

# FREEBORN COUNTY BOARD OF COMMISSIONERS MEETING NOTICE AND AGENDA

December 19th, 2023

Notice is hereby given that the Board of Commissioners of the County of Freeborn will meet in session on Tuesday, December 19th, 2023 at 8:30 a.m. in the Boardroom at the Freeborn County Government Center and live streamed at [www.co.freeborn.mn.us](http://www.co.freeborn.mn.us)

1. Call to order and Pledge of Allegiance.
2. Approval of Meeting Agenda.
3. Consider resolution approving the Consent agenda (the following items will be acted upon without discussion unless an item is asked to be removed and placed on the regular agenda to allow for discussion)
  - Approval of Minutes from the November 28th, 2023 Board Meeting
  - Approval of Regular Full-Time Status Employees
  - Approval of Drainage Ditch Repairs
4. Reports of the Board Committees.
5. New Business.

- CSAH 26 (810<sup>th</sup> Avenue) Paving Award Presentation

6. Consideration of issues presented by persons of the general public and/or other general items.  
*Persons wishing to address the Board concerning matters pertaining to this agenda as well as any other matters of County concern should ask to be recognized by the Chair at this time. All presenting items of consideration shall address the Board of Commissioners as a whole, and shall not direct comments to individual Commissioners, attempt to engage Commissioners in conversation, or solicit a Commissioner to respond to the speaker's comments. All speakers are limited to 5 minutes each.*

## 7. Reports of Various Departments.

### A. Report of Auditor-Treasurer

- Consider a resolution authorizing the Repurchase of Tax Forfeited Property
- Consider a resolution adopting the individual sewage treatment system loan

### B. Report of Human Services

- IMS Purchase of Service Agreement for Guardianship and Conservatorship Services (2024-2025)
- IMS Purchase of Service Agreement for SILS (2024-2025)
- LSS Purchase of Service Agreement for SILS (2024-2025)
- Crest Services Purchase of Service Agreement for SILS (2024-2025)
- Mower County Purchase of Service Agreement for Family Child Care Licensing (2024-2025)
- 2023 Uncollectible/Write-off for Freeborn County Mental Health Center
- 2023 Uncollectible/Write-off for Freeborn County Human Services
- 2024 WDI Contract for MFIP/DWP Services

### C. Report of Highway

- Consider a resolution authorizing Final Payment of SAP 024-626-023

### D. Report of Public Health

- Consider a resolution to approve the grant contract agreement with Minnesota Department of Human Services for Child and Teen Checkup Outreach

- Consider a resolution to approve a grant project agreement with Minnesota Department of Health for Emergency Preparedness and Response

E. Report of Administration

- Consider a resolution accepting the resignation of Joseph Petersen, Substance Treatment Provider, effective December 11<sup>th</sup>, 2023
- Consider a resolution approving an employment agreement with the County Administrator
- Consider a resolution setting the 2024 salary of the Freeborn County Attorney
- Consider a resolution setting the 2024 salary of the Freeborn County Sheriff
- Consider a resolution setting the 2024 salary of the Freeborn County Commissioners
- Consider a resolution setting a 3% cost of living adjustment to the wage scale for all union and non-union employees effective the first payroll in January of 2024
- Consider a resolution setting the final tax levy for 2024
- Consider a resolution approving and certifying the 2024 County Budget
- Consider a resolution Granting Authority to Designate Investment Depositories to the Finance Manager

8. Other items as necessary but unknown at this time

9. County Commissioner's item.

10. Approval of Claims.

11. Adjournment.

**BARRIER FREE:** All Freeborn County Board of Commissioners meetings are accessible to the handicapped. Attempts will be made to accommodate any other individual needs for special services. Please contact Administration (507) 377-5116 early so necessary arrangements can be made.



**ADJOURNED MEETING OF THE COUNTY BOARD**

**November 28th, 2023**

The Board of Commissioners of Freeborn County met in the Freeborn County Boardroom at 8:30 a.m. on Tuesday, November 28th, 2023. Members present: Commissioners Forman, Edwin, Kaasa, Shoff and Eckstrom.

The meeting was opened with the Pledge of Allegiance.

Commissioner Shoff offered the following motion;

**MOVED**, approving the agenda as presented with two additions under Report of Administrator; 1) Consider a resolution to fill the vacant County Assessor position; 2) Consider a resolution to fill the Human Resources Generalist position

Motion seconded by Commissioner Eckstrom.

After discussion, a vote was taken and the Chair declared the motion approved.

Commissioner Edwin offered the following resolution;

**RESOLUTION No. 23-321**

**Approval of the Freeborn County Board of Commissioners Consent Agenda as provided in the Freeborn County Board Rule of Procedure 9(A)**

**WHEREAS**, the Freeborn County Board is the governing body of Freeborn County, and;

**WHEREAS**, the Freeborn County Board has implemented a Consent agenda to perform the duties of the board in a more effective and efficient manner, and

**WHEREAS**, the following items have been placed for approval of the Freeborn County Board of Commissioners on the current Board meeting Consent Agenda as provided by the Board rules of procedure, being routine and of a regular action;

**NOW, THEREFORE BE IT RESOLVED**, to place the following are hereby approved for appropriate action:

- 1) Approval of the November 21st, 2023 minutes;
- 2) Approval of Drainage Repairs

Resolution seconded by Commissioner Kaasa.

After discussion a vote was taken and the Chair declared the resolution adopted.

The Commissioners provided Board Committee updates.

Chairman Forman asked if there was any public comment and there was none.

Commissioner Edwin offered the following resolution;

**RESOLUTION # 23-322**

**A RESOLUTION APPROVING THE COUNTY FEEDLOT DELEGATION WORKPLAN PURSUANT TO MINNESOTA ADMINISTRATIVE RULES, CHAPTER 7020.1600 SUBP. 3A.**

**WHEREAS**, FREEBORN COUNTY is currently party to the Minnesota Pollution Control Agency's County Animal Feedlot Delegation Agreement in accordance with Minnesota Administrative Rules Ch. 7020, as approved, adopted, and signed by the Board of Commissioners on 02/05/02.

**WHEREAS**, Minn. Rules Ch. 7020.1600 Subp. 3a requires that Delegation Agreements be reviewed and revised by the County annually to determine if the requirements of Minn. Rules Ch. 7020.1600 subp. 3b. are fulfilled and to establish new goals.

**WHEREAS**, the County Feedlot Officer has submitted a Delegation Agreement Work Plan to the Board of Commissioners that describes the Feedlot goals and expectations for the years 2024 and 2025, in accordance with Minn. Rules Ch. 7020.1600 Subp. 3a.

**BE IT THEREFORE RESOLVED**, the Freeborn County Board of Commissioners approves and adopts the attached Delegation Agreement Work Plan for the years 2024 and 2025.

Resolution seconded by Commissioner Kaasa.

After discussion a vote was taken and the Chair declared the resolution adopted.

Commissioner Eckstrom offered the following resolution;

#### **RESOLUTION 23-323**

**BE IT RESOLVED**, that the sum of \$2,715.00 is hereby appropriated out of the General Revenue Fund of Freeborn County for the purpose of creating a Change Fund/Impress Cash Fund to the following listed departments as custodians of these funds in Freeborn County:

|                             |                  | Custodian #1      | Custodian #2    | Custodian #3   |
|-----------------------------|------------------|-------------------|-----------------|----------------|
| County Treasurer            | \$1,200.00       | Kelly Hendrickson | JoDee Avery     |                |
| County Recorder             | \$ 240.00        | Kelly Hendrickson | Krista Walton   | Heather Bagley |
| County Auditor/License Ctr. | \$ 550.00        | Kelly Hendrickson | Brenda Jensen   |                |
| County Sheriff              | \$ 350.00        | Ryan Shea         | Terri Zabrocki  | Jess Dreyling  |
| County Public Health        | \$ 25.00         | Sue Yost          | Anita Majerus   | Natalie Look   |
| Dept. of Human Services     | \$ 50.00         | Suzanne Nerison   | Waylon Welvaert | Doug Miller    |
| Environmental Services      | <u>\$ 300.00</u> | Mark Goskeson     | Gina Gullickson |                |
|                             | \$2,715.00       |                   |                 |                |

**BE IT FURTHER RESOLVED**, that the sum of \$500.00 be drawn upon the General Revenue Fund of Freeborn County for the purpose of creating a Petty Cash Fund held by the Auditor-Treasurer's Office with Kelly D. Hendrickson and JoDee Avery as custodians. This petty cash fund is to be used to reimburse various departments in Freeborn County for incidental postage paid for county business.

**BE IT FURTHER RESOLVED**, that the sum of \$100.00 be drawn upon the General Revenue Fund of Freeborn County for the purpose of creating a Petty Cash Fund held by the Sheriff's Office with Ryan Shea, Terri Zabrocki and Jess Dreyling as custodians. This petty cash fund is to be used to reimburse the Sheriff's Department for Alcohol and Tobacco Compliance checks held in the county.

Resolution seconded by Commissioner Shoff.

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Shoff offered the following resolution:

#### **RESOLUTION 23-324**

Resolved, that Citizens Community Federal Bank, Albert Lea; US Bank and US Bancorp Investments, Inc. Albert Lea; Wells Fargo Bank Minnesota, Albert Lea; Security Bank Minnesota, Albert Lea and Alden; Home Federal Savings Bank, Albert Lea; Produce State Bank, Albert Lea, Glenville; Arcadian, Freeborn, Hartland, Albert Lea; State Bank of New Richland, New Richland; Columbus Bank and Trust, Columbus, Georgia; Multi-Bank Securities, Inc. (MBS), Southfield, Michigan; MII Life Incorporated, St. Paul, Minnesota; Wells Fargo Bank Minnesota Corporate Trust Services, Minneapolis, Minnesota; Wells Fargo Securities, LLC., Minneapolis, Minnesota; UBS Financial Services, Inc., Wayzata, MN; Minnesota Association of Governments Investing for Counties (Magic or the Fund) MN; Commerce Bank, Geneva; Moreton Capital Markets, Excelsior, Minnesota; (herein called the "Bank"), be and are hereby designated as depositories of Freeborn County (Herein called the "Depositor") with authority to accept or



receive at any time for the credit of the Depositor deposits by whosoever made, of funds and other property in whatever form or manner transferred or endorsed, open or cause to be opened one or more accounts with the Bank on such terms, conditions and agreements as the Bank may now or hereafter require and to make any other agreements deemed advisable in regard to any of the foregoing.

Resolved further, that checks drafts or other orders for the payment, transfer or withdrawal of any of the funds or other property of the otherwise authorized, by any one or two (1 or 2) of the following named individuals: Kelly D. Hendrickson, JoDee Avery, Dawn Drescher, Noel Ahnemann (JoDee Avery, Dawn Drescher or Noel Ahnemann will sign for Kelly D. Hendrickson) and the Bank is hereby authorized to pay and charge to the account of the Depositor any such checks, drafts or other orders so assigned or otherwise authorized, including those payable to the individual order of the person or persons signing or otherwise authorizing the same and including also those payable to the persons who signed such checks, drafts or other withdrawal orders or otherwise authorized such persons may authorize payment, transfer or withdrawal by oral or telephonic directions to the bank complying with such roles and regulations relating to such authorization as the bank may communicate to the Depositor from time to time.

Resolved further, that the person(s) so authorized to sign be and are hereby authorized and empowered, on behalf of the Depositor, to transact any and all other business with and through the Bank which such person(s) may at any time deem to be advisable, including, without limiting the generality of the foregoing, authority to purchase certificates of deposit and to enter into deposit agreements, safe deposit agreements, lock-box agreements, night depository agreements, freight payment service processing service agreements offered by the Bank, and, in reference to any such business, to make any and all agreements and to execute and deliver to the Bank and all contracts and other writing which such person(s) may deem to be necessary or desirable.

Resolved further, that the Auditor-Treasurer shall certify to the Bank the names and signatures (either actual or any form or forms of facsimile or mechanical signatures adopted by the person authorized to sign) of the persons named above and such certifying officer shall from time to time hereafter, upon a change in the facts so certified, immediately certify to the Bank the names and signature (actual or facsimile) of the persons then authorized to sign or to act; the Bank shall be full protected in relying on such certificate and on the obligation of the certifying officer (set forth above) to immediately certify to the Bank any change in any facts so certified, and the Bank shall be indemnified and saved harmless by the Depositor from any claims, demands, expenses, loss or damage resulting from or growing out of honoring or relying on the signature of other authority (whether or not property used and, in the case of any facsimile signature, regardless of when or by whom or by what means such signature may have been made or affixed) of any officer or person whose name and signature was so certified, or refusing to honor any signature or authority not so certified.

Resolved further, that these resolutions shall continue in force until express written notice of their rescission or modification has been furnished to and received by the Bank.

Resolved further, that any and all transactions by or in behalf of the Depositor with the Depositor with the Bank prior to the adoption of this resolution be, and the same hereby are, in all respects ratified, approved and confirmed.

The transfer or withdrawal of funds on deposit in any of the aforementioned institutions, by check, shall be by the signatures of the following officers or their alternatives;

Kelly D. Hendrickson, Interim Auditor-Treasurer\_\_\_\_\_

JoDee Avery, Deputy Auditor-Treasurer\_\_\_\_\_

Dawn Drescher, Deputy Auditor-Treasurer\_\_\_\_\_

Noel Ahnemann, Deputy Auditor-Treasurer\_\_\_\_\_

A transfer of funds by wire or electronic fund transfer in any of the aforementioned institutions may also be affected by use of a signature or facsimile signatures of Kelly D. Hendrickson, Interim County Auditor-Treasurer, and JoDee Avery, Deputy Auditor-Treasurer, Dawn Drescher, Deputy Auditor-Treasurer and Noel Ahnemann, Deputy Auditor-Treasurer.

Resolution was seconded by Commissioner Edwin.

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Edwin offered the following resolution:

#### **RESOLUTION 23-325**

**BEFORE THE FREEBORN COUNTY BOARD OF COMMISSIONERS  
ACTING AS DRAINAGE AUTHORITY FOR FREEBORN COUNTY DITCH J21**



**WHEREAS**, the Freeborn County Board of Commissioners ordered the improvement of Freeborn County Ditch J21 – Branch A North; and

**WHEREAS**, Steve Penkava, the duly appointed engineer, supplied a written Engineer's Report that states the contract has been completed in compliance with the plans and specifications; and

**WHEREAS**, a public hearing shall be held to hear public comment to bring the project to completion;

**NOW THEREFORE**, a public hearing is hereby set for January 2<sup>nd</sup>, 2024.

Resolution was seconded by Commissioner Eckstrom

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Eckstrom offered the following resolution:

#### **RESOLUTION 23-326**

##### **RESOLUTION APPOINTING COUNTY ADMINISTRATOR**

**WHEREAS**, the Freeborn County Board is authorized to appoint and employ the County Administrator upon terms and conditions it deems advisable and in conformance to Minnesota Statutes 375A.06, Subd. 1; and

**WHEREAS**, Ryan Rasmusson has served as the Interim County Administrator, since appointed by the board on May 16, 2023, and

**WHEREAS**, based on performance as the Interim County Administrator, along with training, experience, and administrative qualifications, the Freeborn County Board has the confidence in Ryan Rasmusson to perform the duties of the County Administrator,

**NOW, THEREFORE BE IT RESOLVED**, that the Freeborn County Board of Commissioners does hereby appoint Ryan Rasmusson as the County Administrator, effective November 28, 2023.

Resolution was seconded by Commissioner Edwin

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Eckstrom offered the following resolution:

#### **RESOLUTION 23-327**

##### **RESOLUTION APPROVING THE PROMOTION OF ERIN HORNBERGER TO THE POSITION OF HUMAN RESOURCE MANAGER**

**WHEREAS**, on March 21, 2023, the Freeborn County Board of Commissioners created the position of Human Resource Manager; and

**WHEREAS**, Erin Hornberger has served in the positions Human Resource Specialist and Human Resource Generalist for Freeborn County; and

**WHEREAS**, Erin Hornberger had been assigned the duties of Personnel Director on April 25, 2023 until the appointment of a County Administrator; and

**WHEREAS**, it is the desire of the Freeborn County Board of Commissioners to fill the position of Human Resource Manager,

**NOW, THEREFORE BE IT RESOLVED**, that the Freeborn County Board of Commissioners does hereby approve the promotion of Erin Hornberger to the position of Human Resource Manager, effective November 28, 2023.

**BE IT FURTHER RESOLVED**, that the probationary period is waved as Erin Hornberger has essentially served in the role since April 25, 2023.

Resolution was seconded by Commissioner Kaasa.

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Shoff offered the following resolution:

**RESOLUTION 23-328**

**RESOLUTION CEASING THE TEMPORARY DELEGATION OF CERTAIN DUTIES OF THE COUNTY ADMINISTRATOR**

**WHEREAS**, on April 25, 2023, the Freeborn County Board of Commissioners temporarily delegated the financial duties and responsibilities of the County Administrator to the Financial Manager, until otherwise provided by the Board; and

**WHEREAS**, on April 25, 2023, the Freeborn County Board of Commissioners temporarily delegated the duties of the Personnel Director to Erin Hornberger, until otherwise provided by the Board; and

**WHEREAS**, the Freeborn County Board of Commissioners appointed Ryan Rasmusson as County Administrator on November 28, 2023,

**NOW, THEREFORE BE IT RESOLVED**, that the Freeborn County Board of Commissioners does hereby cease the temporary delegation of the financial duties and the duties of the Personnel Director, and revert the duties to the County Administrator, effective November 28, 2023.

Resolution was seconded by Commissioner Kaasa.

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Edwin offered the following resolution:

**RESOLUTION 23-329**

**RESOLUTION APPOINTING THE COUNTY ADMINISTRATOR AS DEPARTMENT HEAD OF THE COUNTY ASSESSOR'S OFFICE**

**WHEREAS**, per Minnesota Statute 375A.06, Subd. 2, the Freeborn County Board may appoint as County Administrator any county officer or employee deemed to be qualified by reason of training, experience and administrative qualifications; and

**WHEREAS**, the Freeborn County Board appointed Ryan Rasmusson, the current County Assessor, as the County Administrator; and

**WHEREAS**, per Minnesota Statute 375A.06, Subd. 2, if a county officer or employee is appointed County Administrator, the officer or employee shall resign office and terminate its responsibilities before assuming the office of County Administrator; and

**WHEREAS**, per Minnesota Statute 375A.06, Subd. 4, if required by the County Board, the County Administrator may act as the head of any department, the appointment of which is made by the County Board, provided the County Administrator has the qualifications required by law,

**NOW, THEREFORE BE IT RESOLVED**, that the Freeborn County Board of Commissioners does hereby appoint County Administrator, Ryan Rasmusson, as the department head of the Freeborn County Assessor's Office, effective immediately and until the position of County Assessor is filled.

Resolution was seconded by Commissioner Eckstrom

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Kaasa offered the following resolution:

**RESOLUTION 23-330**

**ACCEPTING THE RESIGNATION OF ILENE GROSAM**

**WHEREAS**, the Freeborn County Department of Human Services has the responsibility for providing a quality service with integrity and accountability to the citizens of Freeborn County;

**WHEREAS**, the Freeborn County Board is the appointing authority for all county employees;

**WHEREAS**; Ilene Grosam has been employed as a Family Therapist since June 5<sup>th</sup>, 2006 and is resigning her position effective December 29<sup>th</sup>, 2023,

**NOW, THEREFORE BE IT RESOLVED**, to accept the resignation of Ilene Grosam as a Freeborn County Family Therapist effective on or about December 29<sup>th</sup>, 2023.

Resolution was seconded by Commissioner Shoff.

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Shoff offered the following resolution:

#### **RESOLUTION 23-331**

##### **PERMISSION TO FILL THE FREEBORN COUNTY FAMILY THERAPIST POSITION**

**WHEREAS**, the Freeborn County employees have the responsibility for providing quality service with integrity and accountability to the citizens of Freeborn County;

**WHEREAS**, the Freeborn County Board is the appointing authority for all county employees, and;

**WHEREAS**, Ilene Grosam, Freeborn County Family Therapist has resigned her position effective December 27<sup>th</sup>, 2023;

**NOW, THEREFORE BE IT RESOLVED**, that the board approves the filling of the vacant Freeborn County Family Therapist position.

Resolution was seconded by Commissioner Kaasa.

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Edwin offered the following resolution:

#### **RESOLUTION 23-332**

##### **PERMISSION TO FILL THE FREEBORN COUNTY ASSESSOR POSITION**

**WHEREAS**, the Freeborn County employees have the responsibility for providing quality service with integrity and accountability to the citizens of Freeborn County;

**WHEREAS**, the Freeborn County Board is the appointing authority for all county employees, and;

**WHEREAS**, Ryan Rasmusson, Freeborn County Assessor has been appointed to the County Administrator position effective November 28<sup>th</sup>, 2023;

**NOW, THEREFORE BE IT RESOLVED**, that the board approves the filling of the vacant Freeborn County Assessor position.

Resolution was seconded by Commissioner Shoff.

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Shoff offered the following resolution:

#### **RESOLUTION 23-333**

##### **PERMISSION TO FILL THE FREEBORN COUNTY HUMAN RESOURCE GENERALIST POSITION**



**WHEREAS**, the Freeborn County employees have the responsibility for providing quality service with integrity and accountability to the citizens of Freeborn County;

**WHEREAS**, the Freeborn County Board is the appointing authority for all county employees, and;

**WHEREAS**, Erin Hornberger, Freeborn County HR Generalist has been promoted to the HR Manager position effective November 28<sup>th</sup>, 2023;

**NOW, THEREFORE BE IT RESOLVED**, that the board approves the filling of the vacant Freeborn County HR Generalist position.

