

**Monday,  
March 9, 2020  
2:00 p.m.**

**HUMAN SERVICES BOARD  
AND  
BOARD OF HEALTH**

*Door County Government Center  
Chambers Room (C102), 1st floor  
421 Nebraska Street, Sturgeon Bay, WI*

*Oversight Boards for the Department of Health and Human Services*

**AGENDA**

**JOINT BOARD OF HEALTH AND HUMAN SERVICES BOARD MEETING**

1. Call Meeting to Order
2. Roll Call – Establishing Quorum
3. **Adopt** Agenda
4. **Approve** Minutes
  - a) February 10, 2020 Joint Board of Health and Human Services Meeting
5. Correspondence
  - a) Examining 2020 Federal Poverty Guidelines
6. Public Comment
7. Supervisor Response
8. Public Health
  - a) County Wide Well Water Study Update
  - b) WPS Grant
  - c) Coronavirus update
9. Human Services
  - a) Request to Refill Activities/Volunteer Coordinator (ADRC) and any subsequent vacancies
  - b) Request to Refill Disability Benefit Specialist (ADRC) and any subsequent vacancies
  - c) Transitional Housing Evaluation Update
  - d) DHS1 Policies
10. Combined Health and Human Services
  - a) Combined Board Composition
  - b) Upcoming Department Trainings
  - c) Vouchers
11. Topics to Be Referred to the Legislative Committee
12. Matters to be Placed on a Future Agenda or Referred to a Committee, Official or Employee
13. Set Next Meeting Date
14. Meeting Per Diem Code
15. **Adjourn** Meeting

*Deviation from the order shown may occur.*

**DOOR COUNTY JOINT BOARD OF HEALTH AND HUMAN SERVICES BOARD MINUTES**

Monday, February 10, 2020

These minutes have not been reviewed by the oversight board and are subject to approval or revision at the regular meeting.

**1. Call Meeting to Order**

Meeting called to order by Human Services Chair Helen Bacon at 2:00 pm

**0. Roll Call – Establishing Quorum**

**Present:** Helen Bacon, Bob Bultman, Vinni Chomeau, Dr. James Heise, Joe Miller, Mark Moeller, Nissa Norton, Robert Rau and Laura Vlies-Wotachek

**Excused:** Megan Lundhahl and Christa Krause

**Staff Present:** Julie Behnke-Business Manager, Joseph Krebsbach-Director, Sue Powers-Public Health Manager/Health Officer, Ken Pabich-County Administrator, Paula Sullivan-Department Accountant/Finance, Shannon Lauder-Recording Secretary, Cori McFarlane-Deputy Director, Chelsea Smies-Public Health Sanitarian/Health Officer, John Teichtler, County Sanitarian

Board members present established a quorum.

**1. Adopt Agenda**

S. Powers requests change in agenda order under Public Health section, moving item E to Item A position. Motion by L. Vlies-Wotachek to approve the agenda with requested change and seconded by N. Norton. Motion carried by unanimous voice vote.

**2. Approve Minutes**

Motion by N. Norton to accept the minutes from the December 9, 2019 Joint Board of Health and Human Services Meeting. Seconded by B. Bultman. Motion carried by unanimous voice vote.

**0. Correspondence**

None

**1. Public Comment**

None

**2. Supervisor Response**

None

**3. Public Health**

**a. Activity Report**

S. Powers Highlighted numbers from the report noting there are no unexpected trends.

- **Request to Refill Administrative Assistant I** – A resignation has resulted in a new vacancy in Public Health. Motion by L. Vlies-Wotachek to fill Administrative Assistant I- Public Health Receptionist and any subsequent vacancies. Seconded by N. Norton. Motion carried by unanimous voice vote.

- **Public Health Emergency Preparedness update: Coronavirus**

S. Powers presented statistics regarding the Coronavirus Outbreak globally, nationally and statewide. She explained that local Public Health Departments work closely with State and CDC in preparedness, monitoring and public education.

- d. **Drinking Water Contamination Policy Follow-Up**

This policy was created in 2019. S. Powers explained that there were two (2) occasions in December to use this policy. Both incidents were related to improper manure spreading. Per the policy, Public Health coordinated with Soil and Water and sent letters notifying residents within ½ mile radius of the incident. Erin Hansen, Soil and Water Department Director is in conversation with several geology experts regarding the ½ mile radius parameter set by the policy to inquire whether this should be expanded. We expect to modify the policy per their recommendations, and S. Powers will report back to the Board on any policy changes.

- **Human Health Hazards –**

A Human Health Hazard is a substance, activity or condition that is known to have the potential to negatively impact the health and safety of those exposed. Chelsea Smies, Public Health Sanitarian/ Health Educator gave overview of the processes, criteria, laws and ordinances, root causes and role of Public Health in identifying and abating Human Health Hazards.

- **140 Review**

DHS 140 Review is an in-person interview conducted by the state every five (5) years. It is a review of the knowledge, expertise and services required of local health departments by Wisconsin administrative code CH. 140. This review is scheduled March 23, 2020 1:00pm to 4:00pm in the Chambers Room at the Government Center and board members may attend.

## 9. **Human Services**

- a. **Request to Change Vacant Social Worker Position to Social Work Supervisor and Fill and Any Subsequent Vacancies**

J. Krebsbach explains that this request is being made because they have identified a need to provide additional supervisory responsibility in this division. The current manager in this division has supervision responsibility for 12 employees which exceeds the state recommended five (5) case-carrying social workers. The change in job description will better meet the needs of this department. A motion by J. Miller to change the vacant Social Worker position to a Social Work Supervisor and fill along with any subsequent vacancies was made. Seconded by N. Norton. Motion carried by unanimous voice vote.

- b. **2019 Youth Connections Center (YCC) Recap**

The Youth Connection Center (YCC) was started in February 2019. The goals of the center are to reduce number of incarcerations; increase competency and connection in the community; reduce recidivism; shorten the length of time in services. 16 youth participated in services in 2019. In the first year, we were successful in reducing incarcerations days but struggled to measure the connection or length of time in services. We saw an increase in recidivism. In the upcoming year, policy and procedures will be evaluated and developed. A

full-time staff person has been added to provide stability and is believed to impact this program area in positive ways.

**c. 980 Housing Options**

J. Krebsbach provided an update regarding the requirement for providing housing for offenders in this program. A Committee has been developed and has been working on securing a location for the last year. Housing has not been secured to date. There is one (1) current petition that is pending. Five (5) potential for release under this law-no time frame. County has 120 days to find placement once release has been granted. J. Krebsbach stated he plans to attend the Facilities and Parks meeting this week and propose the county purchase a property or place housing on county owned property.

**d. Department of Children and Families (DSF) Secretary Visit February 5, 2020**

C. McFarlane reported that the Department of Human Services (DHS) Secretary visited with Door and Kewaunee County Directors and staff last week. Discussion was about Child Welfare services being offered, how new funding was being used and what the barriers may be. The group also met with representatives from the United Way and The Partnership for Children and Families to discuss program areas and highlight the partnerships and community collaboration. Conversations were very encouraging.

**e. Written Collective Report- 4<sup>th</sup> Quarter**

Board members commented on how valuable and well written this report is.

**. 2019 Statistical Report**

J. Krebsbach highlighted areas of the statistical report indicating program areas that continue to see an increase in growth and utilization. An explanation of the inpatient and residential cost projections was given. Board members indicated appreciation for the easy to understand graphs and explanation. Full financial report to follow in April.

**10. Combined Health and Human Services**

**a. Staff Recruitment Update**

New vacancies include PH Receptionist; ADRC Activities/Volunteer Coordinator and Public Health RN who is out on medical leave for an undetermined amount of time. A new Comprehensive Community Services (CCS) Facilitator started on 2/3/20. A Full-Time Youth Connections Center (YCC) Coordinator began today. New Adult Protective Services (APS) Case Manager will begin on 2/17/20. Interviews for the part-time YCC position and the Diversion Case Manager position are scheduled.

**. Donation Report**

No discussion. Report goes to County Board.

**a. Introductory Period Completion**

- Paige Osmunson
- Jennifer DeBroux

**Vouchers**

No discussion

**0. Topics to Be Referred to the Legislative Committee**

Resolution regarding IMD Placement-already acted on.

**0. Matters to be Placed on a Future Agenda or Referred to a Committee, Official or Employee**

- a. Full Financial Report April
- b. Update to Drinking Water Contamination Policy

**0. Set Next Meeting Date**

Monday, March 9th 2:00 PM

**0. Meeting Per Diem Code**

318

**0. Adjourn Meeting**

Motion by B. Bultman to adjourn at 3:44 pm was made. Seconded by N. Norton. Motion carried by unanimous voice vote.

2/7/20

Jenny Fitzgerald  
Assistant Director  
Aging and Disability Center of Door County  
916 N. 14<sup>th</sup> Ave.  
Sturgeon Bay, WI 54235

Dear Jenny,

Please accept this letter as my formal resignation from my position as Activities and Volunteer Coordinator, effective 2/21/20, two weeks from today. I would love the opportunity to finish this series of Strong Women as a volunteer- those dates being 2/25/20 and 2/27/20.

I appreciated the opportunity to use some of my skills, however my new opportunity will return me to my career as a registered dietitian. I look forward to putting my education to good use!

Jenny, thank you for your constant support and guidance. You have been a wonderful manager! I wish you, and all at the ADRC continued success!

Sincerely,



Cathy Keller



**County of Door**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

County Government Center  
421 Nebraska Street  
Sturgeon Bay, WI 54235

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**Joseph Krebsbach, Director**

(920) 746-7155

1<sup>st</sup> floor fax (920) 746-2355

2<sup>nd</sup> floor fax (920) 746-2439

dhs@co.door.wi.us

**Date: February 11, 2020**

**To:** Human Services Board

**Cc:** Administrative Committee

**From: Joseph Krebsbach**

**RE:** Request to Refill Activities/Volunteer Coordinator Position at the ADRC

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Since moving into the new ADRC two years ago, we have almost five times the number of participants using the center. They participated in over 30,000 activities in 2019. Cathy Keller has been coordinating those activities at the center since shortly after the move and has been instrumental in the success of the ADRC.

Cathy has taken a job elsewhere and we need to fill that role to be able to continue providing a high level of service. We respectfully request permission to fill this position and any subsequent vacancies.

Door County Human Resources Form #: 2015-04		Title: <b>Request to Refill Position</b>	
Date Created 11/19/2014	Date Revised 01/23/2019	Please reference the most current copy of the Door County Employee Handbook and Administrative Manual.	
<b>DEPT. HEAD TO COMPLETE:</b>			
Department <u>Health and Human Services</u>		Position Title: <u>Activities/Volunteer Coordinator</u>	
Position Status: <input type="checkbox"/> Currently vacant <input checked="" type="checkbox"/> Will be vacant		Date Vacant: <u>2-21-20</u>	
<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> New position		Hours per week: <u>40</u>	
Reason for Vacancy: <input type="checkbox"/> Termination <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input checked="" type="checkbox"/> Resignation			
Transfer: why is the new position more attractive to employee than current one? _____			
Name of Current / Most Recent Incumbent: <u>Cathy Keller</u>			
Reviewed, updated, and submitted to Human Resources: <input type="checkbox"/> Job Analysis Questionnaire (not to be included in the agenda packet) <input type="checkbox"/> Job Description			
Completed by: <u>Joseph Krebsbach</u>		Date <u>2/10/20</u>	
<b>Financial Information:</b>			
Salary Range: <u>Grade E \$18.10 to \$20.69</u>		Is the Position Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Funding Source: <input checked="" type="checkbox"/> Levy % <u>100</u> <input type="checkbox"/> Grant Funded % _____ <input type="checkbox"/> Other _____ % _____			
<input type="checkbox"/> Fiscal Impact, from Finance Department, completed and attached			
<b>HR TO COMPLETE:</b>			
EEO _____		FLSA Status _____	
<input type="checkbox"/> Human Resources has performed a position review? _____ (HR initial) _____ Date			
<input type="checkbox"/> The Job Description has been updated and signed? _____ (HR initial) _____ Date			
<b>Approvals:</b>			
County Administrator _____		Date _____	
Administrative Committee Chair _____		Date _____	



## County of Door Activities/Volunteer Coordinator

<b>Job Title</b>	Activities/Volunteer Coordinator	<b>Last Revision</b>	10/27/2017
<b>Department</b>	Health & Human Services	<b>HR Reviewed</b>	10/27/2017
<b>Division</b>	ADRC	<b>Employee Group</b>	General Municipal Employee
<b>Report To</b>	Assistant ADRC Director	<b>FLSA Status</b>	Non-Exempt
<b>Pay Range</b>	E	<b>EEO Code</b>	06 – Office/Clerical

### General Summary

This position works closely with the Assistant ADRC Director and is responsible in planning and implementing evidence-based health promotion programs, recruiting and training volunteers, scheduling monthly activities, data collection and the development of outreach materials offered by the Aging and Disability Resource Center (ADRC) of Door County. Time management and reporting flexibility is required for this position to revolve around scheduled events. Provide truthful and accurate written and verbal communications. Regular attendance and punctuality along with being prepared to commence work at designated work locations on the assigned scheduled days and hours is expected.

