

**NOTICE OF MEETING**  
**HEALTH & HUMAN SERVICES COMMITTEE**  
**July 19, 2016 - 8:30 AM**

Health and Human Services Department  
1011 North 8th Street  
Sheboygan, WI 53081  
Room 413

**\*AMENDED Agenda\***

Call to Order

Certification of Compliance with Open Meeting Law

Approval of Minutes

Health & Human Services Committee - Regular Meeting - Jul 5, 2016 8:30 AM

Announcements

Public Input

Resolution Referred by Price County

Consideration of Resolution No. -- 20-16 - Support of the Department of Health Services  
Enhancing the Quality of the Medicaid Non-Emergency Medical  
Transport System

Department of Health Services Non-Emergency Medical Transportation Report Highlights

Business and Administrative Services Manager Shannon Otten

Consideration of Financial Statement for Year-to-Date May 31, 2016

Review and Approve Vouchers

Approval of Attendance at Other Meetings or Functions

Adjourn

Prepared by:

Julie Schaefer

Recording Secretary

James Baumgart  
Committee Chairperson

Tom Eggebrecht  
Health and Human Services Department Director

NOTE: A majority of the members of the County Board of Supervisors or of any of its committees may be present at this meeting to listen, observe and participate. If a majority of any such body is present, their presence constitutes a "meeting" under the Open Meeting Law as interpreted in *State ex rel. Badke v. Greendale Village Board*, 173 Wis. 2d 553 (1993), even though the visiting body will take no action at this meeting.

Wis. Stat. § 19.84 requires that each meeting of a governmental body be preceded by a public notice setting forth the time, date, place, and subject matter of the meeting. This Notice and Agenda is made in fulfillment of this obligation. Electronic versions of this Notice and Agenda may hyperlink to documents being circulated to members in anticipation of the meeting and are accessible to the public for viewing. Additions, subtractions, or modifications of the hyperlinked materials do not constitute an amendment to the meeting agenda unless expressly set forth in an Amended Notice and Agenda. Members of the public are encouraged to check from time to time before the meeting to see whether the hyperlinked content has been changed from what was originally posted.

Persons with disabilities needing assistance to attend or participate are asked to notify Julie Schaefer, 920-459-3176 prior to the meeting so that accommodations may be arranged.

## SHEBOYGAN COUNTY HEALTH AND HUMAN SERVICES COMMITTEE MEETING

Sheboygan County Health and Human Services Department  
1011 North 8<sup>th</sup> Street  
Sheboygan, WI 53081  
Room 413

**July 5, 2016**

**Called To Order: 8:30 a.m.**

**Adjourned: 9:00 a.m.**

**MEMBERS PRESENT:** Supervisor Jim Baumgart – Chair; Supervisor Brian Hoffmann – Vice Chair; Supervisor Roger Otten, Supervisor Thomas Epping, Supervisor Henry Nelson, and Mr. Curtiss Nyenhuis

**MEMBERS ABSENT:** Supervisor Jacob Van Dixhorn – Secretary; Mr. Craig Schicker, and Mr. Larry Samet

**ALSO PRESENT:** Tom Eggebrecht, Nick Larkin, Tim Gessler, Scott Shackelford, Karlyn Raddatz, Jean Beinemann, Diane Liebenthal, and Marian University Nursing Student Jennifer Kessenich

Supervisor Baumgart called the Health and Human Services Committee Meeting to order at 8:30 a.m.

Supervisor Baumgart informed the Committee that Supervisor Van Dixhorn, Mr. Craig Schicker, and Mr. Larry Samet are excused from today's Health and Human Services Committee Meeting.

### **CERTIFICATION OF COMPLIANCE WITH OPEN MEETING LAW**

The Health and Human Services Department received an e-mail noting that the agenda for the July 5, 2016 meeting of the Health and Human Services Committee was posted on June 30, 2016, at 9:30 a.m., in compliance with the Open Meeting Law.

### **REVIEW AND APPROVE MINUTES: June 21, 2016 HEALTH AND HUMAN SERVICES COMMITTEE MEETING MINUTES**

Supervisor Otten moved and Mr. Nyenhuis seconded to approve the minutes of the June 21, 2016 Health and Human Services Committee Meeting. Motion carried unanimously.