Resolution was seconded by Commissioner Kaasa.

After discussion, a vote was taken and the Chair declared the resolution approved.

Commissioner Shoff offered the following resolution:

**RESOLUTION No. 23-334**  
**Approval of Claims**

**RESOLVED**, that the following claims be allowed and paid on or before December 1<sup>st</sup>, 2023.

| <u>FUND</u> | <u>NAME</u>           | <u>AMOUNT</u>        |
|-------------|-----------------------|----------------------|
| 01          | General Fund          | \$ 56,338.61         |
| 03          | County Road & Bridge  | \$ 79,138.58         |
| 05          | Human Services        | \$ 107.50            |
| 06          | Public Health         | \$ 2,131.00          |
| 31          | Capital Improvements  | \$ 41,412.72         |
| 40          | County Ditch          | \$ 7,823.40          |
| 70          | Trust & Agency        | \$ 23,687.60         |
| 73          | Payroll Clearing Fund | \$ 4,648.45          |
|             | <b>FUND TOTALS</b>    | <b>\$ 215,287.86</b> |

Number of Claims not exceeding \$300 – 26

Dollar amount of claims not exceeding \$300 – \$3,697.40

Resolution seconded by Commissioner Kaasa.

After discussion, a vote was taken and the Chair declared the resolution adopted.

Chair, Commissioner Forman adjourned the meeting at 9:01 a.m. until 8:30 a.m. on Tuesday, December 19<sup>th</sup>, 2023.

By: \_\_\_\_\_  
John Forman  
Chair

Attest: \_\_\_\_\_  
Erin Hornberger  
County Clerk

Employees Recommended for Regular Status - 12.19.23

| <u>Employee Name</u> | <u>Department</u> | <u>Job Title</u>   | <u>Status</u> |
|----------------------|-------------------|--------------------|---------------|
| Katlin Koenigs       | DHS               | Social Worker CPCW | New Employee  |
| Michael Osmundson    | DHS               | Eligibility Worker | New Employee  |
| John Leibeg          | DHS               | Eligibility Worker | New Employee  |

## DRAINAGE REPAIR APPROVAL

Drainage Authority Meeting Date: 12/19/2023

| System | Repair # | Twp          | Section | Landowner            | Problem/Proposed Work                                     | Contractor              | Contractor Estimate |
|--------|----------|--------------|---------|----------------------|-----------------------------------------------------------|-------------------------|---------------------|
| CD43   | 23-150   | Freeborn Twp | 21      | MICHAEL HUNNICUTT    | Tile is in poor condition                                 | Morreim Drainage        | \$ 50,000.00        |
| CD J21 | 23-149   | Manchester   | 1       | BRUCE J THOFSON ETAL | Tile possibly missed and not hooked up during improvement | TR Excavation & Hauling | \$ 1,500.00         |





**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

|                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                      | <b>ACTION REQUESTED:</b><br><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><br>Kelly Hendrickson                                                                                                                                                                                                                                    | <b>DEPARTMENT:</b><br><br>Auditor-Treasurer                                                                                                                                                                                                                                                                                                                                                                       |
| <b>PRESENTED BY:</b><br><br>Kelly Hendrickson                                                                                                                                                                                                                                    | <b>ESTIMATED TIME NEEDED:</b><br><br><5 minutes                                                                                                                                                                                                                                                                                                                                                                   |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br>Consider a resolution approving the Repurchase of Tax Forfeited parcels 34.007.0080 and 34.007.2980 for the price of \$7,541.27. Said properties will revert back to ownership prior to the June 30, 2023 forfeiture date.                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br><br>Approve                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT _____ <b>BUDGETED</b> <input type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED :</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> MN Stat 282.241 _____ |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Other comments:</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |

## **RESOLUTION 23-XXX**

**RESOLVED**, Robert Ackland was the owner of real estate parcel 34.007.0080, 225 Pearl Street, Albert Lea, MN. Said property forfeited to the State of Minnesota on June 20, 2023.

**RESOLVED**, Robert Ackland's company, A & A Towing was the owner of real estate parcel 34.007.2980, 502 Adams Avenue, Albert Lea, MN. Said property forfeited to the State of Minnesota on June 20, 2023.

**RESOLVED**, John Ackland has applied to the Board of Freeborn County to repurchase said property identified above.

**BE IT FURTHER RESOLVED**, John Ackland has been appointed by the Third Judicial District to act as Personal Representative for the Robert Neil Ackland Estate.

**BE IT FURTHER RESOLVED**, that the Board of Freeborn County has reviewed the Application to Re-purchase Tax Forfeited property from John Ackland. The Board of Freeborn County hereby grants the right to Re-Purchase real estate tax parcels 34.007.0080 and 34.007.2980 for the sum of \$7,541.27. Said properties will revert back to ownership prior to the tax forfeiture date.

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**I HEREBY CERTIFY** that the above is a true and correct copy of a resolution approved by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as it appears on the minutes of their record of proceedings.

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Ryan Rasmusson  
County Administrator  
County of Freeborn  
State of Minnesota

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**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                               | <b>ACTION REQUESTED:</b><br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motion</div><div><input checked="" type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><br>Kelly Hendrickson                                                                                                                                                                                                                                                             | <b>DEPARTMENT:</b><br><br>Auditor-Treasurer/Ditch                                                                                                                                                                                                                                                                                                                                        |
| <b>PRESENTED BY:</b><br><br>Kelly Hendrickson                                                                                                                                                                                                                                                             | <b>ESTIMATED TIME NEEDED:</b><br><br><5 minutes                                                                                                                                                                                                                                                                                                                                          |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br>Consider resolution adopting 2023 individual sewer treatment system loans payable 2024.                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br><br>Approve                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT <u>N/A</u> <b>BUDGETED</b> <input type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED :</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> <u>County Septic Loan Policy/Contract</u> |                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Other comments:</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                          |



## **RESOLUTION 23 –XXX**

**INTRODUCED BY COMMISSIONER \_\_\_\_\_**

### **RESOLUTION ADOPTING INDIVIDUAL SEWAGE TREATMENT SYSTEM LOANS**

Whereas, pursuant to proper notice given as required by law and Resolution, the County Board has met and heard and passed upon all obligations to the proposed assessments for the Individual Sewage Treatment System Loan Program and has set the assessments and distribution of costs as follows: total Individual Sewage Treatment System Loans for 2024 taxes payable is \$22,675.00.

NOW, THEREFORE

THE COUNTY OF FREEBORN RESOLVES:

Sec.1 That such proposed assessments, a copy of which is on file in the office to the Freeborn County Auditor-Treasurer, are hereby accepted and shall constitute the special assessment against the lands named herein, and each tract of land therein included is hereby found to be benefited by the proposed improvement loan in the amount of the assessment levied against it.

Sec.2 That assessments for the Individual Sewage Treatment Systems shall be payable in equal annual installments extending over a period of 15 years, as per the attached Auditor's Tabular Lien statement, the first of the installments to be payable on or before the first Monday in January, 2023 and shall bear interest at the rate of six (6.00) percent stated on the attached Auditor's Tabular Lien statement from the date of the adoption of the assessment resolution. To each subsequent installment when due shall be added interest for one year on all unpaid assessments.

Sec.3 That the owner of any property so assessed may, at any time prior to certification of the assessment to the County Auditor-Treasurer, pay the whole of the assessment on such property or they may make partial payments pursuant to the ordinance providing therefore, with interest accrued to the date of payment, to the County Auditor-Treasurer, and they may, at any time thereafter, pay to the County Auditor-Treasurer the entire amount of the assessment remaining unpaid, with interest accrued to December 31 of the year in which such payment is made. Such payment must be made before December 31 of the current year or interest will be charged through December 31 of the next succeeding year per the terms of the special assessment.

Sec.4 The Freeborn County Auditor-Treasurer's Office shall complete a tabular lien statement and send it to the Freeborn County Recorder's Office to place this lien on record. The total amount of installments and interest which is due to be extended on the proper tax lists of the County, and such assessments shall be collected and paid over in the same manner as other county taxes.

Sec.5 That reading of this resolution is waived by Board consent.

That the motion for the adoption of the foregoing resolution was duly seconded by Commissioner \_\_\_\_\_, and upon a vote being taken thereon, the following voted in favor thereof:

Commissioners:

And the following voted against the same:

Commissioners:

Introduced, read and passed December 19, 2023.

\_\_\_\_\_  
John Forman, Chairman  
Freeborn County Board of  
Commissioners

Filed and attested December 19, 2023.

\_\_\_\_\_  
Ryan Rasmusson  
Administrator  
County of Freeborn  
State of Minnesota

Recorded with the County Recorder  
December 19, 2023



**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ACTION REQUESTED:</b><br><br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><br>Suzi Nerison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DEPARTMENT:</b><br><br>Human Services                                                                                                                                                                                                                                                                                                                                          |
| <b>PRESENTED BY:</b><br><br>Suzi Nerison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ESTIMATED TIME NEEDED:</b><br><br>5 minutes                                                                                                                                                                                                                                                                                                                                    |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><p>Renewal of existing contract with Independent Management Services (IMS), Guardian and Conservator Partnership. This is a mandated service per Minnesota Statute. Freeborn County Department of Human Services shall renew contracted services with IMS to provide Guardianship and Conservator services for residents of Freeborn County for whom the Department refers. Residents utilizing this service include senior citizens, persons with mental illness and/or other disability or condition which results in a lack of sufficient understanding or capacity to make or communicate responsible personal decisions, and who have an inability to meet personal needs for medical care, nutrition, clothing, shelter, or safety.</p> <p>IMS is currently providing this service for residents of Freeborn County, and we have been satisfied with this partnership. Requesting a resolution to renew a purchase of service agreement for 2024 - 2025.</p> <p>*Amount budgeted for the service is \$120,600 for 2024. This amount is disbursed among all contracted providers of Guardianship and Conservator services.</p> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br><p>Renewal of existing contract with IMS to provide Guardianship and Conservator services to residents of Freeborn County.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT _____ <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED :</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> <u>DHS / MN Statute 524.5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Other comments:</b> This is a contract renewal for an existing vendor providing a budgeted service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                   |

# Freeborn County Board of Commissioners

## RESOLUTION 23-XXX

### **Resolution renewing contract between the Freeborn County Department of Human Services and Independent Management Services (IMS) for Guardianship and Conservator services**

**WHEREAS**, Freeborn County Department of Human Services has identified a need for Guardianship and Conservator services related legal services for indigent persons who are impaired to the extent of lacking sufficient understanding or capacity to make or communicate responsible personal decisions, and who have demonstrated deficits in behavior which evidence an inability to meet personal needs for medical care, nutrition, clothing, shelter, or safety, or concerning the person's estate or financial affairs and have demonstrated deficits in behavior which evidence an inability to manage the estate or financial affairs; and

**WHEREAS**, this is a mandated service under Minnesota Statute 524, article 5; and

**WHEREAS**, this vendor has satisfactorily provided these services to residents of Freeborn County under an existing contract; and

**WHEREAS**, the County wishes to continue to purchase such services from Independent Management Services; therefore

**BE IT RESOLVED** that the Freeborn County Board of Commissioners supports the renewal of the Purchase of Service Agreement with Independent Management Services to provide Guardianship and Conservator services for the period from January 1, 2024 to December 31, 2025.

\* \* \* \* \*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as it appears on the Minutes of their record of proceedings.

---

Ryan Rasmusson  
Administrator  
County of Freeborn  
State of Minnesota





## FREEBORN COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

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| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ACTION REQUESTED:</b><br><br><input type="checkbox"/> Motion<br><br><input checked="" type="checkbox"/> Resolution<br><br><input type="checkbox"/> Discussion<br><br><input type="checkbox"/> Request Board direction |
| <b>SUBMITTED BY:</b><br><b>Suzi Nerison</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DEPARTMENT:</b><br><b>Human Services</b>                                                                                                                                                                              |
| <b>PRESENTED BY:</b><br><b>Suzi Nerison</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ESTIMATED TIME NEEDED:</b><br><b>5 minutes</b>                                                                                                                                                                        |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><p>Renewal of existing contract with Independent Management Services (IMS) to provide semi-independent living services (SILS), as defined by MN Statute 252.275, and in accordance to MN Rules 9525.0940 and 9525.0950, for individuals who have certified disabilities. This is a mandated service per Minnesota Statute to support individuals with disabilities living independently in the community.</p> <p>The Freeborn County Department of Human Services shall renew contracted services with Independent Management Services (IMS) to provide Semi-Independent Living Services for residents of Freeborn County for whom the Department refers. Residents utilizing this service include children or adults with disabilities, and certified as eligible for services.</p> <p>Freeborn County receives medicaid funding for the provision of these services, and holds Agreements with multiple vendors to ensure appropriate and adequate services for each individual.</p> <p>Total 2024 SILS allocation from MN DHS \$230,061, utilized on an as-needed basis, split among all contracted vendors for this service.</p> |                                                                                                                                                                                                                          |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                          |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br><p>Renewal of existing contract with Independent Management Services (IMS) to provide Semi-Independent Living Services to residents of Freeborn County.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT _____ <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED :</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> DHS / MN Statute 256M _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          |
| <b>Other comments:</b> Total budgeted amount is divided among all contracted providers of SILS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                          |

# Freeborn County Board of Commissioners

## RESOLUTION 23-XXX

**Resolution to approve the Purchase of Service Agreement between the Freeborn County Department of Human Services and Independent Management Services (IMS).**

**WHEREAS**, Minnesota Statute mandates provision of services to children and adults meeting specific disability and/or vulnerability criteria in order to ensure health, safety and wellbeing; and

**WHEREAS**, the Freeborn County Department of Human Services is committed to providing quality services to meet the needs of the population of individuals with disabilities; and

**WHEREAS**, the Freeborn County Department of Human Services ensures person centered and client directed semi-independent living services in order to maintain quality of life for individuals with disabilities in their homes or in the least restrictive setting possible; and

**WHEREAS**, Independent Management Services (IMS) is an approved vendor, according to Minnesota Statutes, of case management services to individuals with disabilities; and

**WHEREAS**, the Freeborn County Department of Human Services wishes to purchase specific services from Independent Management Services (IMS); therefore

**BE IT RESOLVED**, that the 2024-2025 Purchase of Service Agreement between the Freeborn County Dept. of Human Services and Independent Management Services (IMS), is approved for provision of the semi-independent living services to residents of Freeborn County.

\* \* \* \* \*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as it appears on the Minutes of their record of proceedings.

---

Ryan Rasmusson  
Administrator  
County of Freeborn  
State of Minnesota



**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

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| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>ACTION REQUESTED:</b><br><br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><br><b>Suzi Nerison</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DEPARTMENT:</b><br><br><b>Human Services</b>                                                                                                                                                                                                                                                                                                                                   |
| <b>PRESENTED BY:</b><br><br><b>Suzi Nerison</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ESTIMATED TIME NEEDED:</b><br><br><b>5 minutes</b>                                                                                                                                                                                                                                                                                                                             |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><p>Purchase of Service Agreement with Lutheran Social Services (LSS) to provide semi-independent living services (SILS), as defined by MN Statute 252.275, and in accordance to MN Rules 9525.0940 and 9525.0950, for individuals who have developmental disabilities. This is a mandated service per Minnesota Statute to support individuals with disabilities living independently in the community.</p> <p>The Freeborn County Department of Human Services shall renew a Purchase of Service Agreement with Lutheran Social Services (LSS) to provide Semi-Independent Living Services for residents of Freeborn County for whom the Department refers. Residents utilizing this service include children or adults with developmental disabilities, and certified as eligible for services by the Department.</p> <p>Freeborn County receives medicaid funding for the provision of these services, and holds Agreements with multiple vendors to ensure appropriate and adequate services for each individual.</p> <p>Total 2024 SILS allocation from MN DHS \$230,061, utilized on an as-needed basis, split among all contracted vendors for this service.</p> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br><p>Purchase of Service Agreement with Lutheran Social Services (LSS) to provide Semi-Independent Living Services to residents of Freeborn County.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT _____ <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED :</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> <u>DHS / MN Statute 272.275</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Other comments:</b> Total budgeted amount is divided among all contracted providers of SILS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                   |



# **Freeborn County Board of Commissioners**

## **RESOLUTION 23-XXX**

**Resolution to execute a Purchase of Service Agreement between the Freeborn County Department of Human Services and Lutheran Social Services (LSS).**

**WHEREAS**, Minnesota Statute mandates provision of services to children and adults meeting specific disability and/or vulnerability criteria in order to ensure health, safety and wellbeing; and

**WHEREAS**, the Freeborn County Department of Human Services is committed to providing quality services to meet the needs of the population of individuals with disabilities; and

**WHEREAS**, the Freeborn County Department of Human Services ensures person centered and client-directed semi-independent living services in order to maintain quality of life for individuals with disabilities in their homes or in the least restrictive setting possible; and

**WHEREAS**, Lutheran Social Services (LSS) is an approved vendor, according to Minnesota Statutes, of Semi-Independent Living Services (SILS) to individuals with developmental disabilities; and

**WHEREAS**, the Freeborn County Department of Human Services wishes to purchase specific services from Lutheran Social Services (LSS); therefore

**BE IT RESOLVED**, that the 2024-2025 Purchase of Service Agreement between the Freeborn County Dept. of Human Services and Lutheran Social Services (LSS), is approved for provision of the semi-independent living services to residents of Freeborn County.

\* \* \* \* \*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as it appears on the Minutes of their record of proceedings.

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Ryan Rasmusson  
Administrator  
County of Freeborn  
State of Minnesota





**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

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| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>ACTION REQUESTED:</b><br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><b>Suzi Nerison</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DEPARTMENT:</b><br><b>Human Services</b>                                                                                                                                                                                                                                                                                                                                   |
| <b>PRESENTED BY:</b><br><b>Suzi Nerison</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>ESTIMATED TIME NEEDED:</b><br><b>5 minutes</b>                                                                                                                                                                                                                                                                                                                             |
| <b>SUMMARY OF ISSUE/TOPIC:</b> <p>Renewal of existing contract with American Baptist Homes of the Midwest, dba "Crest Services" to provide semi-independent living services (SILS), as defined by MN Statute 252.275, and in accordance to MN Rules 9525.0940 and 9525.0950, for individuals who have certified disabilities. This is a mandated service per Minnesota Statute to support individuals with disabilities living independently in the community.</p> <p>The Freeborn County Department of Human Services shall renew contracted services with American Baptist Homes of the Midwest, dba "Crest Services" to provide Semi-Independent Living Services for residents of Freeborn County for whom the Department refers. Residents utilizing this service include children or adults with disabilities, and certified as eligible for services by the department.</p> <p>Freeborn County receives medicaid funding for the provision of these services, and holds Agreements with multiple vendors to ensure appropriate and adequate services for each individual.</p> <p>Total 2024 SILS allocation from MN DHS \$230,061, utilized on an as-needed basis, split among all contracted vendors for this service.</p> |                                                                                                                                                                                                                                                                                                                                                                               |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                               |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b> <p>Renewal of existing contract with American Baptist Homes of the Midwest, dba "Crest Services" to provide SILS to residents of Freeborn County.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT _____ <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED :</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> DHS / MN Statute 256M _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Other comments:</b> This is a contract renewal for an existing vendor providing a budgeted service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                               |

# Freeborn County Board of Commissioners

## RESOLUTION 23-XXX

**Resolution to approve the Purchase of Service Agreement between the Freeborn County Department of Human Services and American Baptist Homes of the Midwest, dba “Crest Services”.**

**WHEREAS**, Minnesota Statute mandates provision of services to children and adults meeting specific disability and/or vulnerability criteria in order to ensure health, safety and wellbeing; and

**WHEREAS**, the Freeborn County Department of Human Services is committed to providing quality services to meet the needs of the population of individuals with disabilities; and

**WHEREAS**, the Freeborn County Department of Human Services ensures person centered and client directed semi-independent living services in order to maintain quality of life for individuals with disabilities in their homes or in the least restrictive setting possible; and

**WHEREAS**, American Baptist Homes of the Midwest, dba “Crest Group Home” is an approved vendor, according to Minnesota Statutes, of case management services to individuals with disabilities; and

**WHEREAS**, the Freeborn County Department of Human Services wishes to purchase specific services from American Baptist Homes of the Midwest, dba “Crest Group Home” therefore

**BE IT RESOLVED**, that the 2024-2025 Purchase of Service Agreement between the Freeborn County Dept. of Human Services and American Baptist Homes of the Midwest, dba “Crest Group Home” is approved for provision of the semi-independent living services to residents of Freeborn County.

\* \* \* \* \*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as it appears on the Minutes of their record of proceedings.