### Duties and Responsibilities

#### **Essential Job Functions:**

1. Recruits volunteers for a variety of programs and activities through various methods. Including but not limited to advertising, radio appearances, and networking in the community.
2. Implements evidence-based promotion programs that impact the lifestyle and/or behavioral health habits of the aging population and adults with disabilities.
3. Coordinates with community partners and resources to schedule and promote programs.
4. Trains, recruits and supports class leaders in the facilitation of health promotion programs.
5. Attends and successfully completes training for evidence-based health promotion programs.
6. Interviews volunteer candidates for various tasks.
7. Trains volunteers for various programs and activities.
8. Provides program information and direction to volunteers when concerns or problems arise.
9. Schedules and plans monthly activities and events.
10. Assists in preparing the ADRC monthly newsletter.
11. Maintains the daily participation check-in software program (SchedulesPlus).
12. Develops program materials used in marketing and promoting classes, activities and events.
13. Provides public presentations and education on evidence-based programs and activities.

#### **General Job Functions:**

1. Assist Assistant ADRC Director in recruitment for special events and activities.
2. Maintains appropriate files and assists in the collection of program participation data for activities, health-promotion programs and volunteers.
3. Reassignment of activities when appropriate to volunteers.
4. Compile necessary paperwork on mandatory volunteer background checks and maintain records.
5. Organizes materials, equipment and supplies needed for activities and programs.
6. Decorates as needed for holiday events and celebrations.

### Requirements

#### **Training and Experience:**

1. High School diploma or equivalent.

## County of Door Activities/Volunteer Coordinator

2. One (1) to three (3) year of employment experience coordinating activities for various groups.
3. One or more years' experience working with older adults preferred.
4. Experience with management of volunteers preferred.
5. Experience with evidence based programing on health, fall prevention and disease management a plus.

### ***Knowledge, Skills, and Abilities Required:***

1. Ability and skill to communicate effectively, both orally and in writing with a variety of people, including public speaking.
2. Skill and ability to independently organize time and records.
3. Computer proficiencies in Microsoft Office products and in other database related software.
4. Ability to work as an effective and collaborative team player with County employees, community partners and the general public.
5. Knowledge of evidence-based prevention programs for aging adults and adults with disabilities.
6. Knowledge of applicable resources throughout the community.
7. Ability to successfully build and maintain community partner relations.
8. Ability to maintain confidentiality of participant files and information.
9. Ability to work the allocated hours of the position

### **Physical & Working Conditions**

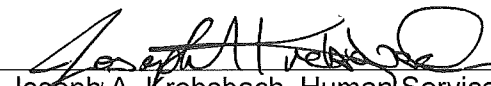
Nearly 100% of time work is performed in a normal office setting with little or no discomfort from temperature, dust or noise. Interacting with other employees, general public, whether walking in or on the telephone may be encountered.

Over 75% of work is performed seated at a desk, working on a computer keyboard and/or telephone with about 10% of work performed standing and walking. Over 75% of the work is performed by talking, hearing, and using both far and near vision. Occasional lifting is required up to 10 lbs. (i.e. paper and equipment).

In an effort to provide for continuity of County government and to cope with the problems of the emergency, you may be required to work during a proclaimed state of emergency, consistent with Sec. 323.14, Wis. Stats. and County emergency management plans and programs.

The above is intended to describe the general content of the requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements. They may be subject to change at any time due to reasonable accommodation or other reasons.

### *Approvals:*

  
Joseph A. Krebsbach, Human Services Director

11/2/17  
Date

  
Kelly A. Hendee, Human Resources Director

11/3/17  
Date

## REQUEST FOR FISCAL IMPACT INFORMATION

RECLASSIFICATION

\_\_\_\_\_ FTE/Hours

\_\_\_\_\_ Job Class

\_\_\_\_\_ Step

\_\_\_\_\_ Rate

CHANGE FTE/Hours

From \_\_\_\_\_ TO \_\_\_\_\_

CHANGE JOB CLASS/STEP

From \_\_\_\_\_ TO \_\_\_\_\_

Position Title Activities/Volunteer Coordinator

Effective Date \_\_\_\_\_ 6 Mo \_\_\_\_\_

Department ADRC/Senior Center Sub Dept \_\_\_\_\_

FTE/Hrs	@ Rate	2020 TOTAL SALARY				2020 TOTAL BENEFITS			TOTAL SALARY and Benefits
<b>Activities/Volunteer Coordinator Grade E-Level 1</b>									
1.00	\$18.10	37,749				32,712			70,461
<b>Activities/Volunteer Coordinator Grade E-Budget</b>									
1.00	\$19.14	39,918				33,109			73,027
<b>Total Salary and Benefit Decrease</b>									<b>(2,566)</b>
FTE/Hrs	@ Rate	2019 TOTAL SALARY				2019 TOTAL BENEFITS			TOTAL SALARY and Benefits
<b>Activities/Volunteer Coordinator Grade E-Control Point</b>									
1.00	\$20.69	43,151				33,702			76,853
<b>Activities/Volunteer Coordinator Grade E-Budget</b>									
1.00	\$19.14	39,918				33,109			73,027
<b>Total Salary and Benefit Increase</b>									<b>3,826</b>

\_\_\_\_\_ Dept Head Signature St. Wuppelshuth Finance Director

Date 2/17/20

**Disclaimer: This Fiscal Impact does not include Step 2 \$18.62, Step 3 \$19.14, Step 4 \$19.66, or Step 5 \$20.17.**

This Fiscal Impact is an example illustration of what the costs would be for this position/position change. It is based on estimates and assumptions provided by the Human Resources Department and/or the department in which this position works. Because these estimates and assumptions may change, or may be different than the actual circumstances at the time that this position is filled or this position change takes place, there may be a difference between the costs projected in this Fiscal Impact and the actual costs.

**TO: Door County**

**FROM: Lorraine Fahrenkrug**

**DATE: 03/04/2020**

**RE: Resignation**

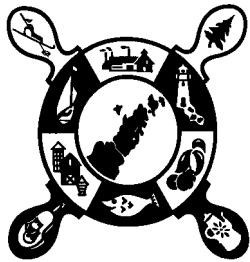
I am writing to submit my intent to resign from the position of Disability Benefit Specialist at the ADRC. My family will be relocating to Florida.

I appreciate the opportunities and experiences I have gained from my employment with Door County and the ADRC.

My final day will be April 10, 2020.

Thank you again for the opportunity.

A handwritten signature in black ink, appearing to read "Lorraine Fahrenkrug". The signature is fluid and cursive, with a large loop at the end.



## County of Door DEPARTMENT OF HEALTH AND HUMAN SERVICES

County Government Center  
421 Nebraska Street  
Sturgeon Bay, WI 54235

---

**Joseph Krebsbach, Director**

(920) 746-7155

1<sup>st</sup> floor fax (920) 746-2355

2<sup>nd</sup> floor fax (920) 746-2439

dhs@co.door.wi.us

**Date: March 5, 2020**

**To:** Human Services Board; Administrative Committee

**Cc:** Ken Pabich

**From: Joseph Krebsbach, Director Health and Human Services**

**RE:** Request to Refill Disability Benefit Specialist

---

We have a new vacancy at the Aging and Disability Resource Center (ADRC) in the Disability Benefits Specialist position. This position is responsible for providing information and assistance, counseling, consultation and representation to all county residents between the ages of 17 3/4 and 59, regarding public benefits and eligibility requirements of programs available to them. This position has been in the organization since we opened the ADRC in 2013. It has been highly effective in helping individuals with disabilities navigate the complicated Social Security system.

This position is fully funded through the ADRC monies received from the state.

I request that we be allowed to fill this position and any subsequent vacancies.

## COUNTY OF DOOR

### Disability Benefit Specialist

<b>Job Title</b>	Disability Benefit Specialist	<b>Last Revision</b>	10/12/2015
<b>Department</b>	Human Services	<b>HR Reviewed</b>	01/01/2017
<b>Division</b>	ADRC	<b>Employee Group</b>	General Municipal Employee
<b>Report To</b>	ADRC/Aging Program Director but supervised on most client work by Disability Rights Wisconsin Attorney	<b>FLSA Status</b>	Non-Exempt
<b>Pay Grade</b>	G	<b>EEO Code</b>	02 – Professionals

#### General Summary

This position is responsible for providing information and assistance, counseling, consultation and representation to all county residents between the ages of 17 3/4 and 59, regarding public benefits and eligibility requirements of programs available to them. Services provided will meet all the State Department of Health Services' requirements as contained in the *Disability Benefit Specialist Program Policies and Procedures* and the *Disability Benefit Specialist Scope of Services* documents. Regular attendance and punctuality along with being prepared to commence work at designated work locations, on the assigned or scheduled days and hours is expected.

#### Duties and Responsibilities

##### *Essential Job Functions*

1. Researches, interprets and keeps informed of current federal, state and local agency rules, regulations, policies and procedures, as well as changes in the law as they affect benefits and programs for persons with disabilities, for programs including but not limited to Medicaid, Family Care, legacy waiver programs, SSDI, SSI, individual health insurance, FoodShare, Veteran's benefits, etc.
2. Interprets and explains the legal rights and responsibilities of applicants and participants for numerous benefit programs, including but not limited to public benefits, consumer law, housing law, advanced directives, etc.
3. Provides legal advocacy and lay representation in matters which require review, waiver, reconsideration and / or hearing before administrative agencies.
4. Identifies legal issues that arise in a client's specific situation; and after consultation with the supervising attorney, takes appropriate action.
5. Acts as a facilitator to resolve complaints or problems with public benefits.

##### *General Job Functions*

1. Maintains timely and thorough confidential documentation on all cases.
2. Required to attend and participate in initial and ongoing trainings conducted by the Disability Rights Wisconsin (DRW) and the Wisconsin Disability Benefits Network (WDBN), including updates and discussion of intricate aspects of laws and regulations.
3. Must pass a competency test on the duties of a Disability Benefit Specialist, including attendance at required continuing education courses in order to meet minimum performance standards.
4. Maintains a public relations program, including public speaking, development of informational materials, and media releases.
5. Participates in staff meetings and appropriate training and law updates.
6. Complies with applicable federal and state laws, administrative rules, established agency procedures and accepted professional standards.

## COUNTY OF DOOR

### Disability Benefit Specialist

#### Requirements

##### *Training and Experience*

1. Graduate of an accredited college or university with a Bachelor's degree in Human Services or related field.
2. Minimum of 1 year of appropriate and relevant work experience.
3. Working knowledge of computers, computer programs, typing and data entry.
4. Current valid Wisconsin driver's license required and unlimited access to reliable transportation required.