### **ANNOUNCEMENTS**

Tom Eggebrecht informed the Committee that Jean Beinemann is retiring and today is her last day of employment with this Department.

Tom introduced Nick Larkin to the Committee. Nick is the newly hired Department's Deputy Director/Behavioral Health Manager.

### **PUBLIC INPUT**

None.

### **RECOGNITION OF JEAN BEINEMANN'S CAREER AND ACCOMPLISHMENTS – Karlyn Raddatz**

Karlyn Raddatz recognized Jean Beinemann's 36-year-career in public health, with 28 of those years employed with Sheboygan County. Karlyn thanked Jean for her dedication in promoting public health services in this community. Jean Beinemann thanked the Committee for their

Minutes Acceptance: Minutes of Jul 5, 2016 8:30 AM (Approval of Minutes)

support of public health services for the last 28 years. Karlyn presented Jean with a certificate of recognition for her 28 years of dedication in promoting county public health services.

**CONSIDERATION OF PRICE COUNTY RESOLUTION NO. 20-16 – SUPPORT OF THE DEPARTMENT OF HEALTH SERVICES ENHANCING THE QUALITY OF THE MEDICAID NON-EMERGENCY MEDICAL TRANSPORT SYSTEM – Tom Eggebrecht**

After discussion, Tom Eggebrecht will review the Legislative Audit Bureau report and inform the Committee of the Legislative Audit Bureau's findings at the next Committee meeting. At that time, the Committee will decide what course of action they will take in regards to this Resolution.

**CONSIDERATION OF VACANT POSITION REQUEST – HUMAN SERVICES SPECIALIST (ECONOMIC SUPPORT) – Tim Gessler**

Tim Gessler presented a Vacant Position Request for a Human Services Specialist (Economic Support) and explained the necessity of filling this position.

Supervisor Hoffmann moved and Supervisor Epping seconded to approve the Vacant Position Request for a Human Services Specialist (Economic Support). Motion carried unanimously.

**CONSIDERATION OF VACANT POSITION REQUEST – HUMAN SERVICES SPECIALIST (CHILD SUPPORT) – Tim Gessler**

Tim Gessler presented a Vacant Position Request for a Human Services Specialist (Child Support) and explained the necessity of filling this position.

Supervisor Epping moved and Supervisor Hoffmann seconded to approve the Vacant Position Request for a Human Services Specialist (Child Support). Motion carried unanimously.

**REVIEW AND APPROVE VOUCHERS**

Supervisor Epping moved and Supervisor Otten seconded to approve the expense vouchers as presented. Motion carried unanimously.

**APPROVAL OF ATTENDANCE OF MEMBERS AT OTHER MEETINGS OR FUNCTIONS**

Supervisor Epping moved and Supervisor Nelson seconded to approve the attendance of the following Committee members at the following meeting:

- **Wednesday, July 13, 2016** – Joint Finance and Executive Committee Meeting – any Committee members wishing to attend

Motion carried unanimously.

Supervisor Hoffmann moved and Supervisor Nelson seconded to approve the attendance of the following Committee member at the following meeting:

- **Thursday, June 23, 2016** – Human Resources Committee Meeting – Supervisor Otten

Motion carried unanimously.

**ADJOURNMENT**

At 9:00 a.m., Supervisor Epping moved and Supervisor Hoffmann seconded to adjourn the July 5, 2016 Health and Human Services Committee Meeting. Motion carried unanimously.

