Behavioral Health Services Unit Payroll Allocation Workbook
- Children and Families Unit Payroll Allocation Workbook
- Economic Support Unit Payroll Allocation Workbook

- Public Health Unit Payroll Allocation Workbook
- Fox Rivers Industries Payroll Allocation Workbook
- ~~Professional Services Allocation Workbook~~

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 4 – Budgets	Effective Date: 2/13/17
Sub-Section: 4.1 – Budget Creation and Amendments	Revision Date:
Authorized By: APPROVED BY DHHS BOARD 2/13/17	

BACKGROUND

The Department of Health & Human Services (“DHHS”) partakes in the annual budget preparation process required of the County in accordance with Section 65.90 of the Wisconsin Statutes. The budget is a legal document that represents the financial plan for County operations. The County Board adopts the budget in November.

POLICY

DHHS will follow county-wide policies and procedures related to budget creation and subsequent budget amendments. Department specific procedures are as follows:

PROCEDURES

Budget Creation

- A budget calendar is created by the **County Manager's** Administrator's office each year identifying key deadlines for various components of the budget.
- The Account Budget Coordinator (Clerk's Office) provides the Department with a worksheet to complete for the upcoming budget year. The DHHS Director, in collaboration with the Unit Management staff, prepares the annual budget by reviewing the worksheets and calculating estimates for current year revenues and expenditures along with budget estimates for the upcoming year.
- The budget worksheets are initially prepared with the prior year salary and fringe benefits until the Personnel Committee approves any changes for the upcoming budget year. The ~~Administrative Assistant~~ **HHS Finance/Business Manager** will review and update the salary and fringe benefit information accordingly after committee approval.
- DHHS budget must be presented to its board for approval at the August board meeting (which includes a public hearing) or sooner, based on the budget calendar.
- Upon approval, the DHHS budget is forwarded on to the County **Manager** Administrator and subsequently to the Finance Committee and the County Board for approval in November.

Budget Amendments

- Amendments to the budget may be necessary throughout the year. Amendments are first prepared by the **Finance Director** ~~Accounting Specialist~~ and approved by the DHHS Director and then forwarded via email or written communication to the ~~Account Budget Coordinator~~ in the Clerk's office and County **Manager** Administrator.
- All budget amendments are then reviewed and approved by the Finance Committee.
- Approved amendments are then entered into Alio by the **Finance Director** ~~Account Budget Coordinator~~.

GREEN LAKE COUNTY

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health & Human Services
571 County Road A

Green Lake, WI 54941-8630

PHONE: 920-294-4070

Fax: 920-294-4139

EMAIL: glcdhhs@greenlakecountywi.gov



Fox River Industries
222 Leffert St.; PO Box 69

Berlin, WI 54923-0069

PHONE: 920-361-3484

FAX: 920-361-1195

EMAIL: fri@greenlakecountywi.gov

2026 Rates

CHILDREN & FAMILY CHARGES

Juvenile Supervision	Monthly	\$	25.00
Electronic Monitoring	Daily	\$	5.50
Drug Screen			Varies
Victim/Witness Surcharge		\$	20.00
Shelter Care	Daily	\$	175.00
Background Check-Private Agency		\$	20.00
Custody Studies		\$	400.00

BEHAVIORAL HEALTH CHARGES

Psychiatrist	Hourly	\$250.00
Intake/Assessment Session	90 Min.	\$210.00
Individual Counseling	20-30 Min.	\$70.00
Individual Counseling	45-50 Min.	\$140.00
Individual Counseling	75-80 Min.	\$210.00
Family Counseling	Hourly	\$140.00
Groups	Hourly	\$35.00
Court Ordered Assessment		\$250.00
Intoxicated Driver Assessment		\$275.00
Amended Driver Safety Plan		\$65.00
DSP Compliance Forms		\$30.00

VACCINATIONS (ADULT)

Influenza – High-Dose Trivalent	\$84.00
Influenza-Quadrivalent	\$40.00
Hepatitis A Vaccine	\$70.00
Hepatitis B Vaccine (3 Shot Series)	\$165.00

PUBLIC HEALTH CHARGES

Capillary Blood Lead Testing Fee	\$5.00
DPP Employer/Private Pay Fee	\$500.00

MEDICAL RECORD COPIES (Effective 7/1/2025 – 6/30/2026)

First 25 pages	per page	\$1.35
Pages 26 to 50	per page	\$1.01
Pages 51 to 100	per page	\$0.66
Pages 101 and above	per page	\$0.39

GREEN LAKE COUNTY

DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

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November 2025 Health Unit Monthly Report to the Health & Human Services Board

Public Health Update:

- Rachel attended the Regional Communicable Disease Seminar in De Pere on November 4th. Seminar focused on case investigations and best practices.
- Together with the East Central Alliance for Nicotine Prevention, Lauren presented to the City of Berlin Park and Rec Commission on the benefits of smoke free parks for youth and the public in general on October 1st. The Park and Rec Commission approved a recommendation to amend their current ordinance of smoke free buildings to include park areas. This recommendation was then sent on to the City of Berlin's Committee of the Whole which is set to meet on November 4th.
 - Update on November 4th meeting: Committee members expressed opinion & concerns towards the recommendation and the decision was tabled but not listed to revisit. Lauren and Johanna were not allowed to speak or answer questions at this meeting.
- Rachel and Lauren attended the Central WI Health Partnership (CWHP) meeting on November 5th where the group continues to work on their strategic plan to focus efforts on substance use prevention and recovery.
- Annual N95 mask fit testing day held on November 6th for all Health Department staff.
- Rachel attended the quarterly Tri-County Death Review with Waushara County presenting 3 cases on November 6th. All 3 cases were suicides. Discussion was held on increased number of deaths by suicide in Waushara and Marquette counties. Next meeting group will be doing a deeper dive into data in all 3 counties, looking for trends and ways to prevent future suicides.
- New Environmental Health specialist Amber P. started in her position on November 7th. Her home office will be located in Marquette County but will be training and assisting Kyle here in Green Lake County.
- Second meeting of the Opioid Settlement funds panel was held on November 10th to discuss and review the process of applying for and distribution of funds. Rachel/Lauren developed fund guidelines, application, and scoring rubric. Next meeting scheduled for Monday, December 8th to finalize documents and timeline.

- Lauren attended the Tobacco/Retailer Training in Fond du Lac on November 10th. This training focused on tobacco and alcohol regulations/laws for retailers, which was put on by East Central Alliance for Nicotine Prevention.



- Allison and Nancy provided blood lead testing and immunization clinic at Prairieview HeadStart 4k class on November 13th. 2 children received blood lead testing, and a total of 3 vaccines were provided.
- Lauren and Allison, along with Officer Hunter with the GLC Sheriff's Office, met with Amish School leader Samuel Mast on November 13th, to discuss educational needs and opportunities to disseminate information in the Amish Schools located in Green Lake County.
- "Pop-up" flu vaccine clinic held on Saturday, November 15th at the Berlin Public Library from 10am to noon. The clinic was a great success with a total of 20 flu vaccines provided.
- Lauren attended the Super CHAT planning meeting to start planning for our next plunge which will focus on adult cell phone use. The plunge will be planned for spring of 2026.
- Green Lake County United for Prevention Coalition meeting was held on November 19th. Update provided on progress made in conducting alcohol compliance checks in Green Lake County. Next meeting scheduled for January 14th at 11am. We will have a presentation on Hemp derived THC.
- Lauren attended the MCH Adolescent Well-Being workshop (virtually) on November 19th. This is a requirement of our MCH grant.
- Rachel attended the ITeams meeting on November 20th with Charlie Health presenting. Charlie Health offers specialized clinical programming designed to support mental health needs of clients ages 8 to 64 via telehealth.

- Lauren and Allison provided several educational classes to Middle Schoolers and High Schoolers at Markesan school on November 21st. Topics covered were vaping prevention and health care careers in public health.



- **DPP Update:**
 - Currently there are 3 active DPP groups/cohorts with a total of 32 participants!

Respectfully submitted,

Rachel Prellwitz, Health Officer

CHILDREN & FAMILY SERVICES UNIT – November 30, 2025

The children and family unit consists of the Unit Manager and 11 staff. The unit is fully staffed and working hard to provide services to all our families in the community.

Staff in the unit are working on the Angel Tree Program for the county. This year we will be serving 100 families total in the program. Many local businesses are participating by having a tree with angels on it. The annual gift giveaway will be on December 11, 2025, at the Green Lake Conference Center.

Out-of-Home Care – as of 11/30/2025

There were no new removals or returns in the month of November, out-of-home care numbers remained the same.

There are levels to Out of Home Care. Those levels are as follows:

- Court Ordered Relative Care
- Level 1 Foster Care- specific child license or relative license
- Level 2 Foster Care-general foster care with no prior relationship
- Level 3 Treatment Foster Care-private agencies
- Level 4 Specialized Treatment, Group Home
- Level 5 Exceptional Treatment, Residential Care Centers

Green Lake County has the following in each form of placement:

Ct. Ordered Relative Care- 1

Level 1- 0

Level 2- 6, 3 of these children are with licensed relatives and 3 are with non-relatives

Level 3- 0

Level 4- 0

Level 5- 0

Total Placements = **7 children in care currently.**

Voluntary Kinship Care (\$375.00 month per child)

Eleven (11) children are in this form of kinship care. They must have a yearly review.

Subsidized Guardianship – Is considered a permanent placement for the children and the county must review the home and placement one time per year.

Eight (8) subsidized guardianships.

ACCESS REPORTS

Child Protective Services –

January – 10 reports, 1 screened in, 9 screened out

February- 13, 3 screened in, 10 screened out.