##### *Knowledge, Skills, and Abilities Required*

1. Ability to master a working knowledge of complicated material on disability benefits, while working with considerable autonomy.
2. Ability to exercise independent judgment on sensitive subjects using privileged, confidential information, with a high level of responsibility, as the results that are achieved are highly consequential to the well-being of their vulnerable clients.
3. Ability to use effective interviewing techniques to obtain information relevant to the client's legal issues.
4. Ability to work very independently and to seek consultation from the supervising attorney on a regular basis.
5. Ability to do public demonstrations effectively.
6. Ability to proficiently use a computer and related office equipment; demonstrating familiarity with required software and database programs.
7. Demonstrated skill in solid written and oral communications to convey complicated legal concepts with such entities as governmental bodies, insurance companies, medical providers, decision-makers such as administrative law judges and hearing examiners, as well as many older people and their families.
8. Excellent public relations skills with specialized training on the characteristics of working with people with disabilities.
9. Ability to use tact and courtesy in maintaining an effective working relationship with department employees, county supervisors, county officials, and general public.
10. Ability to read, comprehend, and communicate, both verbally and in writing as well as effectively administer by written, and verbal communications.

##### **Physical and Working Conditions**

Most of the work is done in the office setting, with some time spent in client's homes and in other community facilities when presenting public information forums.

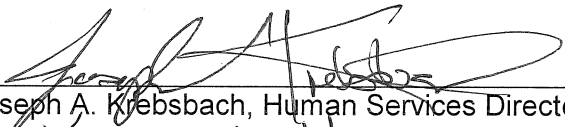

Nearly 100% of time work is performed in a normal office setting with little or no discomfort from temperature, dust or noise. Interacting with other employees, general public, whether walking in or on the telephone may be encountered.

Over 75% of work is performed seated at a desk, working on a computer keyboard and/or telephone with about 10% of work performed standing and walking. Over 75% of the work is performed by talking, hearing, and using both far and near vision. Occasional lifting is required up to 10 lbs. (i.e. paper and equipment).

In an effort to provide for continuity of County government and to cope with the problems of the emergency, you may be required to work during a proclaimed state of emergency, consistent with Sec 323.14 Wis. Stats. and County emergency management plans and programs.

COUNTY OF DOOR  
Disability Benefit Specialist

Approvals:

	<u>10/20/15</u>
Joseph A. Krebsbach, Human Services Director	Date
	<u>12/9/15</u>
Kelly A. Hendee, Human Resources Director	Date



Door County Human Resources Form #: 2015-04		Title: <b>Request to Refill Position</b>
Date Created 11/19/2014	Date Revised 01/23/2019	Please reference the most current copy of the Door County Employee Handbook and Administrative Manual.
<b>DEPT. HEAD TO COMPLETE:</b>		
Department	<u>Health and Human Services</u>	Position Title: <u>Disability Benefit Specialist</u>
Position Status:	<input type="checkbox"/> Currently vacant	<input checked="" type="checkbox"/> Will be vacant
	<input type="checkbox"/> Full Time	<input checked="" type="checkbox"/> Part Time
	<input type="checkbox"/> New position	Date Vacant: <u>April 10, 2020</u>
Reason for Vacancy:	<input type="checkbox"/> Termination	<input type="checkbox"/> Transfer
	<input type="checkbox"/> Retirement	<input checked="" type="checkbox"/> Resignation
Hours per week: <u>24</u>		
Transfer: why is the new position more attractive to employee than current one? _____		
Name of Current / Most Recent Incumbent: <u>Lorraine Fahrenkrug</u>		
Reviewed, updated, and submitted to Human Resources:		
<input checked="" type="checkbox"/> Job Analysis Questionnaire (not to be included in the agenda packet)		
<input checked="" type="checkbox"/> Job Description		
Completed by: <u>Joseph Krebsbach</u>		Date <u>3.5.20</u>
<b>Financial Information:</b>		
Salary Range:	<u>Grade G \$21.98 to \$25.12</u>	Is the Position Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Funding Source:	<input type="checkbox"/> Levy % _____	<input type="checkbox"/> Grant Funded % _____
	<input checked="" type="checkbox"/> Other	<u>State funded</u> % <u>100</u>
<input checked="" type="checkbox"/> Fiscal Impact, from Finance Department, completed and attached		
<b>HR TO COMPLETE:</b>		
EEO _____	FLSA Status _____	
<input type="checkbox"/> Human Resources has performed a position review?	_____ (HR initial)	_____ Date
<input type="checkbox"/> The Job Description has been updated and signed?	_____ (HR initial)	_____ Date
<b>Approvals:</b>		
County Administrator _____	Date _____	
Administrative Committee Chair _____	Date _____	

**REQUEST FOR FISCAL IMPACT INFORMATION**

RECLASSIFICATION  
 FTE/Hours  
 Job Class  
 Step  
 Rate

CHANGE FTE/Hours  
 From \_\_\_\_\_ TO \_\_\_\_\_  
 CHANGE JOB CLASS/STEP  
 From \_\_\_\_\_ TO \_\_\_\_\_

Position Title  
 Effective Date  
 Department

**ADRC - Disability Benefit Specialist**  
 6 Mo  
 ADRC Sub Dept

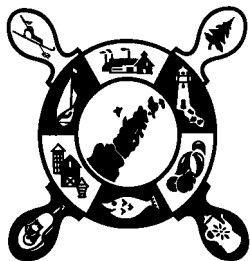
FTE/Hrs	@ Rate	2020 TOTAL SALARY				2020 TOTAL BENEFITS			TOTAL SALARY and Benefits
<b>ADRC - Disability Benefit Specialist Grade G-Level 1</b>									
0.60	\$21.98	27,505				21,592			49,097
<b>ADRC - Disability Benefit Specialist Grade G-Budget</b>									
0.60	\$22.61	28,293				5,193			33,486
<b>Total Salary and Benefit Increase</b>									<b>15,611</b>
FTE/Hrs	@ Rate	2020 TOTAL SALARY				2020 TOTAL BENEFITS			TOTAL SALARY and Benefits
<b>ADRC - Disability Benefit Specialist Grade G-Control Point</b>									
0.60	\$25.12	31,434				22,312			53,746
<b>ADRC - Disability Benefit Specialist Grade G-Budget</b>									
0.60	\$22.61	28,293				5,193			33,486
<b>Total Salary and Benefit Increase</b>									<b>20,260</b>

Dept Head Signature SK Wigginton  
 Date 3/5/2020

Finance Director

**Disclaimer: This Fiscal Impact does not include Step 2 \$22.61, Step 3 \$23.24, Step 4 \$23.86, or Step 5 \$24.49.**

This Fiscal Impact is an example illustration of what the costs would be for this position/position change. It is based on estimates and assumptions provided by the Human Resources Department and/or the department in which this position works. Because these estimates and assumptions may change, or may be different than the actual circumstances at the time that this position is filled or this position change takes place, there may be a difference between the costs projected in this Fiscal Impact and the actual costs.



## County of Door DEPARTMENT OF HEALTH AND HUMAN SERVICES

County Government Center  
421 Nebraska Street  
Sturgeon Bay, WI 54235

**Joseph Krebsbach, Director**

(920) 746-7155

1<sup>st</sup> floor fax (920) 746-2355

2<sup>nd</sup> floor fax (920) 746-2439

dhs@co.door.wi.us

**Date: February 27, 2020**

**To:** Human Services Board and Facilities and Parks

**Cc:** Ken Pabich

**From: Joseph Krebsbach, Director Health and Human Services**

**RE:** Transitional Housing Option at 442 Michigan Street Update

Over the past several months the Health and Human Services Management Team has examined our needs for residential care. Based on recent trends and expenses we have identified needs in these areas:

1. Long Term placements for those with severe and persistent mental illness. We currently have nine (9) individual in placement out of the county. The cost for those placements in 2019 was \$870,510.00.
2. Individuals with either mental health or alcohol and drug problems who have unstable housing. We paid for some temporary housing for 105 days for various individuals. The total cost was \$3100.00
3. A sober living facility for individuals in AODA treatment. In 2019 we had 14 individuals in residential programs for a total of 618 days and \$73,868.00. We also had 182 individuals attend outpatient treatment through our department. We estimate that five (5) of the individuals in residential and 24 in outpatient could have been served in a local facility.

Part of the analysis also included an evaluation of resources we have available to address these needs. On the staffing side, we have pressure in all divisions with increased referrals and caseloads. On the fiscal side, there are no additional funds. Decreasing costs in these three (3) areas would be the only way of allocating funding for alternative programming. We do not believe we could save enough money to staff our own facility at this time.

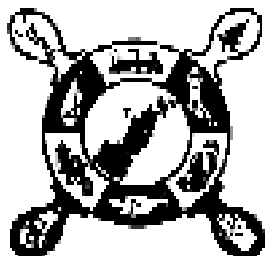
For the first identified area of need, the individuals with severe mental illness need 24/7 care. We are working with a local vendor in hopes we can create a less expensive alternative that would allow us to move some of these individuals back to the county.

For the second and third areas of need identified, we believe a local, unstaffed facility could be of benefit to our consumers and our expense line. For those needing short term housing (3-30 days), a local house could be used. For those needing AODA services, the opportunity to provide this to individuals in their home community, when possible, is always more effective for their success. They develop support systems and practice skills where they intend to live. Although we could not staff the house, our current case managers from various divisions could provide daily checks on residents.

Our conclusion is that a local, county-owned home could save us placement costs and help us provide better outcomes. We would see the house as a rental space rather than a treatment program. We have a written policy that includes admission criteria, house rules, etc. We would like to continue to explore this option at the 442 Michigan Street address.

Next steps include:

- Review of policy by Corporation Counsel
- Review of building needs and costs with Facilities and Parks Director
- Address zoning issues with city
- Assure proper insurance coverage and cost with Finance Director
- Review cost estimates and determine funding with Facility and Parks Committee and Finance Committee.



## Door County Health and Human Services

County Government Center  
421 Nebraska Street  
Sturgeon Bay, WI 54235

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**Joseph Krebsbach, Director**  
**First Floor Fax 920-746-2355**  
**Second Floor Fax 920-746-2439**  
**dhs@co.door.wi.us**

Feb 26, 2020

To: Door County Department of Health and Human Services Board  
Joe Krebsbach

Regarding: New Department of Human Services 1 policy

On Jan 1, 2020 the Wisconsin Department of Health and Human Services implemented a revised state policy for Billing and Collections of services. As a result, we have had to make revisions of our policy to reflect the new law.

One significant change that has happened in the law relates to services with outstanding balances over 10 years old. Per the new law, all accounts exceeding the collection period (10 years from the date of service) will be written off the county books. This has resulted in \$554,062 being written off our accounts receivable totals.

Attached you will find our new Billing and Collection Policy and a new Billing and Collections Grievance policy for your approval.

Respectfully,

Julie Behnke  
Business Manager

## Door County Department of Health and Human Services Billing and Collection Procedure Manual

### Approach to Billing and Collections

*All billing and collection efforts shall strive toward what is fair and equitable treatment for both clients who receive service and taxpayers who bear unmet costs. Billing and collection activity shall consider the rights, dignity, and physical and mental condition of the client and other responsible parties. Responsible parties with no ability to pay and without applicable insurance shall not be pursued for payment. All billing and collection activity shall be pursued in a forthright and timely manner in accordance to DHS1.*

*The Department of Health and Human Services will review fees for services and all fee changes will be approved by the Door County Department of Health and Human Services Board annually.*

### **Financial Intake**

1. All clients requesting services from the Door County Department of Health and Human Services will receive, prior to their first visit, a letter outlining our ability to pay plan including the Financial Information Form to be considered for the sliding fee scale.
2. All clients will have the opportunity to meet with an agency representative to complete the Financial Information Form prior to their first appointment. During this interview all responsible party information and third-party payer information will be collected and an ability to pay determination will be made utilizing the Maximum Monthly Payment Schedule that is provided by the state annually.
3. Clients will be informed that if they refuse to complete the Financial information Form and/or provide supporting documents they will be charged the full rate for services provided.
4. Service rates/fees will be posted in our lobby per State Guidelines.