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Ryan Rasmusson  
Administrator  
County of Freeborn  
State of Minnesota



**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

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| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>ACTION REQUESTED:</b><br><br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><br>Suzi Nerison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DEPARTMENT:</b><br><br>Human Services                                                                                                                                                                                                                                                                                                                                          |
| <b>PRESENTED BY:</b><br><br>Suzi Nerison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ESTIMATED TIME NEEDED:</b><br><br>5 minutes                                                                                                                                                                                                                                                                                                                                    |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><br>Mower County Health and Human Services wishes to continue to purchase Child Care Licensure Services from the Freeborn County Department of Human Services. The biannual Purchase of Service Agreement is for calendar years 2024-2025 for approximately 20 hours of Child Care Licensure Services per week.<br><br>Total of services to be purchased from the Freeborn County Department of Human Services:<br>2024: Hourly rate of base pay + fringe. Not to exceed \$59,552 plus mileage, liability insurance coverage, and cell phone reimbursement expenses related to Mower County Licensing cases.<br>2025: Hourly rate of base pay + fringe. Not to exceed \$62,849 plus mileage, liability insurance coverage, and cell phone reimbursement expenses related to Mower County Licensing cases. |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br><br><small>Resolution to approve the Child Care Licensure Purchase of Service Agreement between Freeborn County Dept of Human Services and Mower County Health and Human Services.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT _____ <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED :</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <b>BY WHAT AGENCY:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Other comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                   |



# **Freeborn County Board of Commissioners**

## **RESOLUTION 23-XXX**

### **Resolution to approve the Purchase of Service Agreement between the Freeborn County Department of Human Services and Mower County Health and Human Services**

**WHEREAS**, Minnesota Statute mandates provision by local agencies of licensure services for Family Child Care Providers; and

**WHEREAS**, the Freeborn County Department of Human Services is committed to providing quality services to meet the licensing needs for child care homes in Freeborn County; and

**WHEREAS**, the Freeborn County Department of Human Services and Mower County Health and Human Services have historically had an agreement for purchase of Mower County Child Care Licensure Services from Freeborn County; and

**WHEREAS**, Mower County Health and Human Services wishes to purchase Child Care Licensure Services from the Freeborn County Department of Human Services; and

**WHEREAS**, the Freeborn County Department of Human Services is able and willing to provide this service; therefore

**BE IT RESOLVED**, that the 2024-2025 Purchase of Service Agreement between the Freeborn County Dept. of Human Services and Mower County Health and Human Services is approved for provision of child care licensure services.

\* \* \* \* \*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as it appears on the Minutes of their record of proceedings.

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Ryan Rasmusson  
Administrator  
County of Freeborn  
State of Minnesota





**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>ACTION REQUESTED:</b><br><br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><br>Suzi Nerison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>DEPARTMENT:</b><br><br>Human Services                                                                                                                                                                                                                                                                                                                                          |
| <b>PRESENTED BY:</b><br><br>Suzi Nerison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>ESTIMATED TIME NEEDED:</b><br><br>5 minutes                                                                                                                                                                                                                                                                                                                                    |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><p>The Freeborn County Mental Health Center maintains accounts of debts owed to the agency for specific services as allowed by Minnesota Statute. Criteria for writing off uncollectible accounts varies, depending on the program area and type of debt. Uncollectible debts have been identified for 2023 using Minnesota Statutes applicable to each program area and guidance from the Minnesota Department of Revenue. All collection efforts have been exhausted for each identified account.</p> <p>An itemized report of debts is attached.<br/>2023: \$398.11</p> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br>Resolution to approve write-off of designated uncollectible Freeborn County Mental Health Center accounts                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT <u>\$398.11</u> <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br><br><b>MANDATED :</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> <u>MN DHS</u>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Other comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                   |

# Freeborn County Board of Commissioners

## RESOLUTION 23-XXX

### *Resolution to write off accounts determined uncollectible effective 2023*

**WHEREAS**, the Freeborn County Department of Human Services/Mental Health Center maintains accounts of debts owed to the Freeborn County Mental Health Center for specific services as allowed by Minnesota Statute; and

**WHEREAS**, criteria for writing off uncollectible accounts varies, depending on the program area and type of debt; and

**WHEREAS**, uncollectible debts have been identified by DHS accounting staff for 2023 using Minnesota Statutes applicable to each program area and guidance from the Minnesota Department of Revenue; and

**WHEREAS**, all collection efforts have been exhausted for each identified account; therefore

**BE IT RESOLVED**, that the Freeborn County Board of Commissioners does hereby write off uncollectable accounts in the amount totaling \$398.11 for Freeborn County Mental Health Center accounts deemed uncollectible effective 2023.

\* \* \* \* \*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as it appears on the Minutes of their record of proceedings.

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Ryan Rasmusson  
Administrator  
County of Freeborn  
State of Minnesota



**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

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| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>ACTION REQUESTED:</b><br><br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><b>Suzi Nerison</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DEPARTMENT:</b><br><b>Human Services</b>                                                                                                                                                                                                                                                                                                                                       |
| <b>PRESENTED BY:</b><br><b>Suzi Nerison</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>ESTIMATED TIME NEEDED:</b><br><b>5 minutes</b>                                                                                                                                                                                                                                                                                                                                 |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><p>The Freeborn County Department of Human Services maintains accounts of debts owed to the agency for specific services as allowed by Minnesota Statute. Criteria for writing off uncollectible accounts varies, depending on the program area and type of debt. Uncollectible debts have been identified for 2023 using Minnesota Statutes applicable to each program area, guidance from the Minnesota Department of Revenue, and reports from the Minnesota Department of Human Services. All collection efforts have been exhausted for each identified account.</p> <p>An itemized report of debts is attached.<br/>2023: \$358,846.57</p> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br>Resolution to approve write-off of designated uncollectible Human Services accounts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT <u>\$358,846.57</u> <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED :</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> <u>MN DHS</u>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Other comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                   |

# Freeborn County Board of Commissioners

## RESOLUTION 23-XXX

### *Resolution to write off accounts determined uncollectible effective 2023*

**WHEREAS**, the Freeborn County Department of Human Services maintains accounts of debts owed to the Human Services Department for specific services as allowed by Minnesota Statute; and

**WHEREAS**, criteria for writing off uncollectible accounts varies, depending on the program area and type of debt; and

**WHEREAS**, uncollectible debts have been identified by DHS accounting staff for 2023 using Minnesota Statutes applicable to each program area, guidance from the Minnesota Department of Revenue, direction from the Center for Medicare and Medicaid Services, and reports provided by the Minnesota Department of Human Services; and

**WHEREAS**, all collection efforts have been exhausted for each identified account; therefore

**BE IT RESOLVED**, that the Freeborn County Board of Commissioners does hereby write off uncollectable accounts in the amount totaling \$358,846.57 for Human Services accounts deemed uncollectible effective 2023.

\* \* \* \* \*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as it appears on the Minutes of their record of proceedings.

---

Ryan Rasmusson  
Administrator  
County of Freeborn  
State of Minnesota





**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ACTION REQUESTED:</b><br><br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><br>Suzi Nerison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DEPARTMENT:</b><br><br>Human Services                                                                                                                                                                                                                                                                                                                                          |
| <b>PRESENTED BY:</b><br><br>Suzi Nerison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>ESTIMATED TIME NEEDED:</b><br><br>5 minutes                                                                                                                                                                                                                                                                                                                                    |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><p>Freeborn County has historically contracted with Workforce Development, Inc. to provide Employment and Training Services and Family Stabilization Services for Freeborn County residents enrolled in MFIP and DWP programs. The amounts within the contract are determined by the amounts in the Biennial Service Agreement between Freeborn County and the Minnesota Department of Human Services, (approved on by the Freeborn County Board of Commissioners on 9/5/2023).</p> <p>There has been a positive working relationship between Workforce Development, Inc. and the Freeborn County Department of Human Services. Quality services have and continue to be provided under the existing contract.</p> <p>Requesting approval of the 2024 contract with figures to reflect the 2024-2025 Biennial Service Agreement: 2024 Calendar Year:</p> <p>DWP: Direct Service: \$53,215.90 / Program Administration: \$3,991.19<br/>MFIP : Direct Service: \$332,599.38 / Program Administration: \$24,944.95<br/>Total: shall not exceed \$414,751.42</p> <p>This amount represents a portion of the MFIP Consolidated Grant received by Freeborn County from MN DHS.</p> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br><br>Resolution to renew the contract with WDI for calendar year 2024.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Fiscal Impact:</b> <input checked="" type="checkbox"/> COST    AMOUNT \$ 414,751.42 <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>MANDATED :</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> <u>MN Department of Human Services</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Other comments:</b> Services required under MN Statute 256J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                   |

# **Freeborn County Board of Commissioners**

## **RESOLUTION 23-XXX**

### **Resolution approving the Freeborn County Department of Human Services contract with Workforce Development, Inc. for calendar year 2024**

**WHEREAS**, the Freeborn County Department of Human Services is required to administer the Diversionary Work Program, Minnesota Family Investment Program, Family Stabilization Services, along with supports and qualifying extensions and/or sanctions to those programs; and

**WHEREAS**, the Freeborn County Department of Human Services has historically contracted with Workforce Development, Inc. for provision of these services with the goal of increasing economic stability of low-income families receiving MFIP and DWP within Freeborn County; and

**WHEREAS**, the 2024-2025 Biennial Service Agreement, required under Minnesota Statutes section 256J.626, subd. 4, and previously approved by the Freeborn County Board of Commissioners, details figures and expenses for each program in order for counties to receive MFIP Consolidated Funds from the State of Minnesota, necessary to administer said programs; and

**WHEREAS**, the Freeborn County Department of Human Services has incorporated receipt of MFIP Consolidated Funds, in conjunction with the contracted services with Workforce Development, Inc. into the budget in order to administer mandated programs; therefore

**BE IT RESOLVED** that the Freeborn County Board of Commissioners approve the Freeborn County Department of Human Services contract with Workforce Development, Inc. for calendar year 2024.

\* \* \* \* \*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as it appears on the Minutes of their record of proceedings.

---

Ryan Rasmusson  
Administrator  
County of Freeborn  
State of Minnesota

## **MFIP/DWP AGREEMENT**

### **Freeborn County / Workforce Development, Inc.**

THIS AGREEMENT made and entered into by and between COUNTY OF FREEBORN, STATE OF MINNESOTA, hereinafter referred to as the "**County**" through the Freeborn County Department of Human Services, hereinafter referred to as the "**Department**," and Workforce Development Inc., Attn: Wanda Jensen, 2070 College View Road East, Rochester, MN 55904 hereinafter referred to as the "**Provider**."

#### *WITNESSETH*

WHEREAS, the Provider (Contractor) represents that they are qualified to furnish these services; and

WHEREAS, funds are available for the purchase of Employment and Training services under the CONSOLIDATED FUND, through the State of Minnesota.

WHEREAS, the Provider will best serve the needs of the target population and maintain program flexibility.

In consideration of the mutual undertakings and agreements hereafter set forth, the County, through the Department, and the Provider agree as follows:

1. TERM OF THE AGREEMENT

- a. This Agreement shall commence on the 1st day January 2024, and terminate on the 31st day of December 2024.
- b. This Agreement may be renewed at the option of the County upon written notice to the Provider prior to the expiration of this Agreement.

2. SERVICES TO BE PROVIDED

The Provider will provide Employment and Training Services and Family Stabilization Services as described herein, under MN Statutes 256J Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Deficit Reduction Act, Public Law 104-193 and other state or federal statutes or rules as applicable including materials provided by Manuals/Bulletins from DHS/DEED. Such services shall hereafter be referred to as "Purchased Services."

3. COST OF THE AGREEMENT

- a. This cost of this Agreement shall not exceed the individual or calendar year amounts specified in the Freeborn County MFIP/DWP Budget Addendum for 2024.
- b. In consideration of the operating budget of the program, the County will pay no more than is authorize the Freeborn County MFIP/DWP Budget Addendum for 2024, the balance of funds to be furnished by the Provider.
- c. It is understood and agreed that if a reduction of funds prevents reimbursement to the County, through the Department from the (United States Department of Health and Human Service and/or the Minnesota Department of Human



Services), the respective funding obligations as recited herein may be renegotiated.

- d. The County, through the Department, does not guarantee operational costs of the Provider's facility and will only pay for services rendered.
- e. It is further agreed that should additional funding be secured from another source, reimbursing Provider for any or all of the costs of the purchased services which is covered by the Agreement, the total cost of the Agreement shall be reduced by that amount.
- f. If reviews by the County, through the Department, of the Provider's expense reports show that an amount is being paid which is higher than the reasonable and necessary rate for the purchased services, the parties agree to amend the Agreement to establish a reasonable and necessary amount.

4. PAYMENT FOR SERVICES

- a. Payments to the Provider shall be made based upon invoices submitted monthly by the Provider showing the expenditures during the previous month. Payment will be made in the manner provided by law for the payment of claims against the County within (35 days) of receipt of the invoice whenever practicable.
- b. Provider shall submit monthly invoices for services rendered on forms as described above furnished by the County through the Department. Payment shall be made within (35) days from receipt of the invoice. If the invoice is incorrect, defective, or otherwise improper, the County, through the Department, will notify the Provider within ten (10) days of receiving the incorrect invoice. Upon receiving the corrected invoice from the Provider, the County, through the Department, will make payment within (35) days. In the event that the County withholds payment for failure to provide services or failure to comply with any of the provisions of the Agreement, then no interest penalty shall accrue against the County through the Department. If claims are made by the Provider that the County, through the Department, did not act in good faith in withholding payments as provided above, then such claims shall be handled as a dispute by the Contract Manager (pursuant to clause 13 of this Agreement). If an audit is required by the County, through the Department, before an invoice is accepted for payment, then the standard payment period of (35 days) shall not commence until the audit is completed by the County.
- c. Pursuant to the provisions of Minn. Stat. 290.97, final payment under this Agreement may be withheld until such time as the Provider shall furnish to the County, through the Department, proof that payment has been made of all outstanding withholding taxes, penalties, and interest. Proof shall be in the form of a certificate issued by the Commissioner of Revenue. Claims for expenditures made in excess of budget categories which do not increase the County's total cost of this Agreement will be allowed only when approved in writing by the Contract Manager. Such approval shall not be deemed a material modification of the Agreement.
- d. The Provider designates its Welfare Programs Manager, as its Responsible Authority pursuant to the Minnesota Government Data Practices Act, as the individual responsible for the collection, reception, maintenance,



dissemination, and use of any data on individuals and other government data including summary data, pursuant to this agreement.

5. ELIGIBILITY FOR SERVICES

Eligibility for purchased services shall be determined by the criteria under MN Statutes 256J.

6. AUDITS, REPORTS, RECORDS, DISCLOSURES, AND MONITORING PROCEDURES

The provider will:

- a. Maintain program and statistical records including, but not limited to, an employment plan and corresponding service file. The service file should include, at a minimum, eligibility category, description of disability, current situation, description of plan of action, and case notes and related referral information and final disposition, notice that participant has been informed of right and responsibilities, appeals and IPP.
- b. Develop and/or maintain a workforce system to log informational or referral requests.
- c. Submit a periodic line item expenditure report within thirty (30) days after the end of each period unless otherwise indicated in writing by the County, through the Department. This must include both total units of service provided by the Provider and the units of service provided to the County through the Department. The report must be in the form described by the County through the Department.

7. STANDARDS AND ASSURANCES

The Provider warrants and represents that they are currently approved as an Employment Service Provider by the State of Minnesota (or other regulatory authority). In the event said approval is cancelled, revoked, suspended, or expires during the term of the contract, Provider agrees to immediately inform the County (or name the individual, official capacity). The County will pay only for services provided pursuant to DEED/DHS requirements.

Failure to meet the requirements above may be cause for cancellation of this contract effective the date of receipt of the Notice of Cancellation.

NON-DISCRIMINATION. During the performance of this Contract, the Provider shall not unlawfully discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, national origin, disability, sexual orientation, age, marital status or public assistance status. The Provider will take affirmative action to ensure that applicants are employed and that employees are treated during employment without unlawful discrimination because of their race, color, creed, religion, sex, national origin, disability, sexual orientation, age, marital status or public assistance status. Such action shall include, but not be limited to the following: employment, upgrading, demotion. Or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Provider agrees to post in conspicuous places, available to employees and

applicants for employment, notices which set forth the provisions of this nondiscrimination clause.

The Provider will, in all solicitations or advertisements for employees placed by or on behalf of Provider, state that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, sex, national origin, disability, sexual orientation, age, marital status, or public assistance status.

No funds received under this Contract shall be used to provide religious or sectarian training or services. The Provider shall comply with any applicable federal or state law regarding non-discrimination. The following list includes, but is not meant to limit, laws which may be applicable.

- A. The Equal Employment Opportunity Act of 1972, as amended, 42 U.S.C. » 2000e et seq. which prohibits discrimination in employment because of race, color, religion, sex or national origin.
- B. Executive Order 11246, as amended, which is incorporated herein by reference, and prohibits discrimination by U.S. Government contractors and subcontractors because of race, religion, sex or national origin.
- C. The Rehabilitation Act of 1973, as amended, 29 U.S.C. « 701 et seq. and 45 C.F.R. 84.3 (J) and (K) implementing Sec 504 of the Act which prohibits discrimination against qualified handicapped persons in the access to or participation if federally-funded services or employment.
- D. The Age Discrimination in Employment Act of 1967, 29 U.S.C. « 621 et seq. as amended, and Minn. Stat. « 181.81, which generally prohibit discrimination because of age.
- E. The Equal Pay Act of 1963, as amended 29 U.S.C. « 206(d), which provides that an employer may not discriminate on the basis of sex by paying employees of different sexes differently for the same work.
- F. Minn. Stat. Ch. 363, as amended, which generally prohibits discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.
- G. Minn. Stat. « 181.59 which prohibits discrimination against any person by reason of race, creed, or color in any state or political subdivision contract for materials, supplies or construction. Violation of this section is a misdemeanor and any second or subsequent violation of these terms may be cause for forfeiture of all sums due under the Contract.
- H. The Workforce Investment Act of 1998, 29 U.S.C. 2801 et seq. as amended, and WIA regulations which prohibit discrimination under any program funded in whole or in part with WIA funds because of race, color, religion, sex, national origin, age, handicap or political affiliation or beliefs. Although certain restrictions apply, generally, persons cannot be denied participation in a WIA program simply because of their citizenship.
- I. Americans with Disabilities Act of 1990, 42 U.S.C. « 12101 through 12213, 47 U.S.C. « 225, 611, with regulations at 29 C.F.R. « 1630, which prohibits discrimination against qualified individuals on the basis of a disability in term, condition or privilege of employment.
- J. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, et seq. and including 45 C.F.R. Part 80, prohibits recipients of federal financial assistance from discriminating on the basis of national origin which includes not discriminating against those persons with limited English proficiency.

DATA PRIVACY. For purposes of this Contract all data created, collected, received, stored, used, maintained, or disseminated by Provider in the performance of this Contract is subject to the requirements of the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13 and the Minnesota Rules implementing the Act now in force or hereafter adopted as well as the Federal laws on data privacy, and Provider must comply with those requirements as if it were a governmental entity. The remedies in section 13.08 apply to the Provider. Provider does not have a duty to provide access to public data to the public if the public data are available from the governmental agency (County), except as required by the terms of this Contract. All subcontracts shall contain the same or similar data practices compliance requirements.



HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996. The Provider agrees to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) which are applicable to the Provider's duties under this Contract. In performing its obligations under this contract, Provider agrees to comply with the HIPAA Privacy requirements as of April 14, 2003, the HIPAA Standards for Electronic transactions as of October 16, 2003, and all other HIPAA requirements as they become law.

RECORDS DISCLOSURE/RETENTION. Provider's bonds, records, documents, papers, accounting procedures and practices, and other evidences relevant to this Contract are subject to the examination, duplication, transcription and audit by the County, the Legislative or State Auditor, pursuant to Minn. Stat. « 16C.05, subd. 5 and the U.S. Department of Health and Human Services. Such evidences are also subject to review by the Comptroller General of the United States, or a duly authorized representative, if federal funds are used for any work under this Contract. The Provider agrees to maintain such evidences for a period of six (6) years from the date services or payment were last provided or made or longer if any audit in progress requires a longer retention period.

WORKER HEALTH, SAFETY AND TRAINING. Provider shall be solely responsible for the health and safety of its employees in connection with the work performed under this Contract. Provider shall make arrangements to ensure the health and safety of all subcontractors and other persons who may perform work in connection with this Contract. Provider shall ensure all personnel of Provider and subcontractors are properly trained and supervised and, when applicable, duly licensed or certified appropriate to the tasks engaged in under this Contract. Each Provider shall comply with federal, state and local occupational safety and health standards, regulations and rules promulgated pursuant to the Occupational Health and Safety Act which are applicable to the work to be performed by Provider.

APPEALS. The Provider shall assist the County in complying with the provisions of Minn. Stat. « 256.045, Administrative and Judicial Review of Human Services Matters.

REPORTING. Provider shall comply with the provisions of the "Child Abuse Reporting Act", Minn. Stat. « 626.556, as amended, and the "Vulnerable Adult Reporting Act", Minn. Stat « 626.557, as amended, and any rules promulgated by the Minnesota Department of Human Services, implementing such Acts.

CONTRACTOR DEBARMENT, SUSPENSION AND RESPONSIBILITY CERTIFICATION. FEDERAL Regulation 45 CFR 92.35 prohibits the State/Agency from purchasing goods or services with federal money from vendors who have been suspended or debarred by the federal government. Similarly, Minnesota Statutes, Section 16C.03, subd. 2 provides the Commissioner of Administration with the authority to debar and suspend vendors who seek to contract with the State/Agency. Vendors may be suspended or debarred when it is determined, through a duly authorized hearing process, that they have abused the public trust in a serious manner.

8. EQUAL EMPLOYMENT OPPORTUNITY-CIVIL RIGHTS

- a. If during the term of this Agreement or any extension thereof, it is discovered that the Provider is not in compliance with the applicable regulations as aforesaid, or if the Provider engages in any discriminatory practices, then the

County, through the Department, may cancel said Agreement as provided by the cancellation clause of this Agreement.

9. FAIR HEARING AND GRIEVANCE PROCEDURE

- a. The Provider will establish a system through which eligible recipients may present grievances about the operation for the service program, and the Provider will advise eligible recipients of this right.
- b. The County, through the Department, will advise applicants and eligible recipients of all of their rights to a fair hearing and the appeal process including, but not limited to, the right to appeal a denial or exclusion from the program or failure to recognize an eligible recipient's choice of a service and of his/her right to a fair hearing in these respects. The County, through the Department, will arrange to provide such hearings.