March- 18, 6 screened in, 12 screened out

April- 21, 5 screened in, 16 screened out

May- 16, 3 screened in, 13 screened out

June- 13, 2 screened in, 11 screened out

July- 11, 1 screened in, 10 screened out

August- 14, 4 screened in, 10 screened out

September- 14, 3 screened in, 11 screened out

October 17- 5 screened in, 12 screened out

November 17, 4 screened in, 13 screened out

YTD: Total reports 164

37 reports screened in total

Child Services/Welfare –

January – 2; 1 screened in; 1 screened out.

February- 1; 1 screened in

March- 6, 0 screened in, 6 screened out

April- 4, 0 screened in, 4 screened out

May -7, 1 screened in, 6 screened out

June- 3, 0 screened in, 3 screened out

July- 2, 1 screened in, 1 screened out

August – 0 received

September – 4, 2 screened in, 2 screened out

October- 11, 3 screened in, 8 screened out

November 1, 1 screened in

YTD: Total Service Reports-41

10 screened in total

Youth Justice –

January – 5

February-2

March- 2

April- 2
May- 1
June- 7
July- 5
August- 10
September-4
October- 1
November- 8

YTD: 47 referrals

Birth to Three/C-COP/CLTS

****Birth to Three** had (2) two new children referred to the program in the month of November. Two new Individualized Family Service Plans (IFSP's) were developed. There were Fourteen (14) open children in the program in the month of November that had active IFSP's.

Children's Community Options program (CCOP) has one (1) child enrolled.

Children's Long-Term Support Waiver (CLTS) children are presently also being carried by the Birth to Three program coordinator; Eight (8) cases have been assigned.

Aging / ADRC Nov

ADRC – local ADRC can help decide if someone is eligible for publicly funded long-term care.

In addition, the ADRC will provide:

Information about Wisconsin's long-term care programs and help with local resources.

Information on living options, the kind of help you or your loved one needs, where to receive care, and how to pay for it.

One-on-one counseling to determine the best options based on personal needs, values, and preference

- Total Served Consumers 64

Age		
	Under 60	13
	60 - 74	18
	75 - 84	10
	85+	5
	Date of Birth Missing	18

Service Type Totals:

Disenroll Couns-Leaving Program	1
Enrollment Counseling	4
Functional Screen	4
Information & Assistance	47
Medicaid Application Assistance	3
Options Counseling	6
Short Term Service Coordination	6
Disenroll Couns-Leaving Program	1

Disability Benefit Specialist- Disability benefit specialists are available to help adults ages 18 to 59 who have a disability. Elder benefit specialists are on-hand to help adults over age 60 who have a disability. Specialists can answer your questions related to benefits, such as:

FoodShare
Medicaid
Medicare
Private health insurance
Social Security

- Total Served Consumers 59

Service Type Summary

Service Type	Total Unduplicated Clients
Income – SSA Programs	35
Medicaid	4
Medicare	4
Other	5

Elder Benefit Specialist- Elder benefit specialists are on-hand to help adults over age 60 who have a disability. Specialists can answer your questions related to benefits, such as:

- FoodShare
- Medicaid
- Medicare
- Private health insurance
- Social Security

- Total Served Consumers 17

Service Type Summary

Service Type	Total Unduplicated Clients
Communication	1
General Information, Assistance, or Referral	12
General Information, Assistance, or Referral	4

Food Pantry –

- Total Households = 312
- Total People served = 719
 - a. -Seniors = 228
 - b. -Adults under 60 = 289
 - c. -Children = 202

Nutrition Program (2 sites Berlin and Markesan)– Senior dining centers (congregate) give older adults a place to enjoy a fresh, healthy meal with others. Centers offer a space for community, friendship, and a place to receive resources / education. Home-delivered meals are for older adults who must stay at home or have limited ability to leave the home. It may be hard to travel due to health or other reason.

- Home – Delivered Meals – 1377 – YTD AVG 1563
- Congregate – 464 – YTD AVG 431
- Carry Out – 16 – YTD AVG 33

Caregiver Support Programs- 3 programs (National Family Caregiver Support Program, Alzheimer's Family and Caregiver Support Program and Title IIIB). The purpose of the National Family Caregiver Support Program (NFCSP) is to assist families and other informal caregivers in caring for loved ones at home for as long as possible. Research shows that caregivers experience high levels of emotional, physical, and financial stress which often leads to diminished health of the caregiver.

Alzheimer's Family and Caregiver Support program is available to individuals with a diagnosis of Alzheimer's disease or other dementia and their caregiver when the person with dementia

Title IIIB These funds are for legal services, access assistance and in-home services.

- National Family Caregiver Support Program – 2 New Referral
- Alzheimer's Family and Caregiver Support Program – 2 New Referral
- Title IIIB – 0 new referrals

Dementia Care Specialist – Provide free information and support to adults with dementia and caregivers. Help create places where people with Dementia can remain active and safe.

- Reducing Dementia Risks presentation