### **Billing and Collections**

1. Services will be billed to all appropriate third-party payers (private insurance companies, HMOs, Medical Assistance & Medicare) within 60 days from the date of services.
2. All respective payments will be posted, and any charges mandated to be written-off by either Medical Assistance or Medicare will be done
  - a. The department may permanently waive a liability for the following reasons:
    - i. The patient receives Medical Assistance.
    - ii. The patient receives Social Security Disability (SSD) or Social Security Income (SSI)
3. A client with private insurance will follow the State Maximum Monthly Payment Schedule. Insurance copays or deductibles will be charge according to the ability to pay standard from the state provided table.

4. Clients not providing information to complete the Financial Information Form will be charged the full balance until needed income or any other information needed to determine ability to pay is received.
5. If a client has a "zero ability-to-pay" as determined by the financial means test, their bill will also be written off. (*The department's Business Manager will regularly review all write-offs.*)
  - a. The department may adjust determination of ability to pay only 90 days prior to the receipt of the Financial Information Form.
  - b. Every 12 months, while services are being rendered, ability to pay will be reviewed for all clients with no insurance and/or no ability to pay or limited ability to pay.
6. The respective client or responsible party will then be billed all remaining patient responsibility and outstanding charges.
7. Billing statements will be sent monthly.
  - a. If no response is received within 30 days of the initial billing, a second billing and letter /notation will be sent to the client reminding them that they should contact the billing specialist to arrange for an ability-to-pay determination (if one was not originally completed) or to establish a mutually acceptable written repayment agreement to satisfy account obligation.
  - b. If no response is received within 30 days of the second billing, a third billing with a 60-day letter/notation will be made to attempt to reach the client to try to obtain payment or establish a repayment agreement.
  - c. If all previous efforts are unsuccessful in collecting the debt within 90 days from the initial billing, a final billing and 90-day letter/notation will be sent to the client or responsible party informing them that they have 10 days to contact the Department of Health and Human Services to make arrangements to pay the bill.
  - d. If at any time, the client makes a payment, the process starts over.
8. If no response or agreement is reached within 120 days from the date of service, the collection procedure will commence following the guidelines set by the State Debt Collection agency.
  - a. All accounts past 120 days from the date of service are sent to the Business Manager and Director to obtain approval to turn the balance over to the State Debt Collection.
  - b. A letter will be sent to the client telling them that if no response is made within 30 days, their account will be sent to the State Debt Collections Agency.
  - c. If it is known that a client's source of income includes funds that may come from Social Security Disability or if collection efforts would interfere with treatment, the director has the discretion to place the bill in "pending" status or review for write off.
  - d. All accounts with balances less than \$50.00 will be reviewed by the department's Business Manager to determine if they should be placed in pending status, or be written-off.
  - e. After 30 days all delinquent accounts will be turned over to State Debt Collection agency with balances in excess of \$50.00
  - f. Those clients that owe only co-pays on Medicaid insurance payments will not be sent to collections due to due federal law.

- g. If payment is made at Door County Health and Human Services prior to turning over to collections, then the process starts over. Once the information is sent to collections, all payments will follow the guidelines set by the State Debt Collection Agency.

### Collection Agency Responsibilities

The Door County Department of Human Services has contracted with third party collection agencies to handle past due accounts. For all accounts that are referred for collection, the responsible parties will be notified in writing at the time of referral. Procedures related to the collection agency's practices are found in the contract agreement.

### Pending Accounts

- a. Active cases put into pending status will be reviewed quarterly. At that time the review team will determine if account remains in pending status, sent to collections or is written off.
- b. All accounts returned from the collection agency for reasons other than bankruptcy, full payment, or mutually agreed upon settlement will be placed in a pending status and will be reviewed annually for further action.
- c. Accounts will remain in pending status until full payment, a settlement, or the statute of limitations on action expires (10 years from the date of service).
- d. The county reserves the right to utilize the statutes of limitations (893.87 or 893.40) through court action if deemed appropriate.

### Write-Off Accounts

- a. All accounts, where bankruptcy has been officially documented, will be written-off. If timely notice is received and if applicable, balances will be claimed in bankruptcy proceedings. (*The department's Business Manager will regularly review all write-offs.*)
- b. All accounts exceeding the statute of limitations (10 years from the date of service), will be written-off the county books.
- c. All accounts to be written-off will require the approval of the Door County Department of Health and Human Services Director on a quarterly basis.

### Documentation

- a. Financial documentation on client accounts that are paid-in-full, settled by mutual agreement or are written-off because of bankruptcy will be retained for a period of 7 years from the date of last payment or legal bankruptcy. After the 7 years has expired, all service documentation will be shredded except for a summary history of the account charges and payments.
- b. Financial documentation on client accounts that are written-off because of the statute of limitations on action is expiring (10 years from date of service) statute 893.87, or the statute of limitations on collection is expiring (20 years from the date of service) statute 893.40. will



- be retained for 7 years from the date of the write-off. After the 7 years has expired, all service documentation will be shredded except for summary history of the charges and payments.
- c. Door County Department of Health and Human Services will follow the guidelines to provide information to the State Debt Collection Agency
  - d. Door County Department of Health and Human Services retains files for all accounts sent to collections that include the following:
    - 1. Copies of financial information forms for all responsible parties.
    - 2. Copies of statements sent to responsible parties.
    - 3. Copies of claims sent to third-party payers.
    - 4. Copies of correspondence.
    - 5. Documentation of all other actions taken on the account.

DRAFT

Document Name: Human Services/ Billing and Collection Procedure

Owner: Support Team- DC Department of Human Services

Last Revision: 2-20-20

Revised by:

**Door County Department of Health and Human Services**  
**Grievance Procedure for liability, billing and collections for Client Services.**

### **What is a Billing and Collection grievance?**

A grievance is any expression of dissatisfaction about any action or inaction by Door County Department of Health and Human Services relating to the liability, billing and collections of payments relating to services received at or directed by the Department of Health and Human Services of Door County. A copy of the departmental fees are posted in the lobby of our clinic or can be provided by request.

### **Billing Procedures**

All clients who receive service from the Door County Department of Health and Human Services will be billed based on the fees stated in the above paragraph. Door County Department of Health and Human Services offers opportunities for reduced payments upon the completion of a financial form and financial information that is provided by the client. The financial form will be completed upon the client's registration at the clinic or at any time the client requests a financial form be completed at their request.

All services will be billed to a third-party payer if applicable. After the third-party determination is made, the remainder of any unpaid service will be billed to the client if applicable. Door County Department of Health and Human Services will provide sufficient follow up to ensure that clients receive accurate account of billing information and have the opportunity to make payment or set up a payment plan. All billing statements over 120 days from initial billing with no response will be turned over to a third-party collection agency.

### **How do I file a complaint?**

#### **Informal Discussion (optional)**

- You are encouraged to first talk with the business staff about any concerns you have relating to liability, billing and collections. However, you do not have to do this prior to filing a formal grievance with the Business Manager at the Department of Health and Human Services of Door County.

### **Formal Inquiry**

#### **Where do I send my complaint?**

- The client with a billing or collections grievance can speak to any business office staff member of the facility that he or she wants to file a grievance. The staff member will provide the client with the facility's grievance contact relating to Billing and Collection problems. Alternatively, the client can write out the grievance and mail it to the following:

Business Manager  
Door County Department of Health and Human Services  
421 Nebraska Street  
Sturgeon Bay, WI 54235  
920-746-7155

- Your written request for review of your bill needs to include the following:

Your first and last name  
Your Date of Birth  
Your address and phone number  
Explanation of the problem  
Any additional billing documentation you may have

You will receive a written response from the Business Manager or designee within 30 days.

### **Can I appeal my outcome?**

- You may appeal it within 14 days to the Director of the Door County Department of Health and Human Services. The Director (or designated responder) must give you a written response within 10 days.
- If you are not happy with that response, you may appeal your concerns within 30 days to:

Divisions of Hearing and Appeals  
P.O. Box 7875  
4822 Madison Yards Way #5  
Madison, WI 53707-7875

## Board of Health/Human Services Board Comparisons per DHS46

### Requirements of Board Members (per DHS 46.23)

Board of Health	Human Services
Not more than 9 members	Not less than 7 or more than 15 members
At least 3 not elected officials or employees; have demonstrated interest/competencies in field of Public Health or Community health	Not less than 1/3 or more than 2/3 may be members of County board of Supervisors
Good faith effort to include a RN and a physician	At least one member shall receive or have received services or be a family member of someone who has
Reflect the diversity of the community	3-year term

### Current Members

Board of Health	Human Services Board
Megan Lundhahl, Chair	Helen Bacon, Chair
Helen Bacon, District 7	Laura Vlies Wotachek, District 9
Laura Vlies Wotachek, District 9	Megan Lundhahl, District 11
Nissa Norton, District 12	Nissa Norton, District 12
Vinni Chomeau, District 18	Bob Bultman, District 19
James Heise, MD- Citizen 4/20	Thomas Leist, Citizen 12/20
Christa Krause, RN – Citizen 12/21	Joe Miller, Citizen 12/20
Mark Moeller – Citizen 12/21	Robert Rau, Citizen 12/21
	James Heise – Citizen 4/20

### Recommendations approved at 9.10.19 Joint Board of Health/Human Services meeting:

- Nine (9) total Health and Human Services Board Members
  - Five (5) elected County Board Members
  - Four (4) citizen members to include
- A Physician-if possible
- A Nurse-if possible
- Two (2) interested parties with one (1) having either personally received services or having a family member who received services.
- The elected official's terms are based on election and are subject to change every other year.
- Citizen members serve a three (3) year term
- Two (2) term limits for citizen members, except for the doctor and nurse who could serve unlimited terms.


**DOOR COUNTY HEALTH AND HUMAN SERVICES**

421 Nebraska Street  
 Sturgeon Bay WI 54235  
 Main Line: 920-746-7155

Joseph Krebsbach, Director  
 1<sup>st</sup> Floor Fax: 920-746-2355  
 2<sup>nd</sup> Floor Fax: 920-746-2349  
[dhs@co.door.wi.us](mailto:dhs@co.door.wi.us)

**MEMO**

**To:** Human Services Committee/Board of Health  
**From:** Ashley LaLuzerne  
**Date:** 03.09.2020  
**Re:** Expenditure Review

Expenditures since the last committee meeting held 02.10.2020

\$	380.05	Wal-Mart Credit Card January/February 2020
\$	2,962.94	Elan Credit Card January/February 2020
\$	21,554.05	January 2020 Foster / Kinship Care Payments #2020- 076/084
<b>\$</b>	<b>24,897.04</b>	

Departmental journal entries not included on the attached voucher list:

\$	493.79	Maintenance Dept. January 2020 gas usage - Fleet
<b>\$</b>	<b>493.79</b>	

Total Expenditures and Vouchers for Human Services since the last meeting are

\$	133,522.68	Monthly Vouchers - 2020 Batch Totals (February) #2020-068
\$	27,214.12	Monthly Vouchers -2020 Batch Totals (March) #2020-100
\$	24,897.04	Expenditures since the last committee meeting held 09.10.2019
\$	493.79	Amounts paid to other County Departments as per above
<b>\$</b>	<b>186,127.63</b>	

Total Expenditures and Vouchers for the ADRC since the last meeting are

\$	14,560.76	Monthly Vouchers -2020 Batch (February) #2020-079
\$	7,239.52	Monthly Vouchers -2020 Batch (March) #2020-102
\$	191.49	Walmart Credit Card January 2020
\$	206.41	Elan Credit Card January/February 2020
<b>\$</b>	<b>22,198.18</b>	