10. BONDING, INDEMNITY, AND INSURANCE

- a. Bonding. The Provider shall maintain at all times during the term of this Agreement a fidelity bond in the amount of \$50,000 covering the activities of each person authorized to receive or distribute monies under the terms of this Agreement.
- b. Indemnity. The Provider does hereby agree that it will defend, indemnify, and hold harmless the Department and the County against any and all liability, loss, damages, costs, and expenses which the Department of County may hereafter sustain, incur, or be required to pay:
  - (1) By reason of any applicant or eligible recipient suffering bodily or personal injury, death, or property loss or damage either while participating in or receiving the care and services to be furnished under this Agreement, or while on premises owned, leased, or operated, leased, chartered, or otherwise contracted for by the Provider or any officer, agent, or employee thereof; or
  - (2) By reason of any applicant or eligible recipient causing injury to, or damage, to, the property of another person during any time when the Provider or any officer, agent, or employee thereof has undertaken or is furnishing the care and services called for under this Agreement; or
  - (3) By reason of any negligent act or omission or intentional act of the Provider, its agents, officers, or employees which causes bodily injury, death personal injury, property loss, or damage to another during the performance of purchase services under this Agreement.
- c. Insurance. The Provider does further agree that in order to protect itself as well as the Department and the County under the indemnity agreement provision hereinabove set forth, it will at all times during the term of the Agreement have and keep in force:
  - (1) A single limit or combined limit or excess umbrella general liability insurance policy of an amount of not less than \$1,000,000 for property damage arising from one occurrence, \$1,000,000 for total bodily or personal injuries or death and/or damages arising from one occurrence. Such policy shall also include contractual liability coverage protecting the



County, its officers, agents, and employees by specific endorsement or certificate acknowledging the contract between the Provider and the County, through the department, naming the County as an additional insured.

- (2) A single limit or combined limit or excess umbrella automobile liability insurance policy, if applicable, covering agency-owned, non-owned, and hired vehicles used regularly in the provision of services under this Agreement, in an amount of not less than \$1,000,000 per accident for property damage, \$300,000 for bodily injuries and/or damages to any one person, and \$1,000,000 for total bodily injuries and/or damages arising from any one accident.
  - (3) The Provider shall require that each professional/contractor rendering services on a regular basis to recipients under this Agreement furnish the following proof of professional liability insurance in the following manner: A professional liability insurance policy covering said independent professional/contractor, its agents, or employees while performing services under this Agreement in the following amounts: \$300,000 per claimant for personal injuries, bodily injuries, death, and/or damages, and \$1,000,000 for total personal injuries, bodily injuries, death, and/or damages arising from one occurrence.
  - (4) A professional liability insurance policy covering personnel of the Provider while performing services under this Agreement naming the County as an additional insured in the following amounts: \$300,000 per claimant for personal injuries, bodily injuries, death, and/or damages arising from one occurrence.
  - (5) Workers' Compensation insurance, if applicable.
- d. Prior to the effective date of this Agreement, the Provider will furnish the County, through the Department, with certificates of bonding and insurance.
  - e. The County, through the Department, may withhold payment for failure of the Provider to furnish certificates of bonding and/or insurance as required above.
  - f. In the event that claims or lawsuits shall arise jointly against the Provider and the County, and the County elects to present its own defense, using its own counsel in addition to or as opposed to legal representation available by the insurance carriers providing the coverage as stated above, then such legal expense shall be borne by the County.
  - g. Any policy obtained and maintained under this clause shall provide that it shall not be cancelled, materially changed, or not renewed without thirty (30) days' prior notice by the insured to the County, through the Department.

#### TECHNICAL ASSISTANCE AND DISPUTES

- a. The County, through the Department, will offer assistance to the Provider to develop services, ensure compliance with the Agreement, and provide ongoing consultation to the Provider and liaison service between the Provider and the County, through the Department. The Contract manager will be the Department's authorized representative in dealing with the Provider.
- b. Except as otherwise provided in this Agreement, any dispute concerning a question of fact arising under this Agreement which is not disposed of by negotiation and agreement shall be decided by the Contract Manager, who shall reduce the decision to writing and furnish a copy thereof to the Provider.

The decision of the Contract Manager shall be final and conclusive unless, within thirty (30) days from the date of mailing of a copy of the decision to the Provider, the Provider furnishes to the Contract Manager a written appeal addressed to the County, through the Department. The decision of the County, through the Department, or its duly authorized representative for the determination of such appeals shall be final and conclusive unless determined by a court of competent jurisdiction to have been fraudulent, capricious, arbitrary, so grossly erroneous as necessarily to imply bad faith, or not supported by substantial evidence. In connection with any appeal proceeding under this clause, the Provider shall be afforded an opportunity to be heard and to offer evidence in support of its appeal. Pending final decision of a dispute hereunder, the Provider shall proceed diligently with the performance of the Agreement and in accordance with the Contract Manager's decision.

- c. This disputes clause does not preclude consideration of questions of law.

11. INDEPENDENT CONTRACTOR

It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of copartners between the parties hereto or as constituting the Provider as the agent, representative, or employee of the County for any purpose or in any manner whatsoever. The Provider is to be and shall remain an independent contractor with respect to all services performed under this Agreement.

The Provider represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of the Provider or other persons, while engaged in the performance of any work or services required by the Provider under this Agreement, shall have no contractual relationship with the County and shall not be considered employees of the County, and any and all claims that may or might arise under the Unemployment Compensation Act or the Workers' Compensation Act of the State of Minnesota on behalf of said personnel arising out of employment or alleged employment including, without limitation, claims of discrimination against the Provider, its officers, agents, contractors, or employees shall in no way be the responsibility of the County; and the Provider shall defend, indemnify, and hold the County, its officers, agents, and employees harmless from any and all such claims irrespective of any determination of any pertinent tribunal, agency, board, commission, or court. Such personnel or other persons shall neither require nor be entitled to any compensation, rights, or benefits of any kind whatsoever from the county, including without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Insurance, disability, severance pay and PERA.

12. SUBCONTRACTING AND ASSIGNMENTS

Provider shall not enter into any subcontract for performance of any of the services contemplated under this contract nor assign any interest in the contract without the prior written approval of the County and subject to such conditions and provision as the County may deem necessary. The Provider shall be responsible for the performance of all subcontractors.

13. CANCELLATION AND FINALIZATION

- a. This contract or a portion thereof may be cancelled by either party at any time, with or without cause, upon thirty (30) days' written notice, delivered by mail or in person.
- b. After receipt of the Notice of Cancellation, and except as otherwise provided, the Provider shall:
  - (1) Discontinue provision of services under this contract on the date and to the extent specified in the Notice of Cancellation;
  - (2) Cancel all orders and subcontracts to the extent that they relate to the performance of services cancelled by the Notice of Cancellation;
  - (3) Settle all outstanding claims and liabilities for orders and subcontracts existing at the time of the Notice of Cancellation provided, however, that the claims and liabilities for orders and subcontracts have been approved by the County;
  - (4) Complete performance of such services as shall not have been cancelled by the Notice of Cancellation;
  - (5) Submit a revenue and expense statement for the performance of services prior to the effective date of cancellation within thirty (30) days of said date;
  - (6) Maintain all records relating to the performance of the cancelled portion of the contracts as may be required by the County;
  - (7) Notify all clients and any other counties of financial responsibility of the cancellation of the contract.

14. MODIFICATIONS

Any material alteration, modification, or variation shall be reduced to writing as an amendment and signed by the parties. Any alterations, modifications, or variations deemed not to be material by agreement of the County and the Provider shall not require written approval.

15. MERGER

It is understood and agreed that the entire agreement of the parties is contained here and that this contract supersedes all oral agreements and negotiations between the parties relating to this subject matter. All items referred to in this contract are incorporated or attached and deemed to be part of the contract.



The Provider and the Freeborn County Board of Commissioners having duly approved this contract, and pursuant to such approval and the proper County officials having signed this contract, the parties hereto agree to be bound by the provisions herein set forth.

COUNTY OF FREEBORN

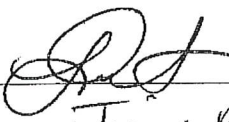
By: \_\_\_\_\_  
Chairperson of Freeborn County  
Board of Commissioners

\_\_\_\_\_  
Freeborn County Administrator

\_\_\_\_\_  
Freeborn County  
Human Services Director

Date: \_\_\_\_\_

PROVIDER

By:  \_\_\_\_\_  
Jenny Rietmann  
Executive Director

Date: 11-27-23

## Freeborn County MFIP / DWP Budget Addendum for 2024

**DWP** Program Total = \$57,207.09

- Reimbursement for 2024 for direct support and services shall not exceed \$53,215.90.
- Reimbursement for 2024 for administration of contracted DWP services at 7.5% shall not exceed \$3991.19.

**MFIP** Program Total = \$357,544.33

- Reimbursement for 2024 for direct and support services shall not exceed \$332,599.38.
- Reimbursement for 2024 for administration of contracted MFIP services at 7.5% shall not exceed \$24,944.95.

### BILLING

- Billing shall occur using forms approved by the Freeborn County Department of Human Services
- Supplemental Billing Attachments will easily identify service participants, services provided and dates of service.

**TOTAL AMOUNT OF CONTRACT: \$414,751.42**

| PROGRAM | DIRECT<br>SUPPORT &<br>SERVICES | ADMINISTRATION | PROGRAM TOTAL       |
|---------|---------------------------------|----------------|---------------------|
| DWP     | \$53,215.90                     | \$3,991.19     | \$57,207.09         |
| MFIP    | \$332,599.38                    | \$24,944.95    | \$357,544.33        |
| TOTALS  | \$385,815.28                    | \$28,936.15    | <b>\$414,751.42</b> |

*Any changes in funding allocations (additions or reductions) will be made known within 30 days and budgets will be adjusted accordingly with proper notice given. Changes of more than 10% require advanced MN DHS Approval.*

*Budget will be reviewed in June 2024 to review status and determine any adjustments needed due to service needs and any relevant program waivers/modifications in currently place. These waivers may impact services and expenses associated in each of the line items.*



## FREEBORN COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>December 19, 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ACTION REQUESTED:</b><br><br><input type="checkbox"/> Motion<br><input checked="" type="checkbox"/> Resolution<br><br><input type="checkbox"/> Discussion<br><input type="checkbox"/> Request Board direction |                               |
| <b>SUBMITTED BY:</b> Lisa Peterson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                  | <b>DEPARTMENT:</b> Highway    |
| <b>PRESENTED BY:</b> Phil Wacholz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                  | <b>ESTIMATED TIME NEEDED:</b> |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><br>Resolution to authorize the Freeborn County Highway Department to process final payment for SAP 024-626-023, aggregate base, bituminous surfacing and aggregate shoulders on CSAH 26 in Freeborn County. Ulland Brothers Inc of Albert Lea, Minnesota satisfactorily completed the project at a total project cost of \$7,656,700.43. The resolution authorizes final payment in the amount of \$629,445.82.<br><br>This project was a three-year effort to improve CSAH 26 between Hayward and Geneva. The project team was awarded a Minnesota Asphalt Paving Association (MAPA) Merit Award for outstanding work in the rural category for county and municipal reconstruction projects. Highway Department Staff and Ulland Brothers received the award at the MAPA Annual Conference on Thursday December 14.<br><br>Congratulations Freeborn County and Ulland Brothers, Inc.! |                                                                                                                                                                                                                  |                               |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                  |                               |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b> See attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                  |                               |
| Fiscal Impact: <input checked="" type="checkbox"/> COST    AMOUNT_ \$629,445.82 _____ BUDGETED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><br>MANDATED : <input type="checkbox"/> Y <input type="checkbox"/> N    BY WHAT AGENCY: _____<br><br>Other comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |                               |



**RESOLUTION 23-XXX**

***Authorizing Final Payment of SAP 024-626-023***

**IT IS RESOLVED** that the Freeborn County Highway Department has the responsibility of maintaining the county road system; and

**BE IT RESOLVED** that the work for aggregate base, bituminous surfacing and aggregate shoulders on CSAH 26 by Ulland Brothers Inc. of Albert Lea, MN, has been completed in a satisfactory manner; and

**IT IS FURTHER RESOLVED**, that the Freeborn County Auditor-Treasurer is hereby authorized to make final payment in the amount of \$629,445.82.

\* \* \* \* \*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> of December, 2023 and as appears on the Minutes of their record of proceedings.

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Ryan Rasmusson  
County Administrator  
County of Freeborn  
State of Minnesota



**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ACTION REQUESTED:</b><br><br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><br>Sue Yost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DEPARTMENT:</b><br><br>Public Health                                                                                                                                                                                                                                                                                                                                           |
| <b>PRESENTED BY:</b><br><br>Sue Yost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ESTIMATED TIME NEEDED:</b><br><br><5 min                                                                                                                                                                                                                                                                                                                                       |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br>This grant contract with Minnesota Department of Human Services is for Child and Teen Checkup Outreach effective from January 1, 2024 to December 31, 2026. The funding in the amount of \$47,938.00 for FY2024. The grant contract is for Freeborn County Public Health to connect with families on Medical Assistance with children birth through age 20 to encourage them to get their children in for their well child check-ups utilizing the C&TC Program, to coordinate with other programs, and to recruit and train local providers about the C&TC program. |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br>Consider a resolution to approve the grant contract aagreement with Minnesota Department of Human Services for Child and Teen Checkup Outreach .                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT <u>\$47,938.00</u> <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED :</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <b>BY WHAT AGENCY:</b> <u>Minnesota Department of Human Services</u>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Other comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                   |

## RESOLUTION 23-XXX

### **Resolution Approving the Grant Contract Agreement with Minnesota Department of Human Services for Child and Teen Checkup Outreach**

**Whereas**, Freeborn County Community Health Board will amend the contract with Minnesota Department of Human Services for the Child and Teen Checkup (C&TC) Outreach;

**Whereas**, Minnesota Statute 145A.14 states that the community health board shall identify local public health priorities and implement activities to address the priorities and the areas of public health responsibility including assuring health services;

**Whereas**, the contract amendment is for Freeborn County Public Health to connect with families on Medical Assistance with children birth through age 20 to encourage them to get their children in for their well child check-ups utilizing the C&TC Program, to coordinate with other programs, and to recruit and train local providers about the C&TC program. The funding is in the amount of \$47,938.00 for FY2024.

**Now, Therefore, Be It Resolved** that the Freeborn County Board of Commissioners/Freeborn County Community Health Board does hereby approve the contract agreement with Minnesota Department of Human Services for Child and Teen Checkup Outreach.

\*\*\*\*\*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as appears on the minutes of their record of proceedings.

---

County Administrator/Clerk  
County of Freeborn  
State of Minnesota





## Minnesota Department of Human Services County Grant Contract

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### RECITALS

This Grant Contract, and all amendments and supplements to the contract ("CONTRACT"), is between the State of Minnesota, acting through its Department of Human Services, Purchasing and Service Delivery Division ("STATE") and **Freeborn County Public Health**, an independent grantee, not an employee of the State of Minnesota, located at **411 S Broadway, PO Box 1147, Albert Lea, MN 56007-1147** ("COUNTY").

STATE, pursuant to Minnesota Statutes, section 256.01, subdivision 2(a)(6) has authority to enter into contracts for the following services: Early and Periodic Screening, Diagnosis and Treatment (EPSDT), also known as Child and Teen Checkups (C&TC) Administrative Services to Medical Assistance (MA) eligible children birth through 20 years of age.

STATE, in accordance with Minnesota Statutes, section 13.46, is permitted to share information with COUNTY.

COUNTY represents that it is duly qualified and willing to perform the services set forth in this CONTRACT to the satisfaction of STATE.

THEREFORE, the parties agree as follows:

### 1. CONTRACT TERM AND SURVIVAL OF TERMS.

**1.1. Effective date:** This CONTRACT is effective on **January 1, 2024**, or the date that STATE obtains all required signatures under Minnesota Statutes, section 16B.98, subdivision 5, whichever is later.

**1.2. Expiration date.** This CONTRACT is valid through **December 31, 2026**, or until all obligations set forth in this CONTRACT have been satisfactorily fulfilled, whichever occurs first.

**1.3. No performance before notification by STATE.** COUNTY may not begin work under this CONTRACT, nor will any payments or reimbursements be made, until all required signatures have been obtained per Minn. Stat. § 16B.98, subd. 7, and COUNTY is notified to begin work by STATE's Authorized Representative.

**1.4. Survival of terms.** COUNTY shall have a continuing obligation after the expiration of CONTRACT to comply with the following provisions of CONTRACT: 9. Liability; 10. Information Privacy and Security; 11. Intellectual Property Rights; 13.1. State audit; and 14. Jurisdiction and Venue.

**1.5. Time is of the essence.** COUNTY will perform its duties within the time limits established in CONTRACT unless it receives written approval from STATE. In performance of CONTRACT, time is of the essence.

## **2. COUNTY'S DUTIES.**

**2.1 Duties.** COUNTY shall perform duties in accordance with **Attachment A: "County Duties,"** which is attached and incorporated into this CONTRACT.

**2.2 Accessibility.** Any information systems, tools, content, and work products produced under this CONTRACT, including but not limited to software applications, web sites, video, learning modules, webinars, presentations, etc., whether commercial, off-the-shelf (COTS) or custom, purchased or developed, must comply with the Minnesota IT Accessibility Standards, as updated on June 14, 2018. This standard requires, in part, compliance with the Web Content Accessibility Guidelines (WCAG) 2.0 (Level AA) and Section 508 Subparts A-D.

Information technology deliverables and services offered must comply with the [MN.IT Services Accessibility Standards](#)<sup>1</sup> and any documents, reports, communications, etc. contained in an electronic format that COUNTY delivers to or disseminates for the STATE must be accessible. (The relevant requirements are contained under the "Standards" tab at the link above.) Information technology deliverables or services that do not meet the required number of standards or the specific standards required may be rejected and STATE may withhold payment pursuant to clause 3.2(a) of CONTRACT.

## **3. CONSIDERATION AND TERMS OF PAYMENT.**

**3.1 Consideration.** STATE will pay for all services satisfactorily provided by COUNTY under this CONTRACT.

**a. Compensation.** Compensation will be calculated as follows:

1. All compensation shall be determined per Calendar Year (CY).
2. The amount of funding available for each CY is based on an annual estimated number of MA-eligible children, birth through age 20, to be served by COUNTY, multiplied by \$26.50 per child, which will be provided to the COUNTY by the STATE.
3. Compensation and reimbursement will be consistent with the Annual Budget Worksheet, as revised and approved by the STATE, and based on actual expenditures. The Annual Budget Worksheet for CY 2024 is attached and incorporated into this agreement as **Attachment B**.

**b. Travel and subsistence expenses.** Reimbursement for travel and subsistence expenses actually and necessarily incurred as a result of COUNTY's performance under this CONTRACT shall be as indicated in the C&TC Administrative Services Annual Budget Worksheet for each Calendar Year and shall be reimbursed in no greater an amount than provided in the most current Commissioner's Plan (which is incorporated by reference), promulgated by the Commissioner of Minnesota Management and Budget. The Commissioner's Plan can be found

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<sup>1</sup> <https://mn.gov/mnit/about-mnit/accessibility/>

here: <https://mn.gov/mmb/employee-relations/labor-relations/labor/commissioners-plan.jsp>.

COUNTY shall not be reimbursed for travel and subsistence expenses incurred outside the geographical boundaries of Minnesota unless it has received prior written approval from STATE. Minnesota shall be considered the home state for determining whether travel is out of state.

- c. **Total obligation.** The total obligation of STATE for all compensation and reimbursements to COUNTY shall not exceed **Forty Seven Thousand Nine Hundred Thirty Eight Dollars and No Cents (\$47,938.00)**.
- d. **Withholding.** For compensation payable under this CONTRACT, which is subject to withholding under state or federal law, appropriate amounts will be deducted and withheld by STATE as required.
- e. **Budget Revisions.** COUNTY can move up to 10% of the total compensation for the calendar year, or ten thousand dollars (\$10,000), whichever is less, from one budget line to another budget line for activities that are included in the approved annual work plan without STATE approval. Notwithstanding Clause 16.1 of this CONTRACT, budget revisions in excess of these thresholds will be done via an amended budget worksheet and written approval from the STATE. Amendments are required to add a budget line item or to increase or decrease the total grant award, pursuant to Clause 16.1 of this CONTRACT.

### 3.2. Terms of payment

- a. STATE, using the Medicaid Management Information System (MMIS), will promptly pay COUNTY after the submission of a claim for services performed. Claims will be submitted in a timely manner and at least quarterly.
- b. **Federal funds.** Payments are to be made from federal funds. If at any time such funds become unavailable, this CONTRACT shall be terminated immediately upon written notice of such fact by STATE to COUNTY. In the event of such termination, COUNTY shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.
  - 1. **Pass-through requirements.** COUNTY acknowledges that, if it is a subrecipient of federal funds under this CONTRACT, COUNTY may be subject to certain compliance obligations. COUNTY can view a table of these obligations in the [Health and Human Services Grants Policy Statement](#),<sup>2</sup> Exhibit 3 on page II-3. To the degree federal funds are used in this contract, STATE and COUNTY agree to comply with all pass-through requirements, including each Party's auditing requirements as stated in 2 C.F.R. § 200.331 (Requirements for pass-through entities) and [2 C.F.R. §§ 200.501-521 \(Subpart F – Audit Requirements\)](#).<sup>3</sup>
  - 2. *COUNTY's Name:* **County of Freeborn** (Must match the name associated with the DUNS number.)