Julie Schaefer  
Recording Secretary

Jacob Van Dixhorn  
Committee Secretary

Minutes Acceptance: Minutes of Jul 5, 2016 8:30 AM (Approval of Minutes)

Resolution 20-16**Support of the Department of Health Services Enhancing the Quality of the Medicaid Non-Emergency Medical Transport System**

WHEREAS, prior to 2010, the Wisconsin Medicaid Non-Emergency Transportation (NEMT) program was largely county-administered; and

WHEREAS, the Wisconsin Legislature enacted law in 2010, which required the county-administered system to be replaced by a transportation brokerage model; and

WHEREAS, the brokerage model is operated by a provider under contract with the Wisconsin Department of Health Services, as well as subcontractors of the contracted provider; and

WHEREAS, the Wisconsin Legislative Audit Bureau conducted an audit of this program and issued a Legislative Audit Bureau report # 15-4 in May 2015, detailing its findings; and

WHEREAS, the Legislative Audit Bureau report # 15-4 documented performance metrics of the system and found that within a one-year period, 5.8% of the recipients experienced at least one instance of having a scheduled medical appointment fail because the provider never arrived; and

WHEREAS, the Legislative Audit Bureau report 15-4 estimates that the cost of the program increased from an estimated \$44.4 million in FY2009-2010 to \$56.1 million in FY2013-2014, an increase of over 26%. There was also a \$782,600 retroactive payment to Medical Transportation Management under a February 2015 contract amendment. The 2015-2016 line states \$70,723,400. The 2016-2017 line states \$71,774,600; and

WHEREAS, the contract between the Wisconsin Department of Health Services and the broker is based upon a capitated rate system, in which the vendor is paid a set amount based on membership, rather than the number of rides or quality of service, which is a potential disincentive to provide the service.

NOW, THEREFORE, BE IT RESOLVED, that the Price County Board of Supervisors herein assembled urges the State of Wisconsin Legislature and the Wisconsin Department of Health Services to utilize the information in the Legislative Audit Bureau report and feedback from consumers, to guide substantive changes to the program which addresses the inconsistency of trips, cost growth and contract payment structure. In addition to the consideration of the reinstatement of county operated Medicaid Transportation system should a county choose to do so. This solution would better serve consumers and maintain a strong stewardship of public funds; and

BE IT FURTHER RESOLVED that this resolution be forwarded to all Wisconsin County Clerks, the Wisconsin Counties Association, the Health and Human Services Steering Committee of the Wisconsin Counties Association, Local State Legislators and all County Human/Social Services Boards.

Submitted by the Price County Health and Human Services Board:

Excused  
Travis Nez, Chairperson

Peter Dahlie  
Peter Dahlie

Bruce Jilka  
Bruce Jilka

Paula Koch  
Paula Koch

Kay Pluemer  
Kay Pluemer

Gerald Swenson  
Gerald Swenson

John Vlach  
John Vlach

John Walasek  
John Walasek

Dennis Wartgow  
Dennis Wartgow

Reviewed by County Administrator:

Nicholas Trimner  
Nicholas Trimner

Adopted by the Price County Board of Supervisors this 21<sup>st</sup> day of June, 2016

Bruce Jilka  
Bruce Jilka, County Board Chair

Jean Gottwald  
Jean Gottwald, County Clerk

For 12 Against 0

To View Report 15-4

# Non-Emergency Medical Transportation

Department of Health Services

May 2015

## Report Highlights ■

***From August 2013 through June 2014, MTM provided 2.3 million trips to approximately 69,300 Medical Assistance recipients.***

***Data on NEMT expenditures are incomplete because of limitations in how they were collected and reported before FY 2011-12.***

***From July 2010 through January 2015, the Legislative Audit Bureau received a total of 386 complaints regarding NEMT services.***

***We recommend DHS take steps to reduce the extent to which transportation providers fail to arrive or arrive late for scheduled trips.***

The Department of Health Services (DHS) administers the State's Medical Assistance program, which is also known as Medicaid. The program uses state and federal revenue to fund health care-related services, which include non-emergency medical transportation (NEMT) services for individuals with low and moderate incomes. Public transportation, taxis, and specially equipped vans with ramps or lifts are used to take recipients to and from covered Medical Assistance services when a recipient has no means of transportation or needs financial help to cover transportation costs. In fiscal year (FY) 2013-14, DHS spent \$56.1 million in state and federal funds to provide NEMT services to those Medical Assistance recipients who did not receive long-term care services.