<b>\$</b>	<b>-</b>	
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<b>\$</b>	<b>208,325.81</b>	<b>Total Expenditures and Vouchers</b>
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# Accounts Payable Invoice Report

G/L Date Range 02/06/20 - 02/06/20  
 Report By Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor <b>17929</b> - <b>ADVOCATES FOR HEALTHY</b>									
Import - 19386	WiSACWIS- PID:0008038182_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			2,301.44
			Vendor <b>17929</b> - <b>ADVOCATES FOR HEALTHY</b> Totals				Invoices	1	\$2,301.44
Vendor <b>21818</b> - [REDACTED]									
Import - 19391	WiSACWIS- PID:0008063756_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			2.31
			Vendor <b>21818</b> - [REDACTED] Totals				Invoices	1	\$2.31
Vendor <b>9479</b> - [REDACTED]									
Import - 19397	WiSACWIS- PID:0008000379_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			1,025.00
			Vendor <b>9479</b> - [REDACTED] Totals				Invoices	1	\$1,025.00
Vendor <b>10091</b> - [REDACTED]									
Import - 19379	WiSACWIS- PID:0008085630_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			769.00
			Vendor <b>10091</b> - [REDACTED] Totals				Invoices	1	\$769.00
Vendor <b>22501</b> - [REDACTED]									
Import - 19394	WiSACWIS- PID:0008009779_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			1,958.00
			Vendor <b>22501</b> - [REDACTED] Totals				Invoices	1	\$1,958.00
Vendor <b>9850</b> - [REDACTED]									
Import - 19398	WiSACWIS- PID:0008085718_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			254.00
			Vendor <b>9850</b> - [REDACTED] Totals				Invoices	1	\$254.00
Vendor <b>10941</b> - [REDACTED]									
Import - 19384	WiSACWIS- PID:0008035108_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			508.00
			Vendor <b>10941</b> - [REDACTED] Totals				Invoices	1	\$508.00
Vendor <b>6968</b> - [REDACTED]									
Import - 19395	WiSACWIS- PID:0008079799_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			1,915.61

# Accounts Payable Invoice Report

G/L Date Range 02/06/20 - 02/06/20  
 Report By Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
			Vendor <b>6968</b> - [REDACTED] Totals				Invoices	1	\$1,915.61
Vendor <b>21744</b> - [REDACTED]									
Import - 19390	WiSACWIS- PID:0008063868_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			460.00
			Vendor <b>21744</b> - [REDACTED] Totals				Invoices	1	\$460.00
Vendor <b>10380</b> - [REDACTED]									
Import - 19382	WiSACWIS- PID:0008058542_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			762.00
			Vendor <b>10380</b> - [REDACTED] Totals				Invoices	1	\$762.00
Vendor <b>10168</b> - [REDACTED]									
Import - 19380	WiSACWIS- PID:0008086414_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			508.00
			Vendor <b>10168</b> - [REDACTED] Totals				Invoices	1	\$508.00
Vendor <b>18001</b> - [REDACTED]									
Import - 19388	WiSACWIS- PID:0008087277_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			254.00
			Vendor <b>18001</b> - [REDACTED] Totals				Invoices	1	\$254.00
Vendor <b>17937</b> - [REDACTED]									
Import - 19387	WiSACWIS- PID:0008040115_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			254.00
			Vendor <b>17937</b> - [REDACTED] Totals				Invoices	1	\$254.00
Vendor <b>20836</b> - [REDACTED]									
Import - 19389	WiSACWIS- PID:0008057128_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			254.00
			Vendor <b>20836</b> - [REDACTED] Totals				Invoices	1	\$254.00
Vendor <b>22153</b> - [REDACTED]									
Import - 19392	WiSACWIS- PID:0008067949_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			508.00
			Vendor <b>22153</b> - [REDACTED] Totals				Invoices	1	\$508.00
Vendor <b>9215</b> - [REDACTED]									



# Accounts Payable Invoice Report

G/L Date Range 02/06/20 - 02/06/20  
 Report By Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Import - 19396	WiSACWIS- PID:0008026706_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			627.40
	Vendor <b>9215</b> - [REDACTED]	Totals					Invoices	1	\$627.40
Vendor <b>11566</b> - [REDACTED]									
Import - 19385	WiSACWIS- PID:0008089557_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			2,688.00
	Vendor <b>11566</b> - [REDACTED]	Totals					Invoices	1	\$2,688.00
Vendor <b>10933</b> - [REDACTED]									
Import - 19383	WiSACWIS- PID:0008089396_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			254.00
	Vendor <b>10933</b> - [REDACTED]	Totals					Invoices	1	\$254.00
Vendor <b>10312</b> - [REDACTED]									
Import - 19381	WiSACWIS- PID:0008086324_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			728.39
	Vendor <b>10312</b> - [REDACTED]	Totals					Invoices	1	\$728.39
Vendor <b>22316</b> - [REDACTED]									
Import - 19393	WiSACWIS- PID:0008079501_Voucher:02016 _IM_02/05/2020	Edit		02/05/2020	02/06/2020	02/06/2020			254.00
	Vendor <b>22316</b> - [REDACTED]	Totals					Invoices	1	\$254.00
		Grand Totals					Invoices	20	\$16,285.15

# VOUCHER

STATE OF WISCONSIN

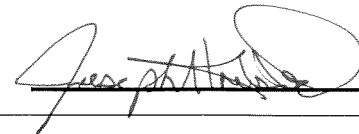
2020

Door County

Submitted By:

alaluzerne 02.11.2020

Approved by: Department Head:



Approved by: Committee Chair / County Administrator

New Vendor (Please Assign New #)

One Time Vendor (Please Assign New #)

VENDOR # \_\_\_\_\_

VENDOR NAME: Door County Dept of Health & Human Services

VENDOR ADDRESS: \_\_\_\_\_

VENDOR ADDRESS: MONTHLY FOSTER/KINSHIP CARE PAYROLL

VENDOR ADDRESS: 421 Nebraska Street

Added to Voucher Listing

This Area to be Completed by Finance Department

Voucher Listing Signed / Approved

PAID BY  
CHECK # \_\_\_\_\_

Meeting Date \_\_\_\_\_

Hold For Approval / Documentation After Processing

Fund	Dept	Sub Dept	Account Number	Detail	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number	
250	70				2020 Foster/Kinship Care for January 2020 - 2nd Batch		\$ 5,268.90	02.11.20	2020-084	
<b>VOUCHER TOTAL</b>							<b>\$ 5,268.90</b>	<b>VOUCHER TOTAL</b>		

# Accounts Payable Invoice Report

G/L Date Range 02/11/20 - 02/11/20  
 Report By Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor <b>7857 - FOUNDATIONS HEALTH &amp; WHOLENESS</b>									
Import - 19401	WiSACWIS- PID:0008004685_Voucher:02017 _IM_02/10/2020	Edit		02/10/2020	02/11/2020	02/11/2020			4,770.90
	Vendor <b>7857 - FOUNDATIONS HEALTH &amp; WHOLENESS</b> Totals						Invoices	1	<u>\$4,770.90</u>
Vendor <b>20836 - [REDACTED]</b>									
Import - 19400	WiSACWIS- PID:0008057128_Voucher:02017 _IM_02/10/2020	Edit		02/10/2020	02/11/2020	02/11/2020			244.00
	Vendor <b>20836 - [REDACTED]</b> Totals						Invoices	1	<u>\$244.00</u>
Vendor <b>10339 - [REDACTED]</b>									
Import - 19399	WiSACWIS- PID:0008087053_Voucher:02017 _IM_02/10/2020	Edit		02/10/2020	02/11/2020	02/11/2020			254.00
	Vendor <b>10339 - [REDACTED]</b> Totals						Invoices	1	<u>\$254.00</u>
	Grand Totals						Invoices	3	<u><u>\$5,268.90</u></u>

**VOUCHER**

**STATE OF WISCONSIN**

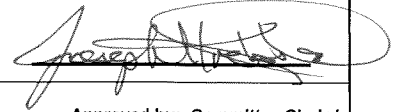
**2020**

**Door County**

Submitted By:

alaluzerne 02.14.2020

Approved by: Department Head:



Approved by: Committee Chair /  
County Administrator

VENDOR # \_\_\_\_\_

**New Vendor** (Please Assign New #)  
 **One Time Vendor** (Please Assign New #)

VENDOR NAME: Door County Dept of Health and Human Services

VENDOR ADDRESS: c/o Dept of Health and Human Services

VENDOR ADDRESS: MONTHLY MEETING VOUCHERS

VENDOR ADDRESS: 421 Nebraska Street

Added to Voucher Listing

Voucher Listing Signed / Approved

Meeting Date \_\_\_\_\_

Hold For Approval / Documentation  
After Processing

This Area to be Completed by Finance Department

PAID BY \_\_\_\_\_  
CHECK # \_\_\_\_\_

Fund	Dept	Sub Dept	Account Number	Detail	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number	
250	70				SUBMITTED FOR PAYMENT, BATCH 2020-068 Feb 2020 1st Batch Processing		\$133,522.68		various - as attached	
<b>VOUCHER TOTAL</b>							\$ 133,522.68	<b>VOUCHER TOTAL</b>		

# Accounts Payable Invoice Report

G/L Date Range 02/14/20 - 02/14/20  
 Report By Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor <b>16735 - ABBY VANS INC</b>									
012020	February 2020 Purchase of D2D Vouchers	Edit		02/14/2020	02/14/2020	02/14/2020			350.00
			Vendor <b>16735 - ABBY VANS INC</b> Totals				Invoices	1	<u>\$350.00</u>
Vendor <b>13325 - ADVOCATES-INDEPENDENT LIVINGII</b>									
012020	Jan 25,2020 403.01 Rec Activities	Edit		02/14/2020	02/14/2020	02/14/2020			13.73
			Vendor <b>13325 - ADVOCATES-INDEPENDENT LIVINGII</b> Totals				Invoices	1	<u>\$13.73</u>
Vendor <b>8383 - AMAZON CAPITAL SERVICES, INC</b>									
012020-3	January 2020 HHS Orders	Edit		02/14/2020	02/14/2020	02/14/2020			135.25
			Vendor <b>8383 - AMAZON CAPITAL SERVICES, INC</b> Totals				Invoices	1	<u>\$135.25</u>
Vendor <b>21173 - [REDACTED]</b>									
012020	January 2020 Emp Mileage Reim 255mi	Edit		02/14/2020	02/14/2020	02/14/2020			146.63
			Vendor <b>21173 - [REDACTED]</b> Totals				Invoices	1	<u>\$146.63</u>
Vendor <b>4611 - AUTISM SOCIETY OF GREATER WISCONSIN</b>									
022020	February 2020 Autism Conference Registration	Edit		02/14/2020	02/14/2020	02/14/2020			270.00
			Vendor <b>4611 - AUTISM SOCIETY OF GREATER WISCONSIN</b> Totals				Invoices	1	<u>\$270.00</u>
Vendor <b>21177 - BAY COUNSELING CLINIC, LLP</b>									
012020	January 2020 CCS Services	Edit		02/14/2020	02/14/2020	02/14/2020			3,191.60
			Vendor <b>21177 - BAY COUNSELING CLINIC, LLP</b> Totals				Invoices	1	<u>\$3,191.60</u>
Vendor <b>2176 - BELLIN HEALTH</b>									
012020	January 2020 CCS Services	Edit		02/14/2020	02/14/2020	02/14/2020			408.00
			Vendor <b>2176 - BELLIN HEALTH</b> Totals				Invoices	1	<u>\$408.00</u>
Vendor <b>10991 - BLACKBURNS BAY FARM</b>									
012020	January 2020 Equine Assisted Activities	Edit		02/14/2020	02/14/2020	02/14/2020			180.00
			Vendor <b>10991 - BLACKBURNS BAY FARM</b> Totals				Invoices	1	<u>\$180.00</u>
Vendor <b>10944 - BOLL ADULT CARE CONCEPTS, INC</b>									
012020	January 2020 AFH Services 31 days	Edit		02/14/2020	02/14/2020	02/14/2020			7,804.56
			Vendor <b>10944 - BOLL ADULT CARE CONCEPTS, INC</b> Totals				Invoices	1	<u>\$7,804.56</u>
Vendor <b>22222 - [REDACTED]</b>									
012020	January 2020 Emp Mileage Reim 187mi	Edit		02/14/2020	02/14/2020	02/14/2020			107.53
			Vendor <b>22222 - [REDACTED]</b> Totals				Invoices	1	<u>\$107.53</u>