<sup>2</sup> <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

<sup>3</sup> <https://www.govinfo.gov/content/pkg/CFR-2018-title2-vol1/pdf/CFR-2018-title2-vol1-sec200-501.pdf>



3. *COUNTY's Data Universal Numbering System (DUNS) number:* **801393708** The DUNS number is the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities and must match COUNTY's name.
4. *Federal Award Identification Number (FAIN):* 2005MN5ADM
5. *Federal Award Date:* Awarded quarterly, October 1, January 1, April 1, and July 1 of each federal fiscal year.
6. *Period of Performance:* Start date: **See section 1.1 above.** End date: **See section 1.2 above.**
7. *Amount of federal funds:*
  - A. Total Amount Awarded to DHS for this project: Varies quarterly. For quarter beginning 7/1/23, total grant award was \$10,971,742.00
  - B. Total Amount Awarded by DHS for this project to COUNTY named above: **See section 3.1.c. above.**
8. *Federal Award Project description:* Provides financial assistance to States for payments of medical assistance on behalf of categorically-eligible and medically-needy persons.
9. *Name:*
  - A. Federal Awarding Agency: Centers for Medicare and Medicaid Services, Department of Health and Human Services
  - B. MN Dept. of Human Services (DHS)
  - C. Contact information of DHS's awarding official: State Medicaid Director, Minnesota Department of Human Services, PO Box 64963, St. Paul, MN 55164-0963
10. *CFDA Number & Name:* Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No. **93.778**
11. Is this federal award related to research and development?: ☐ Yes ☒ No
12. Indirect Cost Rate for this federal award is: 10% (including if the *de minimis* rate is charged.)
13. Closeout terms and conditions for this federal award: See, generally, 42 CFR Subchapter C, and 45 CFR § 75.381.

#### 4. CONDITIONS OF PAYMENT.

**4.1. Satisfaction of STATE.** All services provided by COUNTY pursuant to this CONTRACT shall be performed to the satisfaction of STATE, as determined at the sole discretion of its authorized representative, and in accord with all applicable federal, state, and local laws, ordinances, rules and regulations. COUNTY shall not receive payment for work found by STATE to be unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation.

**4.2. Payments to subcontractors.** (If applicable) As required by Minn. Stat. § 16A.1245, COUNTY must pay all subcontractors, within ten (10) calendar days of COUNTY's receipt of payment from STATE for undisputed services provided by the subcontractor(s) and must pay interest at the rate of 1-1/2 percent per month or any part of a month to the subcontractor(s) on any undisputed amount not paid on time to the subcontractor(s).

## **5. PAYMENT RECOUPMENT.**

COUNTY must reimburse STATE upon demand or STATE may deduct from future payments under this CONTRACT or future CONTRACTS the following:

- a. Any amounts received by COUNTY from the STATE for contract services which have been inaccurately reported or are found to be unsubstantiated;
- b. Any amounts paid by COUNTY to a subcontractor not authorized in writing by STATE;
- c. Any amount paid by STATE for services which either duplicate services covered by other specific grants or contracts, or amounts determined by STATE as non-allowable under the line item budget, clause 2.1(a);
- d. Any amounts paid by STATE for which COUNTY'S books, records and other documents are not sufficient to clearly substantiate that those amounts were used by COUNTY to perform contract services, in accordance with clause 1, COUNTY'S Duties; and/or
- e. Any amount identified as a financial audit exception.

## **6. CANCELLATION.**

**6.1. For cause or convenience.** In accord with Minn. Stat. § 16B.04, subd. 2, the Commissioner of Administration has independent authority to cancel this CONTRACT. CONTRACT may be canceled by STATE or COUNTY at any time, with or without cause, upon thirty (30) days written notice to the other party. The thirty (30) day notice may be waived, in writing, by the party receiving notice. In the event of such a cancellation, COUNTY shall be entitled to payment, determined on a pro rata basis, for work or services satisfactorily performed. STATE has the right to suspend or terminate this CONTRACT immediately when STATE deems the health or welfare of the service recipients is endangered, when STATE has reasonable cause to believe that COUNTY has breached a material term of the CONTRACT, or when COUNTY's non-compliance with the terms of the CONTRACT may jeopardize federal financial participation.

**6.2. Insufficient funds.** STATE may immediately terminate this CONTRACT if it does not obtain funding from the Minnesota Legislature, or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination will be by written notice to COUNTY. STATE is not obligated to pay for any services that are provided after the effective date of termination. COUNTY will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. STATE will not be assessed any penalty if the CONTRACT is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. STATE must provide COUNTY notice of the lack of funding within a reasonable time of STATE'S receiving that notice.

**6.3. Breach.** Notwithstanding clause 6.1, upon STATE'S knowledge of a curable material breach of the CONTRACT by COUNTY, STATE shall provide COUNTY written notice of the breach and ten (10) days to cure the breach. If COUNTY does not cure the breach within the time allowed, COUNTY will be in default of this CONTRACT and STATE may cancel the CONTRACT immediately thereafter. If COUNTY has

breached a material term of this CONTRACT and cure is not possible, STATE may immediately terminate this CONTRACT.

## **7. AUTHORIZED REPRESENTATIVES, RESPONSIBLE AUTHORITY, and PROJECT MANAGER.**

**7.1. State.** STATE's authorized representative for the purposes of administration of this CONTRACT is **Amy Zeitz** or her successor. Phone and email: **Amy.Zeitz@state.mn.us, 651-431-2916**. This representative shall have final authority for acceptance of COUNTY's services and if such services are accepted as satisfactory, shall so certify on each invoice submitted pursuant to Clause 3.2.

**7.2. County.** COUNTY's Authorized Representative is **Sue Yost** or successor. Phone and email: **507-377-5100 and sue.yost@co.freeborn.mn.us**. If COUNTY's Authorized Representative changes at any time during this CONTRACT, COUNTY must immediately notify STATE.

**7.3. Information Privacy and Security.** (If applicable) COUNTY's responsible authority for the purposes of complying with data privacy and security for this CONTRACT is **Erin O'Brian** or successor. Phone and email: **507-377-5197 and erinobrien@co.freeborn.mn.us**.

## **8. INSURANCE REQUIREMENTS.**

**8.1. Worker's Compensation.** The COUNTY certifies that it is in compliance with Minn. Stat. § 176.181, subd. 2, pertaining to workers' compensation insurance coverage. The COUNTY'S employees and agents will not be considered employees of the STATE. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees or agents and any claims made by any third party as a consequence of any act or omission on the part of these employees or agents are in no way the STATE'S obligation or responsibility.

## **9. LIABILITY.**

To the extent provided for in Minn. Stat. §§ 466.01-466.15, the COUNTY agrees to be responsible for any and all claims or causes of action arising from the performance of this grant contract by COUNTY or COUNTY'S agents or employees. This clause shall not be construed to bar any legal remedies COUNTY may have for the STATE'S failure to fulfill its obligations pursuant to this grant.

## **10. INFORMATION PRIVACY AND SECURITY.**

For purposes of executing its responsibilities and to the extent set forth in this Contract, CHB will be processing health care bills or payments on behalf of STATE, and/or conducting other health care operations on behalf of STATE. In carrying out its duties, CHB will be handling protected health information and other private information concerning individual STATE clients. As such, CHB agrees to be bound by the state and federal laws protecting the privacy of information, including the Data Practices Act, Minnesota Health Records Act, Health Insurance Portability Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) 42 U.S.C. §§ 17921(5) and 17931; and federal drug and alcohol treatment regulations.



Information privacy and security will be governed by the "Information Privacy and Security Agreement" and by the "Business Associate Agreement" (collectively the "Agreements") that the parties have previously entered into, except that the parties further agree to comply with any agreed-upon amendments to either or both of these Agreements, and with any agreed-upon superseding Agreement(s).

## **11. INTELLECTUAL PROPERTY RIGHTS.**

**11.1. Definitions.** Works means all inventions, improvements, discoveries (whether or not patentable or copyrightable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by COUNTY, its employees, agents, and subcontractors, either individually or jointly with others in the performance of the CONTRACT. Works includes "Documents." Documents are the originals of any data bases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by COUNTY, its employees, agents, or subcontractors, in the performance of this CONTRACT.

**11.2. Ownership.** COUNTY owns all rights, title, and interest in all of the intellectual property, including copyrights, patents, trade secrets, trademarks, and service marks in the Works and Documents developed by the COUNTY in performance of this CONTRACT. STATE and the US Department of Health and Human Services will have royalty free, non-exclusive, perpetual and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use, the Works or Documents for government purposes.

- a. **Duty not to infringe on intellectual property rights of others.** COUNTY represents and warrants that the Works and Documents created and paid for under this CONTRACT do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause 9, COUNTY will indemnify; defend, to the extent permitted by the Attorney General; and hold harmless STATE, at COUNTY's expense, from any action or claim brought against STATE to the extent that it is based on a claim that all or part of these Works or Documents infringe upon the intellectual property rights of others. COUNTY will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages, including but not limited to, attorney's fees. If such a claim or action arises, or in COUNTY's or STATE's opinion is likely to arise, COUNTY must, at STATE's discretion, either procure for STATE the right or license to use the intellectual property rights at issue or replace or modify the allegedly infringing Works or Documents as necessary and appropriate to obviate the infringement claim. This remedy of STATE will be in addition to and not exclusive of other remedies provided by law.
- b. **Federal license granted.** If federal funds are used in the payment of this CONTRACT, pursuant to 45 C.F.R. § 75.322, the U.S. Department of Health and Human Services is granted a royalty-

free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

**12. OWNERSHIP OF EQUIPMENT.** The STATE shall have the right to require transfer of all equipment purchased with grant funds (including title) to STATE or to an eligible non-STATE party named by the STATE. If federal funds are granted by the STATE, then disposition of all equipment purchased under this grant contract shall be in accordance with OMB Uniform Grant Guidance, 2 C.F.R. § 200.313. For all equipment having a current per unit fair market value of \$5,000 or more, STATE shall have the right to require transfer of the equipment (including title) to the Federal Government. These rights will normally be exercised by STATE only if the project or program for which the equipment was acquired is transferred from one grantee to another.

### **13. AUDIT REQUIREMENTS AND COUNTY DEBARMENT INFORMATION.**

#### **13.1. State audit.**

Under Minn. Stat. § 16B.98, subd. 8, the books, records, documents, and accounting procedures and practices of the COUNTY or other party that are relevant to the CONTRACT are subject to examination by STATE and either the legislative auditor or the state auditor, as appropriate, for a minimum of six years from the CONTRACT end date, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

**13.2. Independent audit.** If COUNTY conducts or undergoes an independent audit during the term of this CONTRACT, a copy of the audit must be submitted to STATE within thirty (30) days of the audit's completion.

**13.3. Federal audit requirements and COUNTY debarment information.** COUNTY certifies it will comply with 2 C.F.R § 200.501 et seq., as applicable. To the extent federal funds are used for this CONTRACT, COUNTY acknowledges that COUNTY and STATE shall comply with the requirements of 2 C.F.R. § 200.331. Non-Federal entities expending \$750,000 or more of federal funding in a fiscal year must obtain a single or program-specific audit conducted for that year in accordance with 2 C.F.R. § 200.501. Failure to comply with these requirements could result in forfeiture of federal funds.

#### **13.4. Debarment by STATE, its departments, commissions, agencies or political subdivisions.**

COUNTY certifies that neither it nor its principles are presently debarred or suspended by the State of Minnesota, or any of its departments, commissions, agencies, or political subdivisions. COUNTY's certification is a material representation upon which the CONTRACT award was based. COUNTY shall provide immediate written notice to STATE's authorized representative if at any time it learns that this certification was erroneous when submitted or becomes erroneous by reason of changed circumstances.

### **13.5. Certification regarding debarment, suspension, ineligibility, and voluntary exclusion – lower tier covered transactions.**

COUNTY's certification is a material representation upon which CONTRACT award was based. Federal money will be used or may potentially be used to pay for all or part of the work under CONTRACT, therefore COUNTY must certify the following, as required by 2 C.F.R. § 180, or its regulatory equivalent.

#### **a. Instructions for Certification**

1. By signing and submitting this CONTRACT, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this CONTRACT is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverages sections of rules implementing Executive Order 12549. You may contact the person to which this CONTRACT is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this response that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this CONTRACT that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant



may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**b. Lower Tier Covered Transactions.**

1. The prospective lower tier participant certifies, by submission of this CONTRACT, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this CONTRACT.

**14. JURISDICTION AND VENUE.**

This CONTRACT, and amendments and supplements, are governed by the laws of the State of Minnesota. Venue for all legal proceedings arising out of this CONTRACT, or breach of the CONTRACT, shall be in the state or federal court with competent jurisdiction in Ramsey County, Minnesota.

**15. CLERICAL ERRORS AND NON-WAIVER.**

**15.1. Clerical error.** Notwithstanding Clause 21.1, STATE reserves the right to unilaterally fix clerical errors contained in CONTRACT without executing an amendment. COUNTY will be informed of errors that have been fixed pursuant to this paragraph.

**15.2. Non-waiver.** If STATE fails to enforce any provision of this CONTRACT, that failure does not waive the provision or STATE's right to enforce it.

**16. AMENDMENT, ASSIGNMENT, SEVERABILITY, ENTIRE AGREEMENT, AND DRAFTING PARTY.**

**16.1. Amendments.** Any amendments to this CONTRACT shall be in writing, and shall be executed by the same parties who executed the original CONTRACT, or their successors in office.

**16.2. Assignment.** COUNTY shall neither assign nor transfer any rights or obligations under this CONTRACT without the prior written consent of STATE.

**16.3. Entire Agreement.** If any provision of this CONTRACT is held to be invalid or unenforceable in any respect, the validity and enforceability of the remaining terms and provisions of this CONTRACT shall not in any way be affected or impaired. The parties will attempt in good faith to agree upon a valid and enforceable provision that is a reasonable substitute, and will incorporate the substitute provision in this CONTRACT according to clause 21.1.

**16.4. Entire Agreement.** This CONTRACT contains all negotiations and agreements between STATE and COUNTY. No other understanding regarding this CONTRACT, whether written or oral may be used to bind either party.

**16.5 Drafting party.** The parties agree that both parties have had an opportunity to negotiate and draft CONTRACT, and that, in the event of a dispute, the CONTRACT shall not be construed against either party.

## **17. PROCURING GOODS AND CONTRACTED SERVICES.**

**17.1. Contracting and bidding requirements.** COUNTY certifies that it shall comply with Minn. Stat. § 471.345.

**17.2. Prevailing wage.** For projects that include construction work of \$25,000 or more, prevailing wage rules apply per Minn. Stat. §§ 177.41 through 177.44; consequently, the bid request must state the project is subject to *prevailing wage*. These rules require that the wages of laborers and workers should be comparable to wages paid for similar work in the community as a whole. Vendors should submit a prevailing wage form along with their bids.

**17.3 Debarred vendors.** In the provision of goods or services under this CONTRACT, COUNTY must not contract with vendors who are suspended or debarred in Minnesota or under federal law. Before entering into a subcontract, COUNTY must check if vendors are suspended or debarred by referencing the Minnesota Department of Administration's Suspended/Debarred Vendor Report: <http://www.mmd.admin.state.mn.us/debarredreport.asp>. A link to vendors debarred by Federal agencies is provided at the bottom of the web page.

## **18. SUBCONTRACTS.**

COUNTY, as an awardee organization, is legally and financially responsible for all aspects of this award that are subcontracted, including funds provided to sub-recipients and subcontractors, in accordance with 45 C.F.R. §§ 75.351-75.352. COUNTY shall ensure that the material obligations, borne by the COUNTY in this CONTRACT, apply as between COUNTY and subrecipients, in all subcontracts, to the same extent that the material obligations apply as between the STATE and COUNTY.

## **19. LEGAL COMPLIANCE.**

**19.1 General compliance.** All performance under this CONTRACT must be in compliance with state and federal law and regulations, and local ordinances. Allegations that STATE deems reasonable, in its sole discretion, of violations of state or federal law or regulations, or of local ordinances, may result in CONTRACT cancellation or termination and/or reporting to local authorities by STATE.

**19.2 Nondiscrimination.** COUNTY will not discriminate against any person on the basis of the person's race, color, creed, religion, national origin, sex, marital status, gender identity, disability, public assistance status, sexual orientation, age, familial status, membership or activity in a local commission, or status as a member of the uniformed services. COUNTY must refrain from such discrimination as a matter of its contract with STATE. "Person" includes, without limitation, a STATE employee, COUNTY's employee, a program participant, and a member of the public. "Discriminate" means, without limitation, to: fail or refuse to hire, discharge, or otherwise discriminate against any person with respect to the compensation, terms, conditions, or privileges of employment, or; exclude from participation in, deny the benefits of, or subject to discrimination under any COUNTY program or activity.

COUNTY will ensure that all of its employees and agents comply with Minnesota Management and Budget Policy #1329 (Sexual Harassment Prohibited) and #1436 (Harassment and Discrimination Prohibited).

**19.3 Grants management policies.** COUNTY must comply with required grants management policies and procedures set forth through Minn. Stat. § 16B.97, subd. 4(a)(1), which can be found at <https://mn.gov/admin/government/grants/policies-statutes-forms/>. Compliance under this paragraph includes, but is not limited to, participating in monitoring and financial reconciliation as required by OGM Policy 08-10.

**19.4 Conflict of interest.** COUNTY certifies that it does not have any conflicts of interest related to this CONTRACT, as defined by OGM Policy 08-01. COUNTY shall immediately notify STATE if a conflict of interest arises.

## 20. OTHER PROVISIONS

**20.1. No Religious Based Counseling.** COUNTY agrees that no religious based counseling shall take place under the auspices of this CONTRACT.

**20.2. Contingency Planning.** This section applies if COUNTY will be fulfilling Priority 1 or Priority 2 functions under this contract. A *Priority 1* function is a function that, for purposes of planning business continuity during an emergency or disaster, must continue 24 hours per day and 7 days per week, or be recovered within hours. A *Priority 2* function is a function that, for purposes of planning business continuity during an emergency or disaster, must be resumed within 25 hours to 5 days. Within 90 days of the execution of this CONTRACT, COUNTY and any subcontractor will have a contingency plan. The contingency plan shall:

- a. Ensure fulfillment of Priority 1 or Priority 2 obligations under this CONTRACT;
- b. Outline procedures for the activation of the contingency plan upon the occurrence of a governor or commissioner of the Minnesota Department of Health declared health emergency;
- c. Identify an individual as its Emergency Preparedness Response Coordinator (EPRC), the EPRC shall serve as the contact for STATE with regard to emergency preparedness and response issues, the EPRC shall provide updates to STATE as the health emergency unfolds;



- d. Outline roles, command structure, decision making processes, and emergency action procedures that will be implemented upon the occurrence of a health emergency;
- e. Provide alternative operating plans for Priority 1 or Priority 2 functions;
- f. Include a procedure for returning to normal operations; and
- g. Be available for inspection upon request.

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

Signature Page Follows

By signing below, the parties agree to the terms and conditions contained in this CONTRACT.

**APPROVED:**

**1. STATE ENCUMBRANCE VERIFICATION** *Individual certifies that funds have been encumbered as required by Minnesota Statutes, chapter 16A and section 16C.05.*

By: N/A – Paid through MMIS

Date: \_\_\_\_\_

Contract No: \_\_\_\_\_

**2. COUNTY**

*Signatory certifies that County’s articles of incorporation, by-laws, or corporate resolutions authorize Signatory both to sign on behalf of and bind the County to the terms of this Agreement. County and Signatory agree that the State Agency relies on the Signatory’s certification herein.*

By: \_\_\_\_\_

Title: Director/CHS Administrator

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**3. STATE AGENCY**

By (with delegated authority): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### **Attachment A. County Duties**

- A.** COUNTY will provide equitable C&TC administrative services to children birth through age 20 who are enrolled in Medical Assistance (MA), who reside within the COUNTY, and who are not assigned to a participating Tribe.
- B.** COUNTY will comply with program regulations, policies, procedures, directives and revisions thereto as identified in STATE's C&TC program communications (such as the C&TC Coordinator Handbook, provider updates, and program manuals), which are incorporated herein by reference.
- C.** COUNTY will provide adequate and appropriate training for staff assigned to activities and duties described in this CONTRACT.
- D.** COUNTY will require C&TC Coordinator(s) to attend any available and appropriate C&TC training offered by STATE including training offered through the Minnesota Department of Health (MDH).
- E.** COUNTY will promote MDH C&TC trainings to health care providers in COUNTY's geographic area and will attend MDH health care provider training as appropriate to encourage ongoing consultative and technical assistance relationships with local health care providers.
- F.** COUNTY will provide CATCH Database training for new and current C&TC staff and will require new and current C&TC Coordinator(s) to attend any available CATCH training offered by STATE.
- G.** COUNTY will maintain a fully secure and functional CATCH system for use in the completion of contracted duties and responsibilities by following STATE's instructions and requirements, including CATCH system requirements; the CATCH User Manual; CATCH email updates; and CATCH monthly download emails, which are incorporated herein by reference.
- H.** COUNTY will determine the willingness of eligible families and children to participate in the C&TC Program and will document this activity in the CATCH system.
- I.** COUNTY will demonstrate attempts to provide outreach to all eligible families and children through written, oral and/or face-to-face communications and will maintain dated documentation of outreach and follow-up in the CATCH system.
- J.** COUNTY will document all activities which are designed to increase C&TC screening services participation ratios as identified in the Work Plan document.
- K.** COUNTY will complete and submit the C&TC Administrative Services Annual Budget Worksheet for approval each year.
- L.** COUNTY will complete and submit the C&TC Work Plan for approval each year.