Concerns have been raised about the dependability, quality, and cost of NEMT since DHS began contracting with private vendors, known as transportation brokers, to coordinate the statewide provision of NEMT services in July 2011. Therefore, at the request of the Joint Legislative Audit Committee, we reviewed:

- changes in the administration of NEMT services over time;
- trends in expenditures and variations in the provision of services;
- program oversight;
- recipient and provider complaints;
- the level of satisfaction with the management and provision of NEMT services; and
- areas in which NEMT services can be improved.



## Expenditures for NEMT Services

We compiled the best information available on NEMT expenditures from FY 2009-10 through FY 2013-14. However, these data are incomplete and do not always reflect actual costs, largely because of limitations in how data were collected and reported before FY 2011-12. We estimate that NEMT expenditures increased from \$44.4 million in FY 2009-10 to \$56.1 million in FY 2013-14 for those Medical Assistance recipients who did not receive long-term care services.

From August 2013 through June 2014, Medical Transportation Management (MTM), Inc., a transportation broker with which DHS has contracted, provided 2.3 million trips to approximately 69,300 Medical Assistance recipients and paid \$39.8 million to transportation providers. A trip is generally defined as travel from a recipient's home to the business, clinic, or hospital where a service covered by Medical Assistance will be provided, or travel from the health care provider back to the recipient's home.

## Oversight of NEMT Services

DHS included oversight provisions in its contract with MTM, such as ensuring callers speak to a customer service representative within an average of four minutes. In addition, DHS requires MTM to oversee transportation providers, including screening and credentialing drivers and their vehicles and providing for disciplinary and corrective actions in instances of transportation provider noncompliance.

To monitor compliance with these requirements, MTM collects documentation from transportation providers, ensures drivers are subject to drug tests, and conducts annual inspections of providers' vehicles. MTM may assess liquidated damages against transportation providers under certain circumstances. We found that MTM made 439 assessments against 85 transportation providers totaling \$10,055 from August 2013 through June 2014.

In November 2014, DHS implemented a corrective action plan for MTM that remained in force through January 2015. It required MTM to undertake several corrective measures to ensure callers would be on hold for no more than four minutes, on average.

## Complaints about NEMT Services

MTM is required under its contract with DHS to develop a formal written complaint process, provide a telephone line that is always staffed to receive complaints, and provide a website through which complaints may be submitted. Under the terms of its contract with DHS, at least 99.7 percent of the trips MTM provides are to be without a substantiated complaint. However, we found that MTM met the

### Key Facts and Findings

*MTM assumed responsibility as the statewide transportation broker for EMT services in August 2013.*

*Of 103,431 calls made to MTM's call center in June 2014, 14.3 percent were abandoned before they were answered.*

*From August 2013 through June 2014, we found 4,154 instances in which transportation providers did not arrive for a scheduled trip.*

*From August 2013 through June 2014, we found 55,320 instances in which transportation providers arrived more than 15 minutes late to take recipients to their appointments.*

*In assessing their overall experience with MTM, 87.0 percent of survey respondents indicated they were "satisfied" or "very satisfied."*

complaint-free standard during only three months from August 2013 through June 2014. In addition, we found that MTM did not send letters notifying complainants when it was going to exceed 30 business days to resolve their complaints. Approximately one-fourth of the 9,107 complaints that MTM substantiated from August 2013 through June 2014 involved drivers that never arrived for scheduled trips. Some recipients indicated their health care providers had discontinued seeing them because they missed too many appointments.

From July 2010 through January 2015, we also received a total of 386 complaints regarding NEMT services, and we were able to substantiate 65 complaints (16.8 percent). Common complaints we received, as well as those received by MTM, related to drivers not arriving to transport recipients or arriving late to take them to their appointments.

## Satisfaction with NEMT Services

We conducted a survey of 5,000 randomly selected Medical Assistance recipients who received at least one trip arranged by MTM from January through June 2014, excluding those whose services were entirely limited to public transportation or mileage reimbursement.