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G/L Date Range 02/14/20 - 02/14/20  
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Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor <b>22596 - BROOKE MARNIE DEY</b> 012020	January 2020 CCS Services 37.2hrs	Edit		02/14/2020	02/14/2020	02/14/2020			3,794.40
Vendor <b>22596 - BROOKE MARNIE DEY</b> Totals							Invoices	1	<u>\$3,794.40</u>
Vendor <b>3640 - BROTOLOC HEALTH CARE SYSTEM IN</b> 012020	January 2020 CBRF Services	Edit		02/14/2020	02/14/2020	02/14/2020			12,632.50
Vendor <b>3640 - BROTOLOC HEALTH CARE SYSTEM IN</b> Totals							Invoices	1	<u>\$12,632.50</u>
Vendor <b>3680 - BROWN COUNTY HUMAN SERVICES</b> 012020	January 2020 Child Care Certification 4.25hrs	Edit		02/14/2020	02/14/2020	02/14/2020			140.42
Vendor <b>3680 - BROWN COUNTY HUMAN SERVICES</b> Totals							Invoices	1	<u>\$140.42</u>
Vendor <b>11015 - [REDACTED]</b> 012020	January 2020 101 Childcare	Edit		02/14/2020	02/14/2020	02/14/2020			55.00
Vendor <b>11015 - [REDACTED]</b> Totals							Invoices	1	<u>\$55.00</u>
Vendor <b>5929 - CDW GOVERNMENT INC</b> 022020	February 2020 HHS Orders	Edit		02/14/2020	02/14/2020	02/14/2020			3,281.47
Vendor <b>5929 - CDW GOVERNMENT INC</b> Totals							Invoices	1	<u>\$3,281.47</u>
Vendor <b>4818 - CELLCOM WISCONSIN RSA 10</b> 022020	February 2020 PH/WIC Cell Phones	Edit		02/14/2020	02/14/2020	02/14/2020			231.22
Vendor <b>4818 - CELLCOM WISCONSIN RSA 10</b> Totals							Invoices	1	<u>\$231.22</u>
Vendor <b>22548 - [REDACTED]</b> 012020	January 2020 Emp Meal Reim	Edit		02/14/2020	02/14/2020	02/14/2020			42.48
Vendor <b>22548 - [REDACTED]</b> Totals							Invoices	1	<u>\$42.48</u>
Vendor <b>11280 - CITY OF STURGEON BAY PARKS DEP</b> 012020-2	January 2020 Restitution Payment	Edit		02/14/2020	02/14/2020	02/14/2020			305.01
Vendor <b>11280 - CITY OF STURGEON BAY PARKS DEP</b> Totals							Invoices	1	<u>\$305.01</u>
Vendor <b>17122 - CORPORATE GUARDIANS OF NEW</b> 012020	Jan/Feb 2020 Guardianship Services	Edit		02/14/2020	02/14/2020	02/14/2020			450.00
Vendor <b>17122 - CORPORATE GUARDIANS OF NEW</b> Totals							Invoices	1	<u>\$450.00</u>
Vendor <b>6361 - COUNSELING ASSOCIATES OF DOOR</b> 022020	Feb 2020 Payment for AODA Assess/Jan 2020 CCS Services	Edit		02/14/2020	02/14/2020	02/14/2020			11,065.40
Vendor <b>6361 - COUNSELING ASSOCIATES OF DOOR</b> Totals							Invoices	1	<u>\$11,065.40</u>
Vendor <b>21234 - CURATIVE CONNECTIONS, INC</b>									

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G/L Date Range 02/14/20 - 02/14/20  
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Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
012020	January 2020 CCS Services	Edit		02/14/2020	02/14/2020	02/14/2020			1,553.80
	Vendor <b>21234 - CURATIVE CONNECTIONS, INC</b> Totals						Invoices	1	<u>\$1,553.80</u>
Vendor <b>22679 - CW FAMILY SOLUTIONS LLC</b>									
012020	January 2020 Supervised Visitation	Edit		02/14/2020	02/14/2020	02/14/2020			1,344.00
	Vendor <b>22679 - CW FAMILY SOLUTIONS LLC</b> Totals						Invoices	1	<u>\$1,344.00</u>
Vendor <b>22296 - [REDACTED]</b>									
012020	January 2020 Emp Mileage Reim 163mi	Edit		02/14/2020	02/14/2020	02/14/2020			93.73
	Vendor <b>22296 - [REDACTED]</b> Totals						Invoices	1	<u>\$93.73</u>
Vendor <b>363 - DENNIS WHITE</b>									
012020	January 2020 HR Psych Evals 5hrs	Edit		02/14/2020	02/14/2020	02/14/2020			750.00
	Vendor <b>363 - DENNIS WHITE</b> Totals						Invoices	1	<u>\$750.00</u>
Vendor <b>12499 - DOOR COUNTY CLERK OF COURTS</b>									
012020	Jan 2020 Victim/Witness Fee	Edit		02/14/2020	02/14/2020	02/14/2020			20.00
	Vendor <b>12499 - DOOR COUNTY CLERK OF COURTS</b> Totals						Invoices	1	<u>\$20.00</u>
Vendor <b>8770 - DOOR COUNTY MEMORIAL HOSPITAL</b>									
012020	January 2020 B-3 PT/OT	Edit		02/14/2020	02/14/2020	02/14/2020			5,167.18
	Vendor <b>8770 - DOOR COUNTY MEMORIAL HOSPITAL</b> Totals						Invoices	1	<u>\$5,167.18</u>
Vendor <b>1836 - DOOR COUNTY YMCA</b>									
022020-2	Jan-Sep 2020 Membership Fees	Edit		02/14/2020	02/14/2020	02/14/2020			499.03
	Vendor <b>1836 - DOOR COUNTY YMCA</b> Totals						Invoices	1	<u>\$499.03</u>
Vendor <b>21410 - DYNAMIC FAMILY SOLUTIONS</b>									
012020	January 2020 CCS Services	Edit		02/14/2020	02/14/2020	02/14/2020			591.60
	Vendor <b>21410 - DYNAMIC FAMILY SOLUTIONS</b> Totals						Invoices	1	<u>\$591.60</u>
Vendor <b>10124 - ELDER INNOVATIONS, LLC</b>									
012020	January 2020 CBRF Services 31 days	Edit		02/14/2020	02/14/2020	02/14/2020			2,809.84
	Vendor <b>10124 - ELDER INNOVATIONS, LLC</b> Totals						Invoices	1	<u>\$2,809.84</u>
Vendor <b>20081 - [REDACTED]</b>									
012020	January 2020 Emp Mileage Reim 185mi	Edit		02/14/2020	02/14/2020	02/14/2020			106.38
	Vendor <b>20081 - [REDACTED]</b> Totals						Invoices	1	<u>\$106.38</u>
Vendor <b>3841 - FAMILY SERVICES</b>									

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G/L Date Range 02/14/20 - 02/14/20  
 Report By Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
012020	Jan 2020 Crisis Center/Healthy Families/CCS-CST Services	Edit		02/14/2020	02/14/2020	02/14/2020			13,211.80
			Vendor <b>3841 - FAMILY SERVICES</b> Totals				Invoices	1	\$13,211.80
Vendor <b>3121 - FATZO'S</b>									
022020	Feb 2020 Lunch for DC Comm Disease Coalition	Edit		02/14/2020	02/14/2020	02/14/2020			76.50
			Vendor <b>3121 - FATZO'S</b> Totals				Invoices	1	\$76.50
Vendor <b>2313 - GENERATIONS COMMUNITY SERVICES</b>									
012020	January 2020 CCS Services	Edit		02/14/2020	02/14/2020	02/14/2020			7,599.40
			Vendor <b>2313 - GENERATIONS COMMUNITY SERVICES</b> Totals				Invoices	1	\$7,599.40
Vendor <b>9948 - HAKER COUNSELING LLC</b>									
012020-3	Jan 2020 CCS Services/Feb 3-14,2020 AODA-ART Group	Edit		02/14/2020	02/14/2020	02/14/2020			2,264.40
			Vendor <b>9948 - HAKER COUNSELING LLC</b> Totals				Invoices	1	\$2,264.40
Vendor <b>8553 - IMELDA DELCHAMBRE</b>									
012020	January 2020 HHS Interpreter Services	Edit		02/14/2020	02/14/2020	02/14/2020			340.00
			Vendor <b>8553 - IMELDA DELCHAMBRE</b> Totals				Invoices	1	\$340.00
Vendor <b>13103 - IPAT INC</b>									
022020	February 2020 HR Psych Evals	Edit		02/14/2020	02/14/2020	02/14/2020			123.00
			Vendor <b>13103 - IPAT INC</b> Totals				Invoices	1	\$123.00
Vendor <b>21360 - JUSTICEPOINT, INC</b>									
012020	January 2020 Electronic Monitoring	Edit		02/14/2020	02/14/2020	02/14/2020			531.60
			Vendor <b>21360 - JUSTICEPOINT, INC</b> Totals				Invoices	1	\$531.60
Vendor <b>11461 - [REDACTED]</b>									
012020	January 2020 Emp Mileage Reim 592mi	Edit		02/14/2020	02/14/2020	02/14/2020			340.40
			Vendor <b>11461 - [REDACTED]</b> Totals				Invoices	1	\$340.40
Vendor <b>11737 - [REDACTED]</b>									
012020	January 2020 Emp Mileage Reim 150mi	Edit		02/14/2020	02/14/2020	02/14/2020			86.25
			Vendor <b>11737 - [REDACTED]</b> Totals				Invoices	1	\$86.25
Vendor <b>22015 - [REDACTED]</b>									
012020	January 2020 Emp Mileage Reim 81mi	Edit		02/14/2020	02/14/2020	02/14/2020			46.58
			Vendor <b>22015 - [REDACTED]</b> Totals				Invoices	1	\$46.58