- M.** COUNTY will comply with all C&TC program administrative and reporting requirements and revisions thereto as identified and approved by STATE.
- N.** COUNTY will submit all required annual reports as prescribed by STATE each year for the previous calendar year. STATE will send COUNTY electronic copies of the required annual report forms at least 60 days before they are due.
- O.** COUNTY will obtain prior STATE approval for new C&TC outreach activities, not already approved on the C&TC SharePoint site, such as media projects, evaluations and survey activities (not identified in the approved work plan) before implementation. STATE will offer support for new initiatives and current projects consistent with C&TC Program goals as well as offer technical and research assistance. Notwithstanding Clause 9 (amendments to grant) of this Contract, the additions to the work plan can be done as an amended work plan worksheet.
- P.** COUNTY will comply with STATE's requirements for pilot projects and new initiatives, incorporate an appropriate evaluation component to monitor the effectiveness of the project outcome, and include a final report to STATE at the conclusion of the project period.
- Q.** COUNTY will seek and obtain written STATE approval to amend or remove activities from the approved work plan. Notwithstanding Clause 9 (amendments to grant) of this Contract, removal of activities from the work plan can be done as an amended work plan worksheet.
- R.** COUNTY will demonstrate efforts to use all available resources to increase C&TC participation.
- S.** COUNTY will maintain contract and work plan activity records for 6 years after the contract has expired.
- T.** Comply with the terms and conditions set forth in CHB's Minnesota Department of Human Services Provider Agreement, and amendments and supplements thereto, which are on file with STATE's Health Care Administration, Member and Provider Services Division, 540 Cedar Street, St. Paul, MN 55155 and incorporated herein by reference.

## 2024 Budget Worksheet - Attachment B

Freeborn County Public Health

1,809

Community Health Board/Tribal Nation

Estimated number of C&amp;TC eligible children

### Staffing Costs

| Position               | Annual C&TC Hours | Full-Time Equivalent (FTE) | Salary/Wages | Fringe Benefits | Total Salary/Wages & Fringe Benefits |
|------------------------|-------------------|----------------------------|--------------|-----------------|--------------------------------------|
| Supervisor             | 34                | 0.02                       | \$1,767.60   | \$688.88        | \$2,456.48                           |
| Outreach staff         | 617               | 0.30                       | \$24,696.88  | \$6,521.69      | \$31,218.57                          |
| Clerk or support staff | 216               | 0.10                       | \$5,489.68   | \$872.16        | \$6,361.84                           |
| <b>Total</b>           | 867               | 0.42                       | \$31,954.16  | \$8,082.73      | \$40,036.89                          |

### Equipment Costs

|                              |        |
|------------------------------|--------|
| Computer costs               | \$0.00 |
| Other equipment costs        | \$0.00 |
| <b>Total equipment costs</b> | \$0.00 |

### Other Direct Costs

|                                                                               |            |
|-------------------------------------------------------------------------------|------------|
| Office supplies                                                               | \$400.00   |
| Printing                                                                      | \$600.00   |
| Postage                                                                       | \$1,000.00 |
| Telephone                                                                     | \$480.00   |
| Office space                                                                  | \$0.00     |
| Interpreter/translation services                                              | \$0.00     |
| Trainings, conferences, workshops, and other meeting expenses related to C&TC | \$0.00     |
| C&TC outreach supplies                                                        | \$500.00   |
| C&TC outreach advertisement                                                   | \$500.00   |
| Other                                                                         | \$0.00     |
| <b>Total other direct costs</b>                                               | \$3,480.00 |

### Subcontractor/Consultant Costs

|                                             |        |
|---------------------------------------------|--------|
| <b>Total subcontractor/consultant costs</b> | \$0.00 |
|---------------------------------------------|--------|

### Indirect Cost

|                            |            |
|----------------------------|------------|
| <b>Total indirect cost</b> | \$4,003.69 |
|----------------------------|------------|

### Travel Costs

|                                                                                                    |          |
|----------------------------------------------------------------------------------------------------|----------|
| Mileage                                                                                            | \$327.50 |
| Lodging, meals, per diem, etc. for trainings, conferences, workshops, and meetings related to C&TC | \$90.00  |
| <b>Total travel costs</b>                                                                          | \$417.50 |

|                                                                   |             |
|-------------------------------------------------------------------|-------------|
| <b>Total budgeted amount (rounded down to the nearest dollar)</b> | \$47,938.00 |
|-------------------------------------------------------------------|-------------|



2024 Budget Worksheet - Attachment B

|                                                             |         |
|-------------------------------------------------------------|---------|
| Total C&TC costs per eligible child (not to exceed \$26.50) | \$26.50 |
|-------------------------------------------------------------|---------|





## 2024 Budget Worksheet - Attachment B



IN WITNESS WHEREOF, CHB/TRIBAL NATION and STATE have mutually agreed with this Budget Worksheet.

FOR CHB/TRIBAL NATION: \_\_\_\_\_

Title: Director/CHS Administrator \_\_\_\_\_

Date: \_\_\_\_\_

FOR STATE: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Freeborn

### Work Plan - Objective 1

#### **Equitably inform families and/or children from birth through age 20 enrolled in Medical Assistance (MA) about the C&TC Program.**

**Federal/State Requirements:** Information about the C&TC Program must be provided to enrolled children birth through age 20 and/or their families within 60 days of the eligibility determination. Families/children must be effectively informed using a combination of written, oral, and face-to-face methods. Choose methods of communication that are most effective within your communities. Include information such as the benefits of preventive health care, the services available under the C&TC Program, where and how to obtain those services, that the services are without cost to the eligible child, and that transportation, interpreter, and scheduling assistance is available, etc.

Establish and implement a process to effectively inform children living with foster care families.

Determine family response to C&TC Program participation. Documentation must be kept which indicates that recipients have accepted, declined, or are undecided about C&TC services AFTER receiving the information. Families/children which are undecided about participating in the C&TC screening program should be provided with additional information.

#### **Required Activities**

**Purpose:** Describe local efforts to meet federal and state requirements and monitor compliance.

1. Maintain a current electronic list of eligible and newly eligible families and children. (CHB/Tribal Nation must know who the eligible population is to do outreach and follow-up.) *Use the CATCH System according to DHS instructions to assist with maintaining this list.*

The list of eligible children will be kept on the Catch 3 program. There will be monthly downloads to receive the most current list of children eligible for the Child and Teen Checkups Program.

2. Effectively inform families/children about the benefits of participation in the C&TC Program within 60 days of eligibility determination. Use a combination of written, oral and face-to-face methods. Use clear, non-technical language, at or below a 7th-grade reading level in all written communication. Provide communication through an interpreter or translated written material when appropriate.

After the monthly downloads are completed the introductory letters are sent out and a list is made of all the eligible children. These new families will be contacted either by phone, text (Red Oxygen Program), WIC face-to-face contacts, Family Home Visiting Program MCH newborn visits, or car seat visits. or face-to-face contact with their financial worker. Families will be notified within 60 days. There will also be a provider list sent out along with a C&TC brochure.

3. Families/children involved in foster care should be informed through responsible CHB/Tribal Nation child case or social workers, foster care parents, or legally responsible guardians. At least annually, inform homes/institutions providing foster care and social service workers of C&TC program services available to children in foster care and develop a process to assure children in foster care receive C&TC information.

The coordinator will set up a presentation for the foster care families once a year. It will either take place at a foster care family meeting or it will be a presentation sent to Foster Care coordinator and she will share. These families will be informed of the C&TC program. They will be given a provider list along with the C&TC brochure. Letters will be sent to foster care children and families as generated by Catch 3.

4. Provide effective means to inform eligible families/children who need additional assistance because of disabilities or home language needs (i.e. visual or hearing impairment, English language learners, etc.).

The C&TC brochure informs the new members of the services we will provide. If we know that the family members speak a language other than English, we will try to provide them with the appropriate language brochure. We will access resources to be able to inform eligible families who are blind, deaf or who cannot read or understand the English language. We do have a list of interpreters and people who sign for the deaf. We will send that out to people who need it and set them up with an appropriate interpreter. We will also use the interpreters at the Mayo Clinic Health Systems – Albert Lea and Austin.

5. After effectively informing families/children about C&TC, determine if their response is "yes", "no" or "undecided" about accepting C&TC outreach benefits. Document their response using the CATCH system. New families will appear in the CATCH as "U" or "undecided". If reached, and a family remains "undecided" after receiving outreach, document/choose "undecided" in the detail list for that outreach contact. If not reached, leave families as "undecided" or "U" in CATCH. Do not change the case status for the undecided unless a direct response has been received from the family. Never assume a "yes" or "no" response. Families/children declining C&TC outreach services should not be contacted about the program again for one year. After one year from the time the "no" response was entered into CATCH, reminder letters will resume as each child is due for a screening. (A re-notification letter will also be generated if no screenings or case activity occurred during the year.)

After the families are initially contacted the C&TC outreach staff member will document the response in Catch 3 (yes or no). The families that are unable to be reach will remain undecided in Catch 3. If the family declines C&TC services that will be documented and there will be no further contact with the family until one year later when the Catch 3 program generates a reminder letter.

6. Maintain dated documentation of families/children who are informed by written, oral, and/or face-to-face methods about C&TC Program.

After a family has been informed about the C&TC program either by phone, WIC, Family Home Visiting Program MCH, or car seat visits. The C&TC outreach worker will take the written document and enter the dated data into the Catch 3 program.

7. Remind eligible families/children in writing, orally and/or face-to-face when their next C&TC screening is due, according to the current periodicity schedule. Maintain dated documentation of all reminder activities.

Reminder letters are printed on a weekly basis and a provider list, PMAP voucher (if applicable) parent check list and a Child and Teen Checkups Brochures for Families "Your Growing Child" brochure are sent out with the letters. The Catch 3 program will keep track of all the reminder letters sent out on that date. A C&TC outreach worker will text call all of the families and remind them when there child is due for a screening. That phone call or other type of contact will be entered into the Catch 3 program.

8. Conduct periodic in-service training about the C&TC program as appropriate with local agency staff, social services/income maintenance staff, Women, Infants and Children (WIC), Public Health Nursing, etc. Promote, encourage, and inform staff about ways to assist in the informing of eligible families/children (including pregnant people) about the C&TC program and its benefits.

The C&TC outreach worker will meet with the WIC staff at their monthly meetings (Family Home Visiting Program MCH, Healthy Families and other Family Health staff at quarterly meetings) to go over the yearly contract, the protocol list and go over children screened reports to see if we can identify any kids who have not gotten in for screenings and meet with them at WIC or other program area listed above.

9. Other activities provided to meet this objective.

We will be using the Red Oxygen (texting program) again in 2022 to try to reach people by text since most do not answer their phone. We will send out reminders and also some type of introductory text to the C&TC program.



## Work Plan - Objective 2

### Provide equitable assistance for families and children to access C&TC services.

**Federal/State Requirements:** Within 10 days of a request, families/children must receive assistance with scheduling screening and referral appointments and arranging transportation and interpreter services. Documentation must be kept that indicates recipients received assistance. Information about current C&TC providers, dental providers, transportation services, interpreter services, etc. must be available in writing. Offers of assistance with obtaining C&TC services or referral follow-up services should be included in all appropriate contacts with eligible families/children.

#### Required Activities

**Purpose:** Describe local efforts to meet federal and state requirements and monitor compliance.

1. Assist families/children who request assistance with obtaining screening and/or referral services within 10 days of the request. Offer assistance, as needed, with making an appointment, transportation, or interpreter arrangements. To obtain screening referral information, run appropriate CATCH system report at least monthly. Keep dated documentation.

Families are identified as needing assistance through outreach contacts (letters, phone calls, texts, or face to face visits). When we received the monthly downloads introduction letters are sent out immediately. A follow-up phone call or text is made about one week after to see if these new families have any questions or if they need assistance. We may also see these families at WIC, Family Home Visiting Program MCH visits, car seat visits, Healthy Families, etc. All requests for assistance will be handled within 10 days. This information will then be documented in the Catch 3 program. Information about assisting families with C&TC screening is included in the reminder letters along with the introduction letter, phone call, texts and face-to-face-visits. When the initial contact is made with the family they are told that the C&TC outreach coordinator is available to assist them with making appointments,

2. Maintain and provide upon request a current, written list of C&TC screening service providers, (identify both fee-for-service and Prepaid Medical Assistance Program (PMAP) Health Plan providers) dental service providers and vision and hearing screening providers. Include addresses (physical and website, if applicable), telephone numbers, service hours, or other helpful contact information, as appropriate. Lists should be updated at least twice a year. Use of provider information from online resources is acceptable. For example, HelpMeConnect!

A list is kept of all C&TC screening services providers in Freeborn County and clinics in Mower County. This list includes physicians, dentists, hearing and vision locations and public health offices. We no longer provide C&TC screenings at the public health office. This list is updated at least twice a year or whenever the C&TC coordinator is informed of a change. We have also been part of the media campaign for Region 10 in SE MN. Provider information can be accessed if a client click on the ad. We also promote this same information on our Freeborn County website page.

3. Maintain and provide upon request a current, written list of transportation providers. Include addresses, telephone numbers and service hours. Update list as needed or at least annually. Also, work with Health Plans to assist families in accessing transportation through their health plan.

A list of all the transportation services in Freeborn County and is updated once a year or when it is needed.

4. Maintain written list with information about alternate, available methods of communication such as language interpreter services, Braille, and translated materials. Update as needed or at least annually.

A list is kept of all alternate methods of communication services in Freeborn County and is updated once a year or when it is needed.

5. Other activities provided to meet this objective.

We will be using Red Oxygen to try to reach people by text since most do not answer their phone. We will send out reminders and also some type of introductory text to the C&TC program.

## Work Plan - Objective 3

### Identify families and children who decline C&TC services and/or who do not participate in C&TC screening services.

**Federal/State Requirements:** Families/children may decline C&TC outreach services at any time. If a family chooses not to participate in outreach measures, they should not be contacted further about the program for one year. Agencies are expected to resume outreach to these families again after a year.

Families/children who are eligible for screening services, regardless of their initial response to the C&TC Program, must receive re-notification about the program on an annual basis if there is no indication of any eligible child in the family receiving C&TC screening services.

#### Required Activities

**Purpose:** Describe local efforts to meet federal and state requirements and monitor compliance.

1. Maintain dated documentation of families/children who say "no" to participation in the C&TC Program. Families/children have a right to say they do not want to be contacted about C&TC and these families should not be contacted for one year.

Families who decline C&TC services will be documented in CATCH. Clients who decline C&TC services will not be contacted for one year.

2. After one year from the date the family said "no," eligible children/families should again receive information about C&TC services and reminders about C&TC screenings due according to the current periodicity schedule. (Reminder letters will begin to be generated as children are due for a screening).

A re-notification letter will be sent to all families not receiving outreach contacts and screenings for the past year. After one year, the Catch 3 program will begin to generate reminder letters to families who say "no" to participation. These reminder letters are generated on a weekly basis. A C&TC brochure will be sent out with the letter along with a provider list.

3. Families who have not participated in C&TC screenings for one year must be effectively re-notified of their eligibility to receive C&TC services. CATCH will generate re-notification letters to enrolled families who have not received any C&TC screenings or outreach contacts, letters, etc. (no case activity) for one year. These letters remind families that they are still eligible to receive C&TC benefits.

A re-notification letter will be sent to all families not receiving outreach contacts and screenings for the past year. After one year, the Catch 3 program will begin to generate reminder letters to families who say "no" to participation. These reminder letters are generated on a weekly basis. A C&TC brochure will be sent out with the letter along with a provider list. In 2020 we started to use Red Oxygen, a texting program. Our procedure is to run a "screenings not complete" report and go through that list and send everyone a text urging them to call our office or the clinic to set up an appointment.

4. Other activities provided to meet this objective.

These families have said "no" to the C&TC program may hear about the C&TC program on the radio ads, at WIC, MCH visits, car seat visits, by word of mouth, etc. and may contact public health to hear more about the program.

## Work Plan - Objective 4

### Coordinate C&TC services with related programs.

**Federal/State Requirements:** C&TC must be coordinated with Women, Infants and Children (WIC) Programs. Referral of C&TC enrollees to WIC for determination of possible eligibility is required. C&TC must also be coordinated as appropriate with other child, teen and young adult programs including Head Start, Maternal and Child Health (MCH) programs, public schools and immunization programs/registries. In Minnesota, this also includes Children's Mental Health and Community Health Services.

**Guidelines:** (1) Coordination efforts should contain costs, improve service delivery overlap, cut duplication, comply with HIPAA and close gaps in services; (2) Pursue community collaborative efforts (health fairs, screening services, health forums and public awareness; (3) written interagency agreements should delineate roles and responsibilities, provide monitoring and evaluation of activities and disperse funds.

### Required Activities

**Purpose:** Describe local efforts to meet federal and state requirements and monitor compliance.

#### 1. Women, Infants and Children (WIC) Program

WIC staff are listed as C&TC outreach workers. The CPAs are to inform clients who are on Medical Assistance about the C&TC program as the C&TC outreach workers are to tell C&TC clients about WIC. When the client is in at WIC the CPA will go over the C&TC brochure and protocol list. WIC has monthly meetings and the C&TC outreach worker will also go over the download list and put an alert on the WIC screen to inform the CPA that this is a new client to C&TC. We will also work with children one to two years old who have not had lead screenings. The CPAs have been trained to perform the lead screening so they can do it at the time of the WIC visit. We will also do dental referrals if needed.

#### 2. Head Start

We have a good relationship with Head Start. They refer many of their students to the C&TC program when a screening is needed. We will work with the family to get them into their local provider or to help them find a new health or dental provider. We do a lot of education on car seats, hand washing, smoking and many more health topics throughout the year. We send home brochures and C&TC items home with the kids. We also provide CTC outreach at the Head Start orientation day. It is a great way to connect face to face with all families.

#### 3. Immunization Registries, etc.

Freeborn County continues to utilize the MIIC immunization registry.



4. Places of education (e.g. Early Childhood Screening, junior or senior high schools, higher education facilities, etc.)

There are two Freeborn County Health staff members who help out the Early Childhood Screenings (ECS) in Freeborn County. C&TC brochures and provider lists are made available to all the families. They are informed of the program and at the time of the screening they are asked if they need assistance in any of the areas. A protocol list is filled out and the information is documented in Catch 3. All three school districts are informed of the C&TC program and they refer kids that need screenings to public health.

5. MCH Programs (e.g. home visiting, if appropriate)

All Family Home Visiting Program MCH staff are informed of the C&TC program and they do inform the families of the C&TC program. A C&TC brochure is placed in the newborn packets along with a provider information list. Family Home Visiting Program staff MCH will fill out a form and give it to the C&TC outreach worker to enter the data into Catch 3. They encourage all of their clients to get in for Child & Teen Checkups.

6. Other (Children's Mental Health, Housing Programs, Information and Referral Services, Health Related Services, childcare centers/homes, Support Services (e.g. transportation, health education, counseling), collaborative activities, health fairs, etc.)

All Family Home Visiting Program MCH staff are informed of the C&TC program and they do inform the families of the C&TC program. A C&TC brochure is placed in the newborn packets along with a provider information list. Family Home Visiting Program staff MCH will fill out a form and give it to the C&TC outreach worker to enter the data into Catch 3. They encourage all of their clients to get in for Child & Teen Checkups.

## Work Plan - Objective 5

**Recruit and train local providers about the C&TC Program. Providing information and technical assistance to providers of participating Integrated Health Partnership (IHP) clinics is not a requirement; however, collaboration between county and tribal C&TC staff and providers within an IHP is encouraged.**

**Federal/State Requirements:** States are required to take advantage of all resources to deliver C&TC services in order to assure a broad provider base to meet the needs of the eligible MA enrollee population.

Agencies are required to complete outreach to local C&TC providers by encouragement of program compliance, assistance with assessment of C&TC training needs, assist in the coordination of outreach and training with Minnesota Department of Health (MDH), Minnesota Department of Human Services (DHS), health plan representatives and other agency coordinators as appropriate, and act as a referral source to offer technical assistance as needed.

**Guidelines:** C&TC Administrative Service agencies are required to identify and provide information and technical assistance to C&TC providers outside of the IHP network. However, as time allows, keeping connections with all local providers is acceptable. C&TC Administrative Service agencies may provide training on C&TC Program requirements and should promote C&TC trainings offered through the DHS interagency agreement with MDH. This includes communicating the trainings being offered and contacting MDH to request trainings for local C&TC providers. MDH staff is available to train local providers on C&TC screening components.

### Required Activities

**Purpose:** Describe local efforts to meet federal and state requirements and monitor compliance.

1. Contact local providers, at least annually and as often as necessary, to provide information about the C&TC Program and related training opportunities. Assure availability of C&TC services, using a combination of methods, such as a substantive clinic visit annually, telephone calls, emails and mailings (e.g. newsletters, update memos, etc.). Promote use of [provider documentation forms](#) to capture all C&TC components.

Local health providers are informed of the C&TC program at least once a year with a face-to-face visit. When there is a new provider information guide the link is sent via email to the provider by the C&TC outreach worker. The C&TC outreach coordinator makes numerous contacts (phone, email, etc.) with the providers every year. The providers are also informed of any updates or trainings that occur with the C&TC program. All contacts are documented in a calendar. We also use DHS Appendix H-8 Worksheet to track provider contacts and resources given and keep attendance sheets from face-to-face clinic visits/trainings. We work with BlueCross BlueShield Minnesota and UCare to inform the medical providers of their benefits.