Over 40 percent of respondents indicated they had experienced instances in which they missed or had to reschedule their appointments because drivers arrived more than 15 minutes late to pick them up or did not arrive at all. In addition, 56.8 percent of respondents indicated they or their children were picked up more than 15 minutes late for a return trip home, and 26.3 percent indicated they or their children were never picked up for a return trip home. However, 87.0 percent of respondents indicated that, overall, they were either "satisfied" or "very satisfied" with the NEMT services they received through MTM.

We also conducted a survey of 311 transportation providers. More than one-half of all respondents indicated dissatisfaction with the trip scheduling process, trip volume, and the amount of compensation provided.

## Improving the Provision of NEMT Services

We found that from August 2013 through June 2014, MTM was unable to schedule 942 trips for recipients because no vehicle was available, including at least 164 trips in which recipients had called three or more business days in advance of their appointments. Beginning in February 2014, DHS required MTM to follow provisions of a corrective action plan to address instances in which no vehicles were available to provide trips. In January 2015, DHS assessed MTM \$25,500 in liquidated damages based on the frequency with which no vehicle was available to provide trips in September 2014.

However, DHS did not impose liquidated damages on MTM when transportation providers failed to arrive to transport recipients. From August 2013 through June 2014, we found 4,154 instances in which a transportation provider did not arrive to transport a recipient to an appointment or to provide a ride home, including 2,026 trips (48.8 percent) that were scheduled three or more business days in advance. From August 2013 through June 2014, 5.8 percent of recipients who received trips experienced at least one instance of a transportation provider failing to arrive for a scheduled trip.

**Instances in Which Transportation Providers Failed to Arrive for Scheduled Trips**  
August 2013 through June 2014

<u>Number of Instances</u>	<u>Recipients Affected</u>
1	2,814 <sup>1</sup>
2	414
3	83
4	27
5	3
6	4
7	2

<sup>1</sup> Excludes 102 recipients who scheduled a trip but never received one because transportation providers failed to arrive.

Transportation providers reported arriving more than 15 minutes late for 55,320 (8.7 percent) of the trips they provided from August 2013 through June 2014 to recipient appointments. Of these trips, 20.3 percent resulted in the recipients being more than 15 minutes late for their appointments.

## Recommendations

We include recommendations for DHS to:

- ☑ consider developing additional performance standards related to caller hold times and abandoned calls (*p. 34*);
- ☑ discontinue certifying specialized medical vehicle (SMV) providers whose vehicles are not inspected under state statutes and alter its policies accordingly (*p. 42*);
- ☑ enforce contract provisions requiring MTM to provide every complainant with an update of the review being conducted within 10 business days (*p. 45*);
- ☑ amend its contract with MTM to formally establish the additional 14 business days it now permits for complaint review and notification (*p. 49*);
- ☑ amend its contract with MTM to require MTM to notify complainants by mail when it will take longer than 30 business days to review and respond to a complaint (*p. 49*);
- ☑ establish standards for the number or percentage of transportation provider no-shows that will be permitted each month (*p. 81*) and for the number or percentage of scheduled trips for which transportation providers arrive more than 15 minutes late that will be permitted each month (*p. 81*); and
- ☑ develop a corrective action plan that requires MTM to meet the new standards and report weekly to DHS on transportation provider no-shows and late arrivals (*p. 81*).

We also include recommendations for DHS to report to the Joint Legislative Audit Committee by December 1, 2015, on:

- ☑ its implementation of opioid treatment programs and the extent to which they may help reduce future NEMT costs (*p. 28*);
- ☑ the effectiveness of its corrective action plan for MTM in addressing caller hold times and the development of additional standards for hold times and abandoned calls (*p. 34*);
- ☑ its efforts to update SMV policies (*p. 42*); and
- ☑ the results of its efforts to establish standards for transportation provider no-shows and late arrivals, including the extent to which both no-shows and late arrivals have been reduced (*p. 81*).



**Legislative Audit Bureau** | State Auditor: Joe Chrisman

Address questions regarding this report to the State Auditor at (608) 266-2818 or at [AskLAB@legis.wisconsin.gov](mailto:AskLAB@legis.wisconsin.gov).