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 Report By Vendor - Invoice  
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Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor <b>10664 - [REDACTED]</b> 012020	January 2020 Emp Mileage Reim 204mi	Edit		02/14/2020	02/14/2020	02/14/2020			117.30
			Vendor <b>10664 - [REDACTED]</b> Totals			Invoices	1		<u>\$117.30</u>
Vendor <b>9955 - [REDACTED]</b> 012020	January 2020 Emp Mileage Reim 55mi	Edit		02/14/2020	02/14/2020	02/14/2020			31.63
			Vendor <b>9955 - [REDACTED]</b> Totals			Invoices	1		<u>\$31.63</u>
Vendor <b>11676 - KIDS AT HOPE</b> 022020-2	February 2020 Power of Hope Conf Reg Fee	Edit		02/14/2020	02/14/2020	02/14/2020			125.00
			Vendor <b>11676 - KIDS AT HOPE</b> Totals			Invoices	1		<u>\$125.00</u>
Vendor <b>9297 - KIMBERLEY KLEIN</b> 012020	January 2020 CCS Services 12.2hrs	Edit		02/14/2020	02/14/2020	02/14/2020			1,244.40
			Vendor <b>9297 - KIMBERLEY KLEIN</b> Totals			Invoices	1		<u>\$1,244.40</u>
Vendor <b>7173 - LAMP RECYCLERS INC</b> 012020	January 2020 Biohazard Waste Pickup	Edit		02/14/2020	02/14/2020	02/14/2020			870.61
			Vendor <b>7173 - LAMP RECYCLERS INC</b> Totals			Invoices	1		<u>\$870.61</u>
Vendor <b>14606 - LANGUAGE LINE SERVICES</b> 012020	January 2020 HHS Interpreter Services	Edit		02/14/2020	02/14/2020	02/14/2020			251.04
			Vendor <b>14606 - LANGUAGE LINE SERVICES</b> Totals			Invoices	1		<u>\$251.04</u>
Vendor <b>7754 - LAU'S AUTO CARE CENTER</b> 012020	January 2020 PH Windshield Wipers	Edit		02/14/2020	02/14/2020	02/14/2020			12.95
			Vendor <b>7754 - LAU'S AUTO CARE CENTER</b> Totals			Invoices	1		<u>\$12.95</u>
Vendor <b>20787 - LIMITLESS POSSIBILITIES LLC</b> 012020	January 2020 AFH Services 31 days	Edit		02/14/2020	02/14/2020	02/14/2020			12,896.00
			Vendor <b>20787 - LIMITLESS POSSIBILITIES LLC</b> Totals			Invoices	1		<u>\$12,896.00</u>
Vendor <b>11733 - [REDACTED]</b> 012020	Jan 6-15,2020 Emp Mileage Reim 150mi	Edit		02/14/2020	02/14/2020	02/14/2020			86.25
			Vendor <b>11733 - [REDACTED]</b> Totals			Invoices	1		<u>\$86.25</u>
Vendor <b>12488 - MCKESSON MEDICAL SURGICAL</b>									

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Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
012020-2	January 2020 HHS Cholesterol Supplies	Edit		02/14/2020	02/14/2020	02/14/2020			98.89
		Vendor	<b>12488 - MCKESSON MEDICAL SURGICAL</b>	Totals			Invoices	1	<u>98.89</u>
Vendor <b>8169 - MICHAEL P SAYERS PHD</b>									
012020	January 2020 Psych Services 27hrs	Edit		02/14/2020	02/14/2020	02/14/2020			1,923.75
		Vendor	<b>8169 - MICHAEL P SAYERS PHD</b>	Totals			Invoices	1	<u>\$1,923.75</u>
Vendor <b>9986 - MOSAIC WEIGHTED BLANKETS LLC</b>									
012020	January 2020 Weighted Blanket	Edit		02/14/2020	02/14/2020	02/14/2020			169.96
		Vendor	<b>9986 - MOSAIC WEIGHTED BLANKETS LLC</b>	Totals			Invoices	1	<u>\$169.96</u>
Vendor <b>17788 - OPTIONS LAB, INC</b>									
012020	Nov 2019-Jan 2020 Drug Screens	Edit		02/14/2020	02/14/2020	02/14/2020			413.00
		Vendor	<b>17788 - OPTIONS LAB, INC</b>	Totals			Invoices	1	<u>\$413.00</u>
Vendor <b>17442 - PHOENIX BEHAVIORAL HEALTH SVC</b>									
012020	January 2020 CCS Services	Edit		02/14/2020	02/14/2020	02/14/2020			2,611.20
		Vendor	<b>17442 - PHOENIX BEHAVIORAL HEALTH SVC</b>	Totals			Invoices	1	<u>\$2,611.20</u>
Vendor <b>12533 - PREVEA HEALTH OCCUPATIONAL HEALTH</b>									
012020	January 2020 Drug Screens	Edit		02/14/2020	02/14/2020	02/14/2020			239.10
		Vendor	<b>12533 - PREVEA HEALTH OCCUPATIONAL HEALTH</b>	Totals			Invoices	1	<u>\$239.10</u>
Vendor <b>5008 - PROFESSIONAL GUARDIANSHIPS INC</b>									
012020	January 2020 Guardianship Services	Edit		02/14/2020	02/14/2020	02/14/2020			490.00
		Vendor	<b>5008 - PROFESSIONAL GUARDIANSHIPS INC</b>	Totals			Invoices	1	<u>\$490.00</u>
Vendor <b>9829 - [REDACTED]</b>									
012020	January 2020 Emp Meal Reim	Edit		02/14/2020	02/14/2020	02/14/2020			38.58
		Vendor	<b>9829 - [REDACTED]</b>	Totals			Invoices	1	<u>\$38.58</u>
Vendor <b>3394 - SHERRY PESCH</b>									
012020	January 2020 Bookkeeping Services 49.75hrs	Edit		02/14/2020	02/14/2020	02/14/2020			1,094.50
		Vendor	<b>3394 - SHERRY PESCH</b>	Totals			Invoices	1	<u>\$1,094.50</u>
Vendor <b>11392 - [REDACTED]</b>									
012020	January 2020 Reim for CSP Movie Day	Edit		02/14/2020	02/14/2020	02/14/2020			128.00
		Vendor	<b>11392 - [REDACTED]</b>	Totals			Invoices	1	<u>\$128.00</u>
Vendor <b>11020 - SOJOURN COUNSELING SERVICES, LLC</b>									
012020	January 2020 Crisis on Call	Edit		02/14/2020	02/14/2020	02/14/2020			1,022.50

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Vendor <b>11020 - SOJOURN COUNSELING SERVICES, LLC</b> Totals							Invoices	1	\$1,022.50
Vendor <b>7694 - SPECIALIZED SERVICES LLC</b>									
012020	January 2020 CSP Tech/CCS Services	Edit		02/14/2020	02/14/2020	02/14/2020			5,486.08
Vendor <b>7694 - SPECIALIZED SERVICES LLC</b> Totals							Invoices	1	\$5,486.08
Vendor <b>15069 - STAPLES ADVANTAGE</b>									
012020-3	January/February 2020 HHS Supplies/Shelving	Edit		02/14/2020	02/14/2020	02/14/2020			790.30
Vendor <b>15069 - STAPLES ADVANTAGE</b> Totals							Invoices	1	\$790.30
Vendor <b>11736 - [REDACTED]</b>									
012020	January 2020 403.01 Rec Activities	Edit		02/14/2020	02/14/2020	02/14/2020			29.45
Vendor <b>11736 - [REDACTED]</b> Totals							Invoices	1	\$29.45
Vendor <b>22555 - [REDACTED]</b>									
012020-3	Jan/Feb 2020 Emp Mileage Reim	Edit		02/14/2020	02/14/2020	02/14/2020			149.50
Vendor <b>22555 - [REDACTED]</b> Totals							Invoices	1	\$149.50
Vendor <b>17638 - TREMPEALEAU CNTY HEALTH CARE</b>									
012020	January 2020 IMD/Ancillary Charges	Edit		02/14/2020	02/14/2020	02/14/2020			10,324.50
Vendor <b>17638 - TREMPEALEAU CNTY HEALTH CARE</b> Totals							Invoices	1	\$10,324.50
Vendor <b>22349 - UNLIMITED POSSIBILITIES</b>									
012020	January 2020 AFH Services	Edit		02/14/2020	02/14/2020	02/14/2020			10,540.00
Vendor <b>22349 - UNLIMITED POSSIBILITIES</b> Totals							Invoices	1	\$10,540.00
Vendor <b>4331 - WI DEPT OF JUSTICE CRIME INFO</b>									
012020	January 2020 Background Checks/Fingerprinting	Edit		02/14/2020	02/14/2020	02/14/2020			152.50
Vendor <b>4331 - WI DEPT OF JUSTICE CRIME INFO</b> Totals							Invoices	1	\$152.50
Vendor <b>11742 - WISCONSIN LIONS FOUNDATION, INC</b>									
062020	June 1,2020 113 Consumer Education	Edit		02/14/2020	02/14/2020	02/14/2020			25.00
Vendor <b>11742 - WISCONSIN LIONS FOUNDATION, INC</b> Totals							Invoices	1	\$25.00
Grand Totals							Invoices	68	\$133,522.68

### VOUCHER

STATE OF WISCONSIN

2020

Door County

Submitted By:

alaluzerne 02.28.2020

Approved by: Department Head:

Approved by: Committee Chair / County Administrator

VENDOR #

New Vendor (Please Assign New #)

One Time Vendor (Please Assign New #)

VENDOR NAME: Door County Dept of Health and Human Services

VENDOR ADDRESS: c/o Dept of Health and Human Services

VENDOR ADDRESS: MONTHLY MEETING VOUCHERS

VENDOR ADDRESS: 421 Nebraska Street

Added to Voucher Listing

Voucher Listing Signed / Approved

Meeting Date \_\_\_\_\_

Hold For Approval / Documentation After Processing

This Area to be Completed by Finance Department

PAID BY

CHECK # \_\_\_\_\_

Fund	Dept	Sub Dept	Account Number	Detail	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number	
250	70				SUBMITTED FOR PAYMENT, BATCH 2020-100 March 2020 1st Batch Processing		\$27,214.12		various - as attached	
VOUCHER TOTAL							\$ 27,214.12	VOUCHER TOTAL		

# Accounts Payable Invoice Report

G/L Date Range 03/02/20 - 03/02/20  
 Report By Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor <b>17802 - 4IMPRINT INC</b>									
022020	February 2020 PH Tote Bags	Edit		03/02/2020	03/02/2020	03/02/2020			1,027.06
			Vendor <b>17802 - 4IMPRINT INC</b> Totals				Invoices	1	<u>\$1,027.06</u>
Vendor <b>8383 - AMAZON CAPITAL SERVICES, INC</b>									
022020	February 2020 HHS Orders	Edit		03/02/2020	03/02/2020	03/02/2020			571.24
			Vendor <b>8383 - AMAZON CAPITAL SERVICES, INC</b> Totals				Invoices	1	<u>\$571.24</u>
Vendor <b>11867 - [REDACTED]</b>									
022020	February 2020 Emp Meal Reim	Edit		03/02/2020	03/02/2020	03/02/2020			37.35
			Vendor <b>11867 - [REDACTED]</b> Totals				Invoices	1	<u>\$37.35</u>
Vendor <b>16479 - ANTHEM BLUE CROSS/BLUE SHIELD</b>									
022020	Feb 2020 Refund for 1/3/19 DOS (AB)	Edit		03/02/2020	03/02/2020	03/02/2020			139.93
			Vendor <b>16479 - ANTHEM BLUE CROSS/BLUE SHIELD</b> Totals				Invoices	1	<u>\$139.93</u>
Vendor <b>4818 - CELLCOM WISCONSIN RSA 10</b>									
022020-2	February 2020 HS Cell Phones	Edit		03/02/2020	03/02/2020	03/02/2020			1,266.66
			Vendor <b>4818 - CELLCOM WISCONSIN RSA 10</b> Totals				Invoices	1	<u>\$1,266.66</u>
Vendor <b>6486 - CHARTER COMMUNICATIONS</b>									
032020	Feb 18,2020-Mar 17,2020 YCC Internet	Edit		03/02/2020	03/02/2020	03/02/2020			89.99
			Vendor <b>6486 - CHARTER COMMUNICATIONS</b> Totals				Invoices	1	<u>\$89.99</u>
Vendor <b>2722 - CITY OF STURGEON BAY</b>									
022020	February 2020 Permit App for Safe Kids Day	Edit		03/02/2020	03/02/2020	03/02/2020			60.00
			Vendor <b>2722 - CITY OF STURGEON BAY</b> Totals				Invoices	1	<u>\$60.00</u>
Vendor <b>5245 - DC PRINTING LLC</b>									
022020	February 2020 HHS Envelopes	Edit		03/02/2020	03/02/2020	03/02/2020			289.00
			Vendor <b>5245 - DC PRINTING LLC</b> Totals				Invoices	1	<u>\$289.00</u>
Vendor <b>6876 - [REDACTED]</b>									
012020	January 2020 Emp Mileage Reim 54mi	Edit		03/02/2020	03/02/2020	03/02/2020			31.05
022020	February 2020 Emp Mileage Reim 194mi	Edit		03/02/2020	03/02/2020	03/02/2020			111.55
			Vendor <b>6876 - [REDACTED]</b> Totals				Invoices	2	<u>\$142.60</u>
Vendor <b>1836 - DOOR COUNTY YMCA</b>									
022020-3	February 2020 Let's Go Southern Door (Strength & Conditioning)	Edit		03/02/2020	03/02/2020	03/02/2020			60.00
			Vendor <b>1836 - DOOR COUNTY YMCA</b> Totals				Invoices	1	<u>\$60.00</u>