2. Coordinate clinic outreach with local health plan representatives and other C&TC Coordinators, as appropriate, to promote consistent messages and reduce duplication of outreach, assessment and training services.

We try to plan when BlueCross BlueShield and UCare visit the local clinics. The health plans do not visit our local clinics each year so we may try to get printouts of the lost revenue and send that to the clinic. C&TC staff will work with health plan staff to provide outreach to our local clinic.

3. Identify C&TC provider training needs and coordinate training with MDH, health plan representatives and/or other C&TC Coordinators as appropriate. Act as a referral source, offer technical assistance or respond to requests for assistance as needed and/or conduct training.

Each year we try to meet with the billing department at the clinic and they set up other meetings with the clinic administration, physicians and nurses. We try to meet their needs at this time. They are referred to MDH and DHS as needed. They are also given the address to the state C&TC website. The local clinic has since merged with Austin and formed Mayo Clinic Health Systems – Albert Lea and Austin. This merger has proven to be difficult to contact local staff. The C&TC outreach staff are trying to work with Mower County to do joint visits. Albert Lea currently has a MercyOne Clinic. Michelle was working with them to get them added as a provider. They recently announced they are stopping clinic services in Albert Lea. The building the clinic was using was donated and a group of Freeborn County citizens are advocating for another clinic to move in to the facility once MercyOne moves out. When that happens Michelle will start working with them to get them

4. Distribute the [Provider Guide](#) web link as needed and when updated. Inform providers of the [Minnesota Health Care Program \(MHCP\) Provider Manual – C&TC section](#). For providers needing additional information, coordinate with appropriate agency representatives.

We have been sending out a link for the Provider Information Guides. We make sure that they billing department, pediatrics and family practice providers at Clinic Health Systems – Albert Lea and Austin all have a copy. The clinic is aware of the C&TC website and we encourage them to use it for information. Health plan information is shared with the local providers. When a provider training is offered the health plans try to be in attendance. Most of the time Freeborn County C&TC outreach staff share the health plan information with the providers, such as lost income and participation rates.

5. Act as a referral source for C&TC provider billing issues and encourage review of the billing and claim instructions in the MHCP Provider manual. For fee-for-service questions/issues, refer providers to the Department of Human Services Provider Call Center at: 651-431-2700 or 1-800-366-5411.

We try to help local providers when they have a billing question and when we cannot provide the information we will refer them to the DSH help desk. Health plan information is shared with the local providers. When a provider training is offered the health plans try to be in attendance. Most of the time Freeborn County C&TC outreach staff share the health plan information with the providers, such as lost revenue and participation rates.

6. Other activities provided to meet this objective.

Any chance we get with a provider is taken whether it is a meeting, email, phone call or brief face to face visit to say hi.





**FREEBORN COUNTY BOARD OF COMMISSIONERS  
AGENDA REQUEST**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12/19/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>ACTION REQUESTED:</b><br><br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><br>Sue Yost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>DEPARTMENT:</b><br><br>Public Health                                                                                                                                                                                                                                                                                                                                           |
| <b>PRESENTED BY:</b><br><br>Sue Yost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>ESTIMATED TIME NEEDED:</b><br><br><5 min                                                                                                                                                                                                                                                                                                                                       |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><p>This grant project agreement amendment is for the Public Health Emergency Preparedness and Response for Response Sustainability from Minnesota Department of Health (MDH). The grant project agreement is new state funding effective from December 1, 2023 to June 30, 2027 . The award amount is \$100,641.82 for FY2024. This funding will allow Freeborn County Public Health to better prepare and respond to emergencies in the future. The purpose of this funding is to support a robust response to emergencies through planning, training, exercises, and response at the local level. Grant activities will align with the approved areas of focus: workforce capacity; sustainability; health equity; and communication. This funding is in addition to the funding we receive from CDC through MDH.</p> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b><br><p>Consider a resolution to approve a grant project agreement with Minnesota Department of Health for Emergency Preparedness and Response.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT <u>\$100,641.82</u> <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><br>MANDATED : <input checked="" type="checkbox"/> Y <input type="checkbox"/> N    BY WHAT AGENCY: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Other comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                   |

## **RESOLUTION 23-XXX**

### **Resolution to Accept a Grant Contract Agreement Amendment with Minnesota Department of Health for Emergency Preparedness and Response**

**Whereas**, Freeborn County Community Health Board will contract with Minnesota Department of Health for Emergency Preparedness in order to continue to support a robust response to emergencies through planning, training, exercises, and response at the local level;

**Whereas**, Minnesota Statute 145A.04 allows for preparing and responding to emergencies by engaging in activities that prepare public health departments to respond to events and incidents and assist communities in recovery, such as providing leadership for public health preparedness activities with a community; developing, exercising, and periodically reviewing response plans for public health threats; and developing and maintaining a system of public health workforce readiness, deployment, and response;

**Whereas**, the grant contract amendment is for the Emergency Preparedness and Response from Minnesota Department of Health (MDH). This is new state funding. The grant project agreement is effective from December 1, 2023 to June 30, 2027. The award amount is \$100,641.82 for FY2024. This funding will allow Freeborn County Public Health to better prepare and respond to emergencies in the future. Grant activities will align with the approved areas of focus: workforce capacity; sustainability; health equity; and communication.

**Now, Therefore, Be It Resolved** that the Freeborn County Board of Commissioners/Freeborn County Community Health Board does hereby approve the contract grant agreement amendment with Minnesota Department of Health for Emergency Preparedness and Response.

\*\*\*\*\*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as appears on the minutes of their record of proceedings.

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County Administrator/Clerk  
County of Freeborn  
State of Minnesota



## Minnesota Department of Health Grant Project Agreement Cover Sheet

You have received a grant project agreement from the Minnesota Department of Health (MDH).

Additional information about the grant project agreement, including funding details, are included below.  
 Contact your MDH Grant Manager if you have questions about this Cover Sheet.

**ATTACHMENT:** Grant Project Agreement

**CONTACT FOR MDH:** Sandra Hanson, (651) 201-3619, [sandra.hanson@state.mn.us](mailto:sandra.hanson@state.mn.us)

| Grantee SWIFT Information                                                                                                                                                                    | Grant Project Agreement Information                                                                                                                                                                      | Program & Funding Information                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Name of MDH Grantee</b> (as it appears in SWIFT):<br>Freeborn County Community Health Board<br><b>Address of Grantee:</b><br>411 South Broadway Ave., PO Box 1147<br>Albert Lea, MN 56007 | <b>Grant Project Agreement Number:</b><br>240059                                                                                                                                                         | <b>MDH Program Name:</b><br>Emergency Preparedness and Response |
| <b>Grantee SWIFT Vendor Number:</b><br>0000197292<br><b>SWIFT Vendor Location Code:</b><br>001                                                                                               | <b>Effective Date:</b><br><b>12/01/2023</b> OR the date all signatures are collected and the project agreement is fully executed, whichever is later.<br><br><b>Expiration Date:</b><br><b>6/30/2027</b> | <b>Total State Grant Funds: \$100,641.82</b>                    |

Note:

The Response Sustainability Grant period is **December 1, 2023** through **June 30, 2027**.

This Grant Award Cover Sheet only includes the grant award allocation for work to be completed through June 30, 2024.  
 Subsequent funding allocation letters will be sent to Grantee annually.



## Minnesota Department of Health

# Grant Project Agreement

This grant project agreement, and amendments and supplements, is between the State of Minnesota, acting through its Commissioner of Health (“MDH”) and **Freeborn County Community Health Board**, an independent organization, not an employee of the State of Minnesota, address 411 South Broadway Ave., PO Box 1147 Albert Lea, MN 56007 (“Grantee”).

### Recitals

1. MDH is empowered to enter into a grant project agreement under Minn. Stat. §§ [144.05](#) and [144.0742](#), under which MDH is empowered to enter into a contractual agreement for the provision of statutorily prescribed public health services.
2. MDH and Grantee have entered into Master Grant Contract number **12-700-00073** (“Master Grant Contract”) effective January 1, 2020, or subsequent Master Grant Contracts and amendments and supplements thereto;
3. The vision of MDH is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy. Health equity is achieved when every person has the opportunity to attain their health potential. Grantee agrees, where applicable, to perform its work with advancing health equity as a goal.
4. Grantee represents that it is duly qualified and willing to perform all the activities according to the terms of this grant project agreement. Grantee agrees to minimize administrative costs as a condition of this grant project agreement pursuant to [Minn. Stat. § 16B.98](#), subd. 1.

### Grant Project Agreement

#### 1. Incorporation of Master Grant Contract

All terms and conditions of the Master Grant Contract are hereby incorporated by reference into this grant project agreement.

#### 2. Term of Agreement

##### 2.1 *Effective date*

**December 1, 2023**, or the date MDH obtains all required signatures under [Minn. Stat. § 16B.98](#), subd. 5(a), whichever is later. Per [Minn. Stat. § 16B.98](#), subd. 7, no payments will be made to the Grantee until this grant project agreement is fully executed. Grantee must not begin work until this grant project agreement is fully executed and MDH’s Authorized Representative has notified Grantee that work may commence.

**2.2 Expiration date**

**June 30, 2027**, or until all obligations have been fulfilled to the satisfaction of MDH, whichever occurs first.

**3. Activities****3.1 MDH's Activities**

MDH activities, in accordance with the Minnesota Department of Administration's Office of Grants Management's policies and federal regulations, may include but are not limited to financial reconciliations, site visits, programmatic monitoring of activities performed, and grant activity evaluation.

**3.2 Grantee's Activities**

Grantee shall conduct the activities specified in Exhibit A, which is attached and incorporated into this grant project agreement.

**4. Consideration and Payment****4.1 Consideration.** MDH will award funds to Grantee for activities performed in accordance with this grant agreement as follows:

- a. State will determine Response Sustainability Grant allocations annually. Grantee will be paid according to the allocated amount determined by MDH each project year.

**4.2 Budget Modifications.** Grantee may modify any line item in the most recently agreed-upon budget by up to 10 percent without prior written approval from MDH. Grantee must notify MDH of any modifications up to 10 percent in writing no later than the next invoice. Grantee must obtain prior written approval from MDH for line-item modifications greater than 10 percent. Grantee's failure to obtain MDH's prior approval may result in denial of modification request, loss of funds, or both. The total obligation of MDH for all compensation and reimbursements to Grantee shall not exceed the total obligation specified in the annual award letter provided to Grantee by MDH.**4.3 Total Obligation.**

The total obligation of MDH for all compensation and reimbursements to Grantee under this grant agreement will not exceed the amount specified in the annual award letter provided to Grantee by MDH.

**4.4 Terms of Payment****4.4.1. Invoices**

MDH will promptly pay Grantee after Grantee presents an itemized invoice for the activities actually performed and MDH's Authorized Representative accepts the invoiced activities. Invoices must be submitted at least quarterly or according to a schedule agreed upon by the Parties. The final invoice is due 30 calendar days after the expiration date of the grant project agreement.

## 5. Conditions of Payment

All activities performed by Grantee pursuant to this grant agreement must be performed in accordance with the terms of this grant agreement, as determined in the sole discretion of MDH's Authorized Representative. Furthermore, all activities performed by Grantee must be in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. MDH will not pay Grantee for work that MDH determines is noncompliant with the terms and conditions of this grant agreement or performed in violation of federal, state, or local law, ordinance, rule, or regulation.

## 6. Ownership of Equipment and Supplies

**6.1 Equipment.** "Equipment" is defined as tangible personal property having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000. MDH shall have the right to require transfer of all Equipment purchased with grant funds (including title) to MDH or to an eligible non-State party named by MDH. MDH may require the transfer of Equipment if the grant program is transferred to another grantee. At the end of this grant agreement, grantee must contact MDH's Authorized Representative for further instruction regarding the disposition of Equipment.

**6.2 Supplies.** "Supplies" is defined as all tangible personal property other than those described in the definition of Equipment. Grantee must notify MDH's Authorized Representative regarding any remaining Supplies with an aggregate market value of \$5,000 or more for further instruction regarding the disposition of those Supplies. For the purpose of this section, Supplies includes but is not limited to computers and incentives.

## 7. Authorized Representatives

### 7.1 MDH's Authorized Representative

MDH's Authorized Representative for purposes of administering this grant project agreement is **Sandra Hanson, Public Health Emergency Preparedness Section Manager, MN Department of Health**, (651) 201-3619, [sandra.hanson@state.mn.us](mailto:sandra.hanson@state.mn.us), or their successor, and has the responsibility to monitor Grantee's performance and the final authority to accept the activities performed under this grant project agreement. If the activities performed are satisfactory, MDH's Authorized Representative will certify acceptance on each invoice submitted for payment.

### 7.2 Grantee's Authorized Representative

Grantee's Authorized Representative is **Susan Yost, CHS Administrator, 507-377-5273**, [sue.yost@co.freeborn.mn.us](mailto:sue.yost@co.freeborn.mn.us), or their successor. Grantee's Authorized Representative has full authority to represent Grantee in fulfillment of the terms, conditions, and requirements of this agreement. If Grantee selects a new Authorized Representative at any time during this grant project agreement, Grantee must immediately notify MDH's Authorized Representative.

## 8. Termination

### 8.1 Termination by the MDH or Grantee

MDH or Grantee may cancel this grant project agreement at any time, with or without cause, upon 30 days' written notice (e.g. by mail, email, or both) to the other party.



**8.2 Termination for Cause**

If Grantee fails to comply with the provisions of this grant project agreement, MDH may terminate this grant project agreement without prejudice to the right of MDH to recover any money previously paid. The termination shall be effective five business days after MDH sends written notice (e.g. mail, email, or both) of termination to Grantee.

**8.3 Termination for Insufficient Funding**

MDH may immediately terminate this grant project agreement if it does not obtain funding from the Minnesota Legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the work scope covered in this grant project agreement. Termination must be by written notice to Grantee; e.g., mail, email, or both. MDH is not obligated to pay for any work performed after notice and effective date of the termination. However, Grantee will be entitled to payment, determined on a pro rata basis, for activities satisfactorily performed to the extent that funds are available. MDH will not be assessed any penalty if this grant project agreement is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. MDH must provide the Grantee notice of the lack of funding within a reasonable time of MDH receiving notice of the same.

**8.4 Termination by Commissioner of Administration**

The Commissioner of Administration may unilaterally and immediately cancel this grant agreement if, in the Commissioner's sole discretion, further performance does not serve MDH's purposes or is not in the best interests of the State of Minnesota.

**9. Publicity**

Any publicity given to the program, publications, or activities performed from this grant project agreement, including, but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Grantee or its employees individually or jointly with others, or any subgrantees, must identify MDH as a sponsoring agency. If publicity is not specifically authorized under this grant project agreement, Grantee must obtain prior written approval from MDH's Authorized Representative. As federal funding is being used for this grant project agreement, the federal program must also be recognized.

**10. Clerical Error**

Notwithstanding the Master Grant Contract Agreement, MDH reserves the right to unilaterally fix clerical errors, defined as misspellings, minor grammatical or typographical mistakes or omissions, that do not have a substantive impact on the terms of the Grant Project Agreement without executing an amendment. MDH must inform Grantee of clerical errors that have been fixed pursuant to this paragraph within a reasonable period of time.

**11. Voter Registration Services Requirement**

If this grant project agreement will disburse any state funds (as indicated on the Award Cover Sheet); AND grantee is a local unit of government, city, county, township, Tribal Nation or non-profit organization, then Grantee is required to comply with [Minn. Stat. § 201.162](#) by providing voter registration services for its employees and for the public served by the grantee.

## 12. Incentives

When included in the approved Work Plan and or Budget, the following language applies.

### 12.1 **Handling of Incentives.**

Grantee is required to have policies and procedures in place addressing the purchasing, security, distribution, and asset tracking of incentives. All grantee staff involved in the purchase, distribution, security, and reconciling of incentives must be trained on the grantee's policies and procedures prior to the grantee placing any order for incentives. Those policies and procedures must, at a minimum, include the following:

### 12.2 **Separation of duties**

- a) More than one Grantee staff person must be involved in the management and handling of the incentives.
- b) The Grantee staff who authorizes the purchase of incentives must not have sole physical access to the incentives.
- c) The Grantee staff who will have physical access to the incentives cannot have sole access to modify the incentives records.
- d) Handoff of incentive from one person to another must be documented.

### 12.3 **Distribution of Incentives** *(incentives may only be used for approved purposes by MDH)*

- a) Only one incentive can be given to an individual per occurrence/event.
- b) Undistributed incentives must always be kept in a secure location. Incentive instruments must never be stored in any personal homes, they must always be securely stored in the grantee's business space.
- c) Grantee will purchase and have on hand no more than three months' worth of incentives at any given time. The three months' worth must be based off the most currently approved workplan. All incentives must be distributed prior to grantee purchasing additional incentives.
- d) Grantee will be responsible for the costs of any incentives that remain undistributed at the end of the grant agreement.
- e) If MDH provided the grantee with the incentives, the return of undistributed incentives to MDH must occur in person with the State's Authorized Representative within 30 calendar days of the grant expiration date. If in-person return is not possible, the grantee must return undistributed incentives via courier or via US Mail that requires signatures and a tracking number within 30 calendar days of the grant expiration date.
- f) The tracking log must be returned separately from the physical cards. Electronic return is the preferred method for the tracking log.

### 12.4 **Incentive tracking documentation.**

The tracking documentation the Grantee must maintain must not contain any private data. The tracking system must record the following:

- a) Number of incentives on hand, including starting balance and any additional incentives purchased.
- b) Description of the incentives
- c) Quantity of incentive(s) distributed to each participant.



- d) The last four digits of any pre-paid card number
- e) Value/amount
- f) A unique non-identifiable data point for each participant (e.g. case number, file number),
- g) Date participant received incentive(s), and
- h) Signature of Grantee staff member providing incentive(s) to participant(s)

**12.5 Reconciliation.**

At least two different Grantee staff must reconcile the incentives at least quarterly. The Grantee staff conducting the reconciliation must not also be the handlers of the incentives. The reconciliation must include the dates and signature of the two people who perform the reconciliation. Grantee must submit the reconciliation documentation to the State's Authorized Representative no less than two weeks after each reconciliation.

**12.6 Subcontracting/Subgranting.**

The Grantee must communicate and verify that their subcontracts/subgrants will only use incentives for MDH approved purposes. The Grantee will be responsible for monitoring, oversight, and reconciliation of any incentives that its subcontractors or subgrantees purchase and distribute and will include this same language in any of its subgrants or subcontracts that it enters as part of its work for MDH.

**12.7 Lost or stolen incentives.**

The Grantee bears all financial responsibility for any unaccounted for, lost, or stolen incentives.

**12.8 Invoicing.**

If the Grantee purchased the incentives themselves, the Grantee must only invoice MDH for the incentives after they've been distributed.

**12.9 Failure to Comply.**

For grantees who do not have effective written policies and procedures in place before purchasing incentives, MDH reserves the right to withhold payment and or request reimbursement in the amount equal to the unallowable costs. Withheld payments will be released when the grantee provides documentation to MDH that it has written effective policies and procedures in place. Grantees who do not comply with this requirement may be subject to increased monitoring and will be offered technical assistance. MDH also reserves the right to terminate a grant agreement for failure to comply with these requirements.

[Signatures on following page]





## APPROVED:

### 1. State Encumbrance Verification

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ [16A.15](#) and [16C.05](#).

Signature: Rachel L LeBlanc Digitally signed by Rachel L LeBlanc  
Date: 2023.12.08 13:32:46 -06'00'  
 SWIFT Contract & Initial PO: 240059/3000108782/REQ 10150

### 2. Grantee

Grantee certifies that the appropriate persons(s) have executed the grant agreement on behalf of Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

|                                          |                  |
|------------------------------------------|------------------|
| Signature: _____                         | Signature: _____ |
| Title: <u>Director/CHS Administrator</u> | Title: _____     |
| Date: _____                              | Date: _____      |

|                  |                  |
|------------------|------------------|
| Signature: _____ | Signature: _____ |
| Title: _____     | Title: _____     |
| Date: _____      | Date: _____      |

### 3. Minnesota Department of Health

Grant agreement approval and certification that State funds have been encumbered as required by Minn. Stat. §§ [16A.15](#) and [16C.05](#).

Signature: \_\_\_\_\_  
(with delegated authority)  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

#### Distribution:

All parties on the DocuSign envelope will receive a copy of the fully executed grant agreement.



## Exhibit A – Grantee’s Activities/ Scope of Work:

1. The purpose of this funding is to support a robust response to emergencies through planning, training, exercises, and response at the local level. Grant activities will align with the approved areas of focus:
  - **Workforce Capacity.** This could include, but is not limited to, increasing staff capacity, expanding disciplines working in preparedness, workforce training on response roles and use of the Incident Command System, staff-focused Mental and Behavioral Health, and staff training related to community engagement/community organizing.
  - **Sustainability.** This could include, but is not limited to, developing MOUs, MOAs, or Mutual Aid; reviewing, updating, or developing policies and plans, developing policies for regularly updating contact lists, expanding use of technology platforms to support public health emergency preparedness, response, and recovery, relationship development with community partners, community engagement, and engaging new Mental and Behavioral Health Partners.
  - **Health Equity.** This could include, but is not limited to, assessment of preparedness health equity planning, developing a Health Equity Action Plan, health equity related trainings for staff, and including health equity in preparedness, response, and recovery plans and engaging new partners.
  - **Communication.** This could include, but is not limited to, plans addressing risk communication and social media, communication pathways and other communication strategies; training and conducting exercises for managing misinformation and the Public Information Officer role and responsibilities, and community engagement.
2. Grantee shall complete, and update as necessary, a detailed workplan including planned activities for MDH approval. Any changes made to the original proposal must be reviewed and approved by MDH.
3. Grantee shall complete a proposed budget by the date provided by MDH. Any revisions to the original budget must be reviewed and approved by MDH.
4. Grantee shall provide requested financial and programmatic reporting information by the dates provided by MDH.