## AGENCY RECAP

(##) means under budget

	Current Month as of May 31, 2016				Year to Date as of May 31, 2016			
	Budget	Actual	Variance	% of Variance	Budget	Actual	Variance	% of Variance
<b>REVENUE</b>								
Tax Levy	\$ 1,638,449	\$ 1,638,449	\$ -	0.00%	\$ 6,311,410	\$ 6,311,410	\$ -	0.00%
Federal/State Contract Revenue	\$ 837,929	\$ 827,965	\$ (9,964)	-1.19%	\$ 5,971,787	\$ 6,023,272	\$ 51,485	0.86%
Medicare/Medicaid/Insurance/Private Pay	\$ 276,580	\$ 219,352	\$ (57,228)	-20.69%	\$ 1,389,519	\$ 1,047,430	\$ (342,089)	-24.62%
Contributions/Donations	\$ 12,994	\$ 9,538	\$ (3,456)	-26.60%	\$ 64,962	\$ 60,397	\$ (4,565)	-7.03%
Hotel/Restaurant	\$ 23,500	\$ 33,081	\$ 9,581	40.77%	\$ 117,500	\$ 124,631	\$ 7,131	6.07%
Court Fees	\$ 10,037	\$ 8,999	\$ (1,038)	-10.34%	\$ 50,185	\$ 50,956	\$ 771	1.54%
Other Revenue	\$ 2,093	\$ 2,220	\$ 127	6.07%	\$ 10,459	\$ 12,513	\$ 2,054	19.64%
Non State Grants	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	
<b>Total Revenue</b>	<b>\$ 2,801,582</b>	<b>\$ 2,739,604</b>	<b>\$ (61,978)</b>	<b>-2.21%</b>	<b>\$ 13,915,822</b>	<b>\$ 13,630,609</b>	<b>\$ (285,213)</b>	<b>-2.05%</b>
<b>EXPENSES</b>								
Wages & Benefits	\$ 1,014,398	\$ 1,020,847	\$ 6,449	0.64%	\$ 4,946,502	\$ 5,051,392	\$ 104,890	2.12%
Purchased Services	\$ 1,271,067	\$ 1,179,348	\$ (91,719)	-7.22%	\$ 6,371,912	\$ 5,648,895	\$ (723,017)	-11.35%
Operating Expenses	\$ 135,199	\$ 143,118	\$ 7,919	5.86%	\$ 799,914	\$ 761,548	\$ (38,366)	-4.80%
Interdepartmental Expenses	\$ 381,483	\$ 345,711	\$ (35,772)	-9.38%	\$ 1,819,651	\$ 1,830,209	\$ 10,558	0.58%
Capital Outlay	\$ -	\$ 9,143	\$ 9,143		\$ -	\$ 10,710	\$ 10,710	
<b>Total Expense</b>	<b>\$ 2,802,147</b>	<b>\$ 2,698,167</b>	<b>\$ (103,980)</b>	<b>-3.71%</b>	<b>\$ 13,937,979</b>	<b>\$ 13,302,754</b>	<b>\$ (635,225)</b>	<b>-4.56%</b>
<b>Net Change in Fund Balance</b>	<b>\$ (565)</b>	<b>\$ 41,437</b>	<b>\$ 42,002</b>		<b>\$ (22,157)</b>	<b>\$ 327,855</b>	<b>\$ 350,012</b>	

## Fund Balance Activity:

Fund Balance as of 12/31/2013	\$ 3,280,647
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Transferred from HHS to Capital Project Software	\$ (1,060,911)
Resolution 35 (2013/14) - Building Project HHS	\$ (600,000)
Transferred from HHS to General Fund	\$ (2,721,937)
2014 Positive Variance	\$ 1,610,772
<b>Total as of 12/31/2014</b>	<b>\$ 508,571</b>

2015 Positive Variance	\$ 2,035,566
Transferred from General Fund into HHS	\$ 3,026
Transferred from HHS to General Fund	\$ (1,929,093)
<b>Total as of 12/31/2015</b>	<b>\$ 618,070 *</b>

\*\$500,000 allowable fund balance plus \$118,070 for office remodel (Resolution No. 30)

Revenue (under budget) and Expense (over budget)  
Brackets mean negative impact to meeting budget