# Accounts Payable Invoice Report

G/L Date Range 03/02/20 - 03/02/20  
 Report By Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor <b>11873 - [REDACTED]</b> 022020	February 2020 Emp Meal Reim	Edit		03/02/2020	03/02/2020	03/02/2020			19.63
			Vendor <b>11873 - [REDACTED]</b> Totals			Invoices	1		\$19.63
Vendor <b>21410 - DYNAMIC FAMILY SOLUTIONS</b> 022020	February 2020 Payment for Missed Appointment	Edit		03/02/2020	03/02/2020	03/02/2020			50.00
			Vendor <b>21410 - DYNAMIC FAMILY SOLUTIONS</b> Totals			Invoices	1		\$50.00
Vendor <b>2607 - FEDEX</b> 022020	February 2020 HHS Return to CDWG	Edit		03/02/2020	03/02/2020	03/02/2020			14.13
			Vendor <b>2607 - FEDEX</b> Totals			Invoices	1		\$14.13
Vendor <b>9948 - HAKER COUNSELING LLC</b> 022020	Feb17-28,2020 AODA Services/ART Group	Edit		03/02/2020	03/02/2020	03/02/2020			1,054.00
			Vendor <b>9948 - HAKER COUNSELING LLC</b> Totals			Invoices	1		\$1,054.00
Vendor <b>5078 - INNOVATIVE SERVICES, INC.</b> 012020	January 2020 CCS Services	Edit		03/02/2020	03/02/2020	03/02/2020			4,365.60
			Vendor <b>5078 - INNOVATIVE SERVICES, INC.</b> Totals			Invoices	1		\$4,365.60
Vendor <b>22837 - JAY LIVINGSTON</b> 022020	February 2020 CCS Contracted Services/OWI Assessments	Edit		03/02/2020	03/02/2020	03/02/2020			997.50
			Vendor <b>22837 - JAY LIVINGSTON</b> Totals			Invoices	1		\$997.50
Vendor <b>5555 - JULIE TOYNE</b> 022020	February 2020 B-3 Therapy/Mileage	Edit		03/02/2020	03/02/2020	03/02/2020			4,026.95
			Vendor <b>5555 - JULIE TOYNE</b> Totals			Invoices	1		\$4,026.95
Vendor <b>11194 - [REDACTED]</b> 022020	February 2020 Emp Mileage Reim 216mi	Edit		03/02/2020	03/02/2020	03/02/2020			124.20
			Vendor <b>11194 - [REDACTED]</b> Totals			Invoices	1		\$124.20
Vendor <b>22015 - [REDACTED]</b> 022020	February 2020 Emp Mileage Reim 92mi	Edit		03/02/2020	03/02/2020	03/02/2020			52.90
			Vendor <b>22015 - [REDACTED]</b> Totals			Invoices	1		\$52.90
Vendor <b>11866 - [REDACTED]</b> 022020	February 2020 Emp Meal Reim	Edit		03/02/2020	03/02/2020	03/02/2020			22.66

# Accounts Payable Invoice Report

G/L Date Range 03/02/20 - 03/02/20  
 Report By Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
			Vendor <b>11866 - ██████████</b> Totals				Invoices	1	\$22.66
Vendor <b>17200 - LAKESHORE CAP, INC.</b>									
012020-2	January 2020 CSP Tech/Peer Specialist	Edit		03/02/2020	03/02/2020	03/02/2020			888.75
			Vendor <b>17200 - LAKESHORE CAP, INC.</b> Totals				Invoices	1	\$888.75
Vendor <b>12488 - MCKESSON MEDICAL SURGICAL</b>									
022020	February 2020 Sharps Supplies	Edit		03/02/2020	03/02/2020	03/02/2020			330.43
			Vendor <b>12488 - MCKESSON MEDICAL SURGICAL</b> Totals				Invoices	1	\$330.43
Vendor <b>10050 - ██████████</b>									
012020	January 2020 403.01 Rec Activities	Edit		03/02/2020	03/02/2020	03/02/2020			48.08
			Vendor <b>10050 - ██████████</b> Totals				Invoices	1	\$48.08
Vendor <b>8169 - MICHAEL P SAYERS PHD</b>									
022020	February 2020 Psych Services 36hrs	Edit		03/02/2020	03/02/2020	03/02/2020			2,565.00
			Vendor <b>8169 - MICHAEL P SAYERS PHD</b> Totals				Invoices	1	\$2,565.00
Vendor <b>18398 - ██████████</b>									
012020	January 2020 Emp Mileage Reim 416mi	Edit		03/02/2020	03/02/2020	03/02/2020			239.20
			Vendor <b>18398 - ██████████</b> Totals				Invoices	1	\$239.20
Vendor <b>22666 - P.A.T.H. OF DOOR COUNTY</b>									
032020	March 2020 YCC Rent	Edit		03/02/2020	03/02/2020	03/02/2020			1,788.00
			Vendor <b>22666 - P.A.T.H. OF DOOR COUNTY</b> Totals				Invoices	1	\$1,788.00
Vendor <b>22245 - ██████████</b>									
012020-2	January 2020 403.01 Rec Activities	Edit		03/02/2020	03/02/2020	03/02/2020			90.04
			Vendor <b>22245 - ██████████</b> Totals				Invoices	1	\$90.04
Vendor <b>6980 - SMILEMAKERS</b>									
012020	January 2020 Stickers for PH	Edit		03/02/2020	03/02/2020	03/02/2020			302.10
			Vendor <b>6980 - SMILEMAKERS</b> Totals				Invoices	1	\$302.10
Vendor <b>15069 - STAPLES ADVANTAGE</b>									
022020	February 2020 HHS Office Supplies	Edit		03/02/2020	03/02/2020	03/02/2020			317.88
			Vendor <b>15069 - STAPLES ADVANTAGE</b> Totals				Invoices	1	\$317.88
Vendor <b>11366 - ██████████</b>									
012020	Jan 4,2020 403.01 Rec Activity	Edit		03/02/2020	03/02/2020	03/02/2020			35.00

# Accounts Payable Invoice Report

G/L Date Range 03/02/20 - 03/02/20  
 Report By Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
			Vendor <b>11366 - [REDACTED]</b> Totals				Invoices	1	\$35.00
Vendor <b>22555 - [REDACTED]</b> 022020	February 11-21,2020 Emp Mileage Reim 106mi	Edit		03/02/2020	03/02/2020	03/02/2020			60.95
			Vendor <b>22555 - [REDACTED]</b> Totals				Invoices	1	\$60.95
Vendor <b>7086 - UWSP</b> 052020	May 2020 Circles of Life Conf Reg Fee	Edit		03/02/2020	03/02/2020	03/02/2020			155.00
			Vendor <b>7086 - UWSP</b> Totals				Invoices	1	\$155.00
Vendor <b>13022 - WENDY RAY</b> 022020	February 2020 B-3 Therapy/Mileage	Edit		03/02/2020	03/02/2020	03/02/2020			4,818.29
			Vendor <b>13022 - WENDY RAY</b> Totals				Invoices	1	\$4,818.29
Vendor <b>10505 - WI COUNTY HUMAN SERVICE ASSOC</b> 022020	February 2020 WCHSA Yearly Dues	Edit		03/02/2020	03/02/2020	03/02/2020			1,000.00
			Vendor <b>10505 - WI COUNTY HUMAN SERVICE ASSOC</b> Totals				Invoices	1	\$1,000.00
Vendor <b>9740 - WILDERNESS RESORT/CONVENTION CENTER</b> 052020	May 2020 Lodging for Circles of Life Conf	Edit		03/02/2020	03/02/2020	03/02/2020			164.00
			Vendor <b>9740 - WILDERNESS RESORT/CONVENTION CENTER</b> Totals				Invoices	1	\$164.00
			Grand Totals				Invoices	36	\$27,214.12



**VOUCHER**

STATE OF WISCONSIN

2020

Door County

New Vendor (Please Assign New #)

One Time Vendor (Please Assign New #)

VENDOR # \_\_\_\_\_

VENDOR NAME: Door County Dept of Human Services

VENDOR ADDRESS: c/o Dept Human Services

VENDOR ADDRESS: MONTHLY MEETING VOUCHERS

VENDOR ADDRESS: 421 Nebraska Street

Submitted By: \_\_\_\_\_  
rmark

Approved by: Department Head:

*[Signature]*

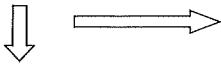
Approved by: Committee Chair /  
County Administrator

\_\_\_\_\_

Added to Voucher Listing

↓ This Area to be Completed by Finance Department

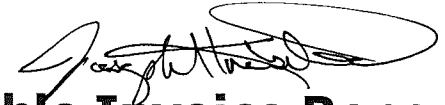
PAID BY \_\_\_\_\_  
CHECK # \_\_\_\_\_



Voucher Listing Signed / Approved  
Meeting Date \_\_\_\_\_

Hold For Approval / Documentation  
After Processing

Fund	Dept	Sub Dept	Account Number	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number
204	23			SUBMITTED FOR PAYMENT, BATCH #2020-00000079- 2020 Health & Human Services vouchers to date. February processing		\$ 14,560.76		various - as attached
VOUCHER TOTAL						\$ 14,560.76	VOUCHER TOTAL	



# Accounts Payable Invoice Report

G/L Date Range 02/14/20 - 02/14/20

Report By Department - Batch - Vendor - Invoice

Summary Listing

ADRC, 2<sup>nd</sup> batch, Feb. 2020

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Department <b>23 - HS Resource Center</b>									
Batch Number <b>2020-00000079</b>		Batch Date 02/14/2020			Entered by User Robin Mark				
Vendor <b>13325 - ADVOCATES-INDEPENDENT LIVINGII</b>									
Sub-Department <b>23 HS Resource Center</b>									
13325 JAN 2020	JAN 2020 RSP/HOMEMAKER/HOMECARE	Edit		02/14/2020	02/14/2020	02/14/2020			561.90
Sub-Department <b>23 HS Resource Center</b> Totals							Invoices	1	0
Vendor <b>13325 - ADVOCATES-INDEPENDENT LIVINGII</b> Totals							Invoices	1	\$561.90
Vendor <b>2714 - AIRS NATIONAL HEADQUARTERS</b>									
Sub-Department <b>23 HS Resource Center</b>									
2714 JAN 2020	2020 MEMBERSHIP FEE-JB	Edit		02/14/2020	02/14/2020	02/14/2020			75.00
Sub-Department <b>23 HS Resource Center</b> Totals							Invoices	1	0
Vendor <b>2714 - AIRS NATIONAL HEADQUARTERS</b> Totals							Invoices	1	\$75.00
Vendor <b>8383 - AMAZON CAPITAL SERVICES, INC</b>									
Sub-Department <b>23 HS Resource Center</b>									
8383 FEB 2020	1QJ3-PWNN-K3QN/AIRPOTS	Edit		02/14/2020	02/14/2020	02/14/2020			109.90
Sub-Department <b>23 HS Resource Center</b> Totals							Invoices	1	0
Vendor <b>8383 - AMAZON CAPITAL SERVICES, INC</b> Totals							Invoices	1	\$109.90
Vendor <b>11675 - BIRDSEYE DAIRY INC</b>									
Sub-Department <b>23 HS Resource Center</b>									
11675 JAN/FEB 20	JAN/FEB 2020 RAW FOOD	Edit		02/14/2020	02/14/2020	02/14/2020			302.47
Sub-