## Certificate Of Completion

Envelope Id: DD0EFA7787B34646A4CB1C529DA3421F  
 Subject: Complete with DocuSign: 240059 SIGNED\_EW.pdf, FREEBORN CHB.pdf  
 Source Envelope:  
 Document Pages: 11  
 Certificate Pages: 2  
 AutoNav: Enabled  
 EnvelopeId Stamping: Enabled  
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Sent

Envelope Originator:  
 Sara Harmon  
 625 Robert St. N  
 PO Box 64975  
 St. Paul, MN 55164  
 sara.harmon.c19@state.mn.us  
 IP Address: 156.98.136.30

## Record Tracking

Status: Original  
 12/12/2023 9:03:45 AM  
 Security Appliance Status: Connected  
 Storage Appliance Status: Connected

Holder: Sara Harmon  
 sara.harmon.c19@state.mn.us  
 Pool: StateLocal  
 Pool: Department of Health

Location: DocuSign

Location: DocuSign

## Signer Events

Sue Yost  
 sue.yost@co.freeborn.mn.us  
 Director/CHS Administrator  
 Security Level: Email, Account Authentication  
 (None)

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

Ryan  
 ryan.rasmusson@co.freeborn.mn.us  
 Security Level: Email, Account Authentication  
 (None)

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

Delegated Signer  
 health.Delegated\_Signature@state.mn.us  
 Security Level: Email, Account Authentication  
 (None)

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

## Signature

## Timestamp

Sent: 12/12/2023 9:08:40 AM  
 Viewed: 12/12/2023 2:34:57 PM

| In Person Signer Events      | Signature | Timestamp |
|------------------------------|-----------|-----------|
| Editor Delivery Events       | Status    | Timestamp |
| Agent Delivery Events        | Status    | Timestamp |
| Intermediary Delivery Events | Status    | Timestamp |
| Certified Delivery Events    | Status    | Timestamp |
| Carbon Copy Events           | Status    | Timestamp |



| Carbon Copy Events                                                      | Status | Timestamp |
|-------------------------------------------------------------------------|--------|-----------|
| Seth Rasmussen                                                          |        |           |
| Seth.Rasmussen@state.mn.us                                              |        |           |
| Sarah Jane Martin                                                       |        |           |
| sarah.martin@state.mn.us                                                |        |           |
| Christina Mish                                                          |        |           |
| Christina.Mish@state.mn.us                                              |        |           |
| Signing Group: MDH Encumbrance Officers                                 |        |           |
| Security Level: Email, Account Authentication<br>(None)                 |        |           |
| Electronic Record and Signature Disclosure:<br>Not Offered via DocuSign |        |           |

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status           | Timestamps            |
|-------------------------|------------------|-----------------------|
| Envelope Sent           | Hashed/Encrypted | 12/12/2023 9:08:40 AM |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|



## FREEBORN COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

|                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                          |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>12.19.23                                                                                                                                                                 | <b>ACTION REQUESTED:</b><br><br><input type="checkbox"/> Motion<br><br><input checked="" type="checkbox"/> Resolution<br><br><input type="checkbox"/> Discussion<br><br><input type="checkbox"/> Request Board direction |                                   |
| <b>SUBMITTED BY:</b> Erin Hornberger                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                          | <b>DEPARTMENT:</b> Administration |
| <b>PRESENTED BY:</b> Erin L. Hornberger                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                          | <b>ESTIMATED TIME NEEDED:</b>     |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><br>Joseph Petersen has been employed with the Freeborn County Department of Human Services as a Substance Treatment Provider since July 5 <sup>th</sup> , 2016. He is resigning his position effective December 11 <sup>th</sup> , 2023.                    |                                                                                                                                                                                                                          |                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          |                                   |
| <b>RECOMMENDED BOARD ACTION( MOTION/RESOLUTION);</b> Resolution to accept the resignation of Joseph Petersen, Substance Treatment Provider, effective December 11 <sup>th</sup> , 2023.                                                                                                        |                                                                                                                                                                                                                          |                                   |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT _____ <b>BUDGETED</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED :</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> _____<br><br><b>Other comments:</b> |                                                                                                                                                                                                                          |                                   |

**RESOLUTION 23-XXX**

**ACCEPTING THE RESIGNATION OF JOSEPH PETERSEN**

**WHEREAS**, the Freeborn County Department of Human Services has the responsibility for providing a quality service with integrity and accountability to the citizens of Freeborn County;

**WHEREAS**, the Freeborn County Board is the appointing authority for all county employees;

**WHEREAS**; Joseph Petersen has been employed as a Substance Treatment Provider since July 5<sup>th</sup>, 2016 and is resigning his position effective December 11<sup>th</sup>, 2023,

**NOW, THEREFORE BE IT RESOLVED**, to accept the resignation of Joseph Petersen as a Freeborn County Substance Treatment Provider effective on or about December 11<sup>th</sup>, 2023.

\*\*\*\*\*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 11<sup>th</sup> of December, 2023, and as it appears on the Minutes of their record of proceedings.

---

County Administrator/Clerk  
County of Freeborn  
State of Minnesota





## FREEBORN COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>December 19, 2023                                                                                                                                                                                                                                                                                           | <b>ACTION REQUESTED:</b><br><br><input type="checkbox"/> Motion<br><br><input checked="" type="checkbox"/> Resolution<br><br><input type="checkbox"/> Discussion<br><br><input type="checkbox"/> Request Board direction |
| <b>SUBMITTED BY:</b><br><br>Ryan Rasmusson                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DEPARTMENT:</b><br><br>Administration                                                                                                                                                                                 |
| <b>PRESENTED BY:</b><br><br>Ryan Rasmusson                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ESTIMATED TIME NEEDED:</b><br><br>5 Minutes                                                                                                                                                                           |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><br>The Personnel Committee met on Wednesday, December 13 to discuss and review a proposed employment agreement between the County and myself for the position of County Administrator.<br><br>Commissioners Forman, Edwin, and HR Manager, Erin Hornberger attended the meeting. We discussed the proposed agreement and a couple of minor changes. The final agreement is before the Board for approval. |                                                                                                                                                                                                                          |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          |
| <b>RECOMMENDED BOARD ACTION (MOTION/RESOLUTION):</b><br><br>Resolution Approving an Employment Agreement with Ryan Rasmusson, County Administrator                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                          |
| Fiscal Impact: <input type="checkbox"/> COST    AMOUNT _____    BUDGETED <input type="checkbox"/> Y <input type="checkbox"/> N<br><br>MANDATED: <input type="checkbox"/> Y <input type="checkbox"/> N    BY WHAT AGENCY: _____<br><br>Other comments:                                                                                                                                                                                        |                                                                                                                                                                                                                          |

**RESOLUTION 23-XXX**

**RESOLUTION APPROVING THE EMPLOYMENT AGREEMENT WITH RYAN RASMUSSEN  
FOR FREEBORN COUNTY ADMINISTRATOR**

**WHEREAS**, the Freeborn County Board of Commissioners appointed Ryan Rasmussen as County Administrator on November 28, 2023; and

**WHEREAS**, the Freeborn County Board and the County Administrator wish to document the terms and conditions of employment;

**NOW, THEREFORE BE IT RESOLVED** that the Freeborn County Board of Commissioners hereby approves the employment agreement between Freeborn County and Ryan Rasmussen for the position of Freeborn County Administrator herein attached.

\*\*\*\*\*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023, and as it appears on the Minutes of their record of proceedings.

---

John Forman  
Board Chair  
County of Freeborn  
State of Minnesota



## FREEBORN COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                          |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>DECEMBER 19, 2023                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>ACTION REQUESTED:</b><br><br><input type="checkbox"/> Motion<br><br><input checked="" type="checkbox"/> Resolution<br><br><input type="checkbox"/> Discussion<br><br><input type="checkbox"/> Request Board direction |                                                |
| <b>SUBMITTED BY:</b><br><br>Ryan Rasmusson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                          | <b>DEPARTMENT:</b><br><br>Administration       |
| <b>PRESENTED BY:</b><br><br>Ryan Rasmusson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                          | <b>ESTIMATED TIME NEEDED:</b><br><br>5 minutes |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><br>Minnesota Statute requires the County Board to annually set, by resolution, the salary of the County Attorney. The Board has considered and openly discussed in public meetings, the factors outlined by statute to include duties and responsibilities, education, experience, and performance of the County Attorney. This includes review and consideration of the data and documentation provided by the County Attorney and County Administrator.<br><br>I am asking for a resolution to set the 2024 salary for the Freeborn County Attorney. |                                                                                                                                                                                                                          |                                                |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                          |                                                |
| <b>RECOMMENDED BOARD ACTION (MOTION/RESOLUTION):</b><br><br>Approval of Resolution Setting the 2024 Salary for the Freeborn County Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                          |                                                |
| Fiscal Impact: <input type="checkbox"/> COST    AMOUNT _____    BUDGETED <input type="checkbox"/> Y <input type="checkbox"/> N<br><br>MANDATED: <input type="checkbox"/> Y <input type="checkbox"/> N    BY WHAT AGENCY: _____<br><br>Other comments:                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          |                                                |



## RESOLUTION 23-XXX

### RESOLUTION SETTING THE 2024 SALARY FOR THE FREEBORN COUNTY ATTORNEY

**Whereas**, Minnesota Statutes §388.18 Subd 2 requires the county board to annually shall set, by resolution, the salary of the county attorney which shall be paid to the county attorney; and

**Whereas**, Freeborn County Board of Commissioners considered and openly discussed at public meetings the factors outlined by the statute, including duties, responsibilities, education, experience and performance of the County Attorney, which included review and consideration of the data and documentation provided by the County Attorney and County Administrator; and

**Whereas**, the Freeborn County Board of Commissioners also considered and have openly discussed at public meetings, the performance of the County Attorney in his capacity, responsibility and service to Freeborn County;

**Now, Therefore Be It Resolved** that the Freeborn County Board of Commissioners by resolution does hereby set the 2024 salary for the Freeborn County Attorney at \$\_\_\_\_\_ annually at such intervals as determined by the board.

\*\*\*\*\*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023 and as it appears on the Minutes of their record of proceedings.

---

Ryan Rasmusson  
County Administrator  
County of Freeborn  
State of Minnesota



## FREEBORN COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>DECEMBER 19, 2023                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ACTION REQUESTED:</b><br><br><input type="checkbox"/> Motion<br><br><input checked="" type="checkbox"/> Resolution<br><br><input type="checkbox"/> Discussion<br><br><input type="checkbox"/> Request Board direction |                                                |
| <b>SUBMITTED BY:</b><br><br>Ryan Rasmusson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                          | <b>DEPARTMENT:</b><br><br>Administration       |
| <b>PRESENTED BY:</b><br><br>Ryan Rasmusson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                          | <b>ESTIMATED TIME NEEDED:</b><br><br>5 minutes |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><br>Minnesota Statute requires the County Board to annually set, by resolution, the salary of the County Sheriff. The Board has considered and openly discussed in public meetings, the factors outlined by statute to include duties and responsibilities, education, experience, and performance of the County Sheriff. This includes review and consideration of the data and documentation provided by the County Sheriff and County Administrator.<br><br>I am asking for a resolution to set the 2024 salary for the Freeborn County Sheriff. |                                                                                                                                                                                                                          |                                                |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                          |                                                |
| <b>RECOMMENDED BOARD ACTION (MOTION/RESOLUTION):</b><br><br>Approval of Resolution Setting the 2024 Salary for the Freeborn County Sheriff                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                          |                                                |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT _____ <b>BUDGETED</b> <input type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> _____<br><br><b>Other comments:</b>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          |                                                |

## RESOLUTION 23-XXX

### RESOLUTION SETTING THE 2024 SALARY FOR THE FREEBORN COUNTY SHERIFF

**Whereas**, Minnesota Statutes §387.20 Subd 2 requires the county board to annually set, by resolution, the salary of the county sheriff which shall be paid to the county sheriff; and

**Whereas**, Freeborn County Board of Commissioners considered and openly discussed at public meetings the factors outlined by the statute, including duties, responsibilities, education, experience and performance of the Sheriff, which consideration included review and consideration of the data and documentation provided by the Sheriff and County Administrator; and

**Whereas**, the Freeborn County Board of Commissioners also considered and have openly discussed at public meetings the performance of the Sheriff in his capacity, responsibility and service to Freeborn County;

**Now, Therefore Be It Resolved** that the Freeborn County Board of Commissioners by resolution does hereby set the 2024 salary for the Freeborn County Sheriff at \$ \_\_\_\_\_ annually at such intervals as determined by the board.

\*\*\*\*\*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December 2023 and as it appears on the Minutes of their record of proceedings.

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Ryan Rasmusson  
County Administrator  
County of Freeborn  
State of Minnesota





## FREEBORN COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>DECEMBER 19, 2023                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>ACTION REQUESTED:</b><br><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Motion</div><div><input type="checkbox"/> Discussion</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input checked="" type="checkbox"/> Resolution</div><div><input type="checkbox"/> Request Board direction</div></div> |
| <b>SUBMITTED BY:</b><br><br>Ryan Rasmusson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DEPARTMENT:</b><br><br>Administration                                                                                                                                                                                                                                                                                                                                                                          |
| <b>PRESENTED BY:</b><br><br>Ryan Rasmusson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>ESTIMATED TIME NEEDED:</b><br><br>5 minutes                                                                                                                                                                                                                                                                                                                                                                    |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><br>Minnesota Statute requires the County Board to annually set, by resolution, the salary of the members of the County Board of Commissioners. The Board has considered and has openly discussed at public meetings, the performance of the Board of Commissioners in their capacity, responsibility and service to Freeborn County, which included review and consideration of data and documentation provided by the County Administrator.<br><br>I am asking for a resolution to set the 2024 salary for the Freeborn County Commissioners. |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RECOMMENDED BOARD ACTION (MOTION/RESOLUTION):</b><br><br>Approval of Resolution Setting the 2024 Salary for the Freeborn County Commissioners                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Fiscal Impact:</b> <input type="checkbox"/> COST    AMOUNT _____ <b>BUDGETED</b> <input type="checkbox"/> Y <input type="checkbox"/> N<br><br><b>MANDATED:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>BY WHAT AGENCY:</b> _____<br><br><b>Other comments:</b>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |

**RESOLUTION 23-XXX**

**RESOLUTION SETTING THE 2024 SALARY FOR THE FREEBORN COUNTY BOARD OF COMMISSIONERS**

**Whereas**, Minnesota Statutes §375.055 Subd 1 requires the county board to annually set, by resolution, the salary of the members of the Board of Commissioners; and

**Whereas**, the Freeborn County Board of Commissioners have considered and have openly discussed at public meetings, the performance of the Board of Commissioners in their capacity, responsibility and service to Freeborn County, which included review and consideration of data and documentation provided by the County Administrator;

**Now, Therefore Be It Resolved that** the Freeborn County Board of Commissioners by resolution does hereby set the 2024 salary for the Freeborn County Board of Commissioners at \$\_\_\_\_\_ annually at such intervals as determined by the board.

\*\*\*\*\*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>th</sup> day of December, 2023 and as it appears on the Minutes of their record of proceedings.

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Ryan Rasmusson  
County Administrator  
County of Freeborn  
State of Minnesota



## FREEBORN COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                          |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><br><input type="checkbox"/> INFORMATIONAL ONLY<br><br>DATE OF MEETING:<br>DECEMBER 19, 2023                                                                                                                                           | <b>ACTION REQUESTED:</b><br><br><input type="checkbox"/> Motion<br><br><input checked="" type="checkbox"/> Resolution<br><br><input type="checkbox"/> Discussion<br><br><input type="checkbox"/> Request Board direction |                                                |
| <b>SUBMITTED BY:</b><br><br>Ryan Rasmusson                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          | <b>DEPARTMENT:</b><br><br>Administration       |
| <b>PRESENTED BY:</b><br><br>Ryan Rasmusson                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          | <b>ESTIMATED TIME NEEDED:</b><br><br>5 minutes |
| <b>SUMMARY OF ISSUE/TOPIC:</b><br><br>As discussed in past workshops, I am recommending a 3% cost of living adjustment to the wage scale for all union and non-union employees effective the first payroll in January of 2024.<br><br>A resolution to that effect is included in the packet. |                                                                                                                                                                                                                          |                                                |
| <b>OPTIONS/ALTERNATIVES/OTHER COMMENTS:</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          |                                                |
| <b>RECOMMENDED BOARD ACTION (MOTION/RESOLUTION):</b><br><br>Resolution Adopting a 3% Cost of Living Adjustment to the Wage Scale for 2024                                                                                                                                                    |                                                                                                                                                                                                                          |                                                |
| Fiscal Impact: <input type="checkbox"/> COST    AMOUNT _____ BUDGETED <input type="checkbox"/> Y <input type="checkbox"/> N<br><br>MANDATED: <input type="checkbox"/> Y <input type="checkbox"/> N    BY WHAT AGENCY: _____<br><br>Other comments:                                           |                                                                                                                                                                                                                          |                                                |



## **RESOLUTION No. 23-XXX**

### **Resolution Adopting a 3% Cost of Living Adjustment to the Wage Scale for 2024**

**WHEREAS**, the Freeborn County Board of Commissioners understand the importance of providing and maintaining a competitive and market rate wage table for all departments within the County; and

**WHEREAS**, Freeborn County recognizes the need for a competitive and market rate wage to successfully develop and maintain a strong, reliable, and viable workforce;

**NOW THEREFORE BE IT RESOLVED**, that the Freeborn County Board of Commissioners hereby resolves to adopt a 3% cost of living adjustment to the wage scale for all union and non-union employees, effective the first payroll in January 2024.

\*\*\*\*\*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19<sup>st</sup> day of December, 2023, and as it appears on the Minutes of their record of proceedings.

---

Ryan Rasmusson  
Administrator  
County of Freeborn  
State of Minnesota

### Resolution 23 - XXX

Resolved, that the Freeborn County Board of Commissioners does, hereby, propose a final budget for the fiscal year beginning January 1, 2024 a summary of which is as follows:

#### Freeborn County Final 2024 Budget

##### **BUDGETED REVENUE**

|                           |                      |
|---------------------------|----------------------|
| General Revenue Fund      | \$ 25,048,763        |
| Human Services            | \$ 14,114,430        |
| Highway                   | \$ 16,843,740        |
| Public Health             | \$ 3,901,762         |
| Ditch Fund                | \$ 1,217,500         |
| Capital Improvements Fund | \$ 1,809,000         |
| Capital Improvements Bond | \$ 707,039           |
| Library                   | \$ 286,800           |
| TOTAL REVENUE             | <u>\$ 63,929,034</u> |

##### **BUDGETED EXPENDITURES**

|                           |                      |
|---------------------------|----------------------|
| General Revenue Fund      | \$ 25,510,763        |
| Human Services            | \$ 14,114,430        |
| Highway                   | \$ 16,843,740        |
| Public Health             | \$ 3,901,762         |
| Ditch Fund                | \$ 977,337           |
| Capital Improvements Fund | \$ 2,304,000         |
| Capital Improvements Bond | \$ 673,370           |
| Library                   | \$ 286,800           |
| TOTAL EXPENDITURES        | <u>\$ 64,612,202</u> |

Further, be it resolved that this budget shall be certified to the Freeborn County Auditor/Treasurer.

\* \* \* \* \*

I hereby certify that the above is a true and correct copy of a resolution adopted by the Freeborn County Board of Commissioners at their session on the 19th day of December, 2023, and as appears on the Minutes of their record of proceedings.

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Ryan Rasmusson  
Administrator/Clerk  
County of Freeborn  
State of Minnesota

## RESOLUTION 23 - XXX

Resolved, that the Freeborn County Board of Commissioners does, hereby, certify to the Freeborn County Auditor-Treasurer that it proposes the following tax levy which, if adopted pursuant to Minnesota Law, will be ordered on all taxable property in Freeborn County, payable in 2024, to wit:

### Freeborn County Final 2024 Tax Levy

|                                     | <u><b>2024 Levy</b></u>     |
|-------------------------------------|-----------------------------|
| For General Revenue Fund            | \$16,355,261                |
| For Soil & Water Conservation Dist. | <u>183,000</u>              |
| Total General Fund                  | \$16,538,261                |
| For Human Services Fund             | \$5,678,698                 |
| For Road and Bridge Fund            | \$5,352,990                 |
| For Public Health Fund              | \$141,720                   |
| For Capital Improvement Fund        | \$1,124,000                 |
| For County Library Fund             | \$286,800                   |
| For Capital Improvement Bond        | <u>\$707,039</u>            |
| <b>TOTAL TAX LEVY</b>               | <b>\$29,829,508</b>         |
| <b>Less State Aid</b>               | <u><b>\$(2,408,387)</b></u> |
| <b>TOTAL LOCAL TAX LEVY</b>         | <u><b>\$27,421,121</b></u>  |

\*\*\*\*\*

I hereby certify that the above is a true and correct copy of a resolution by the Freeborn County board of Commissioners at their session on the day of December 19<sup>th</sup>, 2023

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Ryan Rasmusson  
Administrator/Clerk  
County of Freeborn  
State of Minnesota