May  
Variance to Budget

## Revenue

Total Tax Levy Over/(Under) Budget

\$ -

## State Grant Revenue

Admin	\$	(3,878.00)	Reflects the SACWIS equipment grant which was budgeted but will not be received this year.
ADRC	\$	23,480.00	Grant is being claimed faster than budgeted, this will level off as the year progresses.
BH CM	\$	55,742.00	Expenses for the Community Mental Health Grant will fluctuate during the year. Variance is caused by timing of actual to budget.
BH Outpatient	\$	33,240.00	Timing of actual to budget for AODA Block Grant and Community Mental Health Grant.
CFRU	\$	(220,694.00)	Timing of actual to budget for the Children's Community Options Program, Children's Waiver, Coordinated Services Team, and Safe and Stable Families Grants.
Child Welfare	\$	12,867.00	Timing of actual to budget for Kinship Base Benefits and Foster Parent Training Grants.
Economic Support	\$	45,416.00	Additional funds approved post budget process, timing of actual to budget for WHEAP grants, and FP/Investigation Program Consortia funds that were not budgeted.
Elder Services	\$	38,806.00	Timing of actual to budget spread of all Aging grants.
Environmental Health	\$	564.00	Timing of actual to budget for Transient Water Supply Grant reimbursement
Juvenile Justice	\$	2,192.00	Timing of actual to budget for the JJ early intervention and PATHS Pilot Grants. Received a youth aids payment from prior year.
General Public Health	\$	6,286.00	Timing of actual to budget for the Emergency Preparedness/EBOLA, Perinatal HEP B, TB Dispensary and Refugee Grants.
Maternal Child Health	\$	38,831.00	Timing of actual or budget for Consolidated Contract and WIC Grants.
Child Support	\$	18,633.00	Claiming of grant fluctuates throughout the year. Variance includes a payment for prior year incentives.
Total State Grant Revenue Over/(Under) Budget		\$	51,485.00

## Medicare/Medicaid/Insurance/Private Pay

Admin	\$	-	
ADRC	\$	-	
BH CM	\$	(298,271.00)	Collection of Private Pay, 3rd Party Collections, DVR and MA will fluctuate throughout the year.
BH Outpatient	\$	14,079.00	Private Pay, Medicare, and Medicaid collections will fluctuate throughout the year.
CFRU	\$	(72,837.00)	Timing of actual to budget for 3rd Party Collections and the use of children's waiver dollars will fluctuate during the year.
Child Welfare	\$	37,023.00	Increased ability to pay from parents for children in Foster Homes and Child Caring Institutions.
Economic Support	\$	695.00	Non Med GR client payments that were not budgeted.
Elder Services	\$	(1,973.00)	Decreased Private Pay collection.
Environmental Health	\$	(234.00)	Timing of actual to budget for Transient Well Fees which will now be sent out in May and June with licenses renewals.
Juvenile Justice	\$	(5,483.00)	Decreased ability to pay from parents for children in Group Homes, Foster Homes, Child Caring Institutions and Child Placement in DOC.
General Public Health	\$	(793.00)	Decrease in MA for TB/Lead/Immunizations.
Maternal Child Health	\$	(14,285.00)	Timing of actual to budget for MA TB/Lead/Immunization, Managed Health Services, United Health Services and UWM-Immunization Coalition HPV grant.
Child Support	\$	(10.00)	Decrease in personal payments.
Total MC/MA/Ins/Private Pay Over/(Under) Budget		\$	(342,089.00)

Contributions/Donations	\$	(4,565.00)	Contributions and donations will fluctuate throughout the year as well as from year to year. Currently this decrease relates to Home Delivered Meals.
Hotel/Restaurant	\$	7,131.00	Licenses and permit fees fluctuate throughout the year.
Court Fees	\$	771.00	Court fees are paid to HHSD as they are collected.
Other Revenue	\$	2,054.00	Includes fees for copies, interest income and other miscellaneous reimbursements.

