



DEVELOPMENTAL DISABILITIES BOARD MEETING

Wednesday, March 12, 2014 – 6:00 P.M.

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

AGENDA

A handwritten signature in black ink, appearing to be "D. J. [unclear]", located to the right of the agenda section.

- 1. CALL TO ORDER**
- 2. INTRODUCTION OF BOARD MEMBERS / ROLL CALL**
- 3. ADOPTION OF AGENDA**
- 4. APPROVAL OF MINUTES – (February 26, 2014)**
- 5. CITIZEN PARTICIPATION, COMMUNICATION AND ANNOUNCEMENTS**
- 6. UNFINISHED BUSINESS**
- 7. NEW BUSINESS**
 - A. BILLS**
 - B. CONTRACTS / ADDENDUMS**
 - C. ENCUMBRANCES**
 - D. LINE ITEM TRANSFERS**
 - E. QUARTERLY BUDGET REVIEW (Feb., May, Aug., Nov.)**
- 8. DIRECTOR'S REPORT**
 - A. DEPARTMENT UPDATES**
 - B. BUDGET UPDATES**
 - C. RESIDENTIAL PLACEMENTS**
 - D. CONSUMER UPDATES**
 - E. PROVIDERS' CONCERNS**
 - F. STAFF UPDATES**
- 9. CORRESPONDENCE**
- 10. ITEMS FOR FUTURE BOARD MEETING CONSIDERATION**
- 11. ADJOURNMENT**

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
00-0000-0001-22200	GARNISHMENT DEDU		02/01/2014	POSITIVE LIVING INC	(5,000.00)
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	0.00	10,689.86	0.00	(5,000.00)	(5,689.86)
GENERAL FUND PROG TOTAL				(5,000.00)	

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

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

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

Date: **MAR 12 2014**

Dept Head _____

Committee Chair _____

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
33-3310-0000-62601	PURCH OF CARE	P1400105	02/20/2014	ARC WISCONSIN	9,293.25	
		P1400126	01/15/2014	GUARDIAN FRIENDS	1,527.08	
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance	
	1,206,823.00	128,982.52	959,202.29	10,820.33	107,817.86	
33-3310-0000-62602	OTHER CARE	P1400120	02/11/2014	DUNGARVIN WISCONSIN LLC	2,547.89	
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance	
	48,500.00	1,242.00	17,258.00	2,547.89	27,452.11	
33-3310-0000-62604	NURSING HM-CIP1B	P1400103	02/19/2014	ALTERNATIVE HOMECARE INC	2,664.00	
		P1400111	01/31/2014	CARTOGRAPHICS CORP CBRF	12,555.72	
		P1400120	02/11/2014	DUNGARVIN WISCONSIN LLC	147,073.57	
		P1400134	02/11/2014	HOMECARE PHARMACY LLC	405.93	
		P1400138	02/01/2014	KELLY HOUSE	2,107.56	
		P1400143	01/31/2014	LAKESIDE PACKAGING PLUS INC	951.60	
		P1400150	02/14/2014	MERCY HEALTH SYSTEM LIFELINE	50.00	
		P1400164	02/01/2014	POSITIVE LIVING INC	53,866.00	
		P1400169	02/26/2014	REIN,BRAD AND AUDREAH	120.00	
		P1400170	01/15/2014	REM WISCONSIN II CP	3,955.00	
		P1400171	01/15/2014	REM WISCONSIN III	100.00	
		P1400180	02/25/2014	SHOULTZ,MICHAEL D	975.00	
		P1400183	01/31/2014	ST COLETTA OF WISCONSIN	4,276.23	
		P1401375	02/19/2014	UM CAMPS	495.00	
			Budget	YTD Exp	YTD Enc	Pending
	23,718,761.00	2,251,256.21	16,761,476.05	229,595.61	4,476,433.13	
33-3310-0000-62620	COMM.INTEG.-1A	P1400103	02/19/2014	ALTERNATIVE HOMECARE INC	3,204.00	
		P1400120	02/11/2014	DUNGARVIN WISCONSIN LLC	17,168.79	
		P1400170	01/15/2014	REM WISCONSIN II CP	520.00	
		P1400180	02/25/2014	SHOULTZ,MICHAEL D	845.00	
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance	
	3,649,934.00	359,668.05	2,755,873.78	21,737.79	512,654.38	
33-3310-0000-62627	BT-WAIVER	P1400111	01/31/2014	CARTOGRAPHICS CORP CBRF	2,197.36	
		P1400120	02/11/2014	DUNGARVIN WISCONSIN LLC	4,730.00	
		P1400148	01/14/2014	MANKIND SUPPORT SERVICE INC	7,840.00	
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance	
	879,234.00	86,771.29	557,591.23	14,767.36	220,104.12	
33-3310-0000-64200	TRAINING EXP	P1401398	02/26/2014	WISCONSIN PERSONAL SERVICES AS	150.00	
		P1401399	02/26/2014	WINTERGREEN RESORT AND CONFEE	65.00	

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
	Budget	YTD Exp	YTD Enc	Pending	Closing Balance
	2,500.00	35.00	0.00	215.00	2,250.00
DEVELOPMENTAL DISABILITY BOARD PROG TOTAL				279,683.98	

I have examined the preceding bills and encumbrances in the total amount of **\$279,683.98**

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

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Date: **MAR 12 2014**

Dept Head _____

Committee Chair _____

PURCHASE ORDER NUMBER P1400830

PEID 034035

PRE-APPROVED ENCUMBRANCE AMENDMENT FORM

This form must be used when adding funds to or changing an account number of a previously approved encumbrance. Please complete this form and e-mail to Susan Balog in Accounting (balog@co.rock.wi.us), Cheryl Mikrut in Accounting (mikrut@co.rock.wi.us) and Jodi Millis in Purchasing (jodi@co.rock.wi.us). Susan or Cheryl will forward on to your governing committee for approval. The Encumbrance and Purchase Order will be updated upon approval of all necessary committees and County Board (if amendment is over \$10,000).

DATE March 3, 2014

DEPARTMENT DD Board

COMMITTEE Rock County DD Board

VENDOR NAME Productive Living Systems

ACCOUNT NUMBER 33-3310-0000-62604

FUNDS DESCRIPTION CIP 1B

AMOUNT OF INCREASE \$ 159,548

INCREASE FROM \$ 1,074,620 TO \$ 1,234,168

ACCOUNT BALANCE AVAILABLE \$ 4,476,432.96 SB 03/03/14

REASON FOR AMENDMENT This change is the result of one current CIP 1B client moving into residential services and a rate increase for 2 current clients.

APPROVALS

GOVERNING COMMITTEE _____
Chair _____ Date _____

FINANCE COMMITTEE _____
(If over \$10,000) Chair _____ Date _____

COUNTY BOARD _____
(If over \$10,000) Resolution # _____ Adoption Date _____