Total Revenue Summary Over/(Under) Budget

\$ (285,213.00)

Revenue (under budget) and Expense (over budget)  
Brackets mean negative impact to meeting budget

May  
Variance to Budget

## Expenses

**Employee Related Expenses**

Wages/Benefits	\$	(104,891.00)	
Interdepartmental - Employee Related	\$	28,034.00	
<b>Total Employee Related Expenses (Over)/Under Budget</b>	<b>\$</b>	<b>(76,857.00)</b>	

The main reason for the variance is the budget to actual timing of payroll, April had three actual pay periods and the budget is spread equally across the year. Variance relates to vacant positions and lag in filling positions. This is offset by the budget reduction of 3.5% in wages to allow for vacancies throughout the year.

**Purchased Services**

Admin	\$	29,492.00	Timing of actual to budgeted expenses for software consulting.
ADRC	\$	(29.00)	Decrease in Interpretation Services offset by increase in cell phone costs
BH CM	\$	108,808.00	Need for service changes throughout the year. CCS, IMD, Institutions, Housing/Energy Assistance, Supported Employment, Inpatient Hospital, Community Living Support and Work Related Services are under budget currently but Residential CBRF services are over.
BH Outpatient	\$	169,535.00	Fluctuations in Psychiatrist services, CBRF needs, and Detox-Non Hospital needs are currently less than budgeted causing this variance.
CFRU	\$	320,544.00	Variance is caused by a decrease in the services needed in the Children's Community Options Program, decreased need for Transportation, Counseling and Therapeutic services currently, one child in institutions, and fluctuations in the Birth to Three program and CLTS program account for this variance.
Child Welfare	\$	(80,120.00)	Increased utilization in Child Caring Institutions, Group Home Out of County and Foster Homes. Increase in TPR cases. Offset by Child Advocacy which will be reflected starting in June.
Economic Support	\$	(6,379.00)	There is no budget for Cares system maintenance or Fraud Prevention/Investigation which is offset by no expenditures in Client Services and various other purchased services.
Elder Services	\$	17,381.00	Fluctuation in client purchase service needs, primarily an Increase in Housing/Energy Assistance
Environmental Health	\$	10,161.00	Timing of actual to budgeted expenses for Consulting and Lab Analysis.
Juvenile Justice	\$	151,203.00	Decreased services for PATHS, Family Training Program, Counseling and Therapeutic Resources and State Corrections which are offset by an increase in Child Caring Institutions.
General Public Health	\$	(2,592.00)	Increase in consulting and outreach purchased services.
Maternal Child Health	\$	5,851.00	Decrease in Client Service needs.
Child Support	\$	(838.00)	Increase in Interpretation Services and Service of Process Charges with a decrease in Swab Testing.
<b>Total Purchased Services (Over)/Under Budget</b>	<b>\$</b>	<b>723,017.00</b>	

**Operating Expenses**

Repairs & Maintenance	\$	23,266.00	Includes carryover for upgrades to panic alarm system and allows for a part time security presence in the building.
General Operating	\$	16,967.00	Advertising, supplies, travel and training costs fluctuate throughout the year as compared to budget spread. This line item also includes bad debt expense which is the write off of old uncollectable client balances and the furniture purchases that will occur later in the year.
Fixed Charges	\$	(1,867.00)	Budget to actual fluctuations
<b>Total Operating Expenses (Over)/Under Budget</b>	<b>\$</b>	<b>38,366.00</b>	

**Other Interdepartmental Expenses**

Building Services HHS & Other Overhead Costs	\$	(38,591.00)	Reflects budget to actual timing related to overhead and building services charges which should clear up as the year progresses.
<b>Total Other Interdept's Expenses (Over)/Under Budget</b>	<b>\$</b>	<b>(38,591.00)</b>	

**Capital Outlay**

Vehicles, Office Furniture, Building Improvements	\$	(10,710.00)	Admin office remodel, budget is reflected in June
<b>Total Capital Outlay (Over)/Under Budget</b>	<b>\$</b>	<b>(10,710.00)</b>	

**Total Expense Summary (Over)/Under Budget** **\$ 635,225.00**

**Net Amount (Over)/Under Budget** **\$ 350,012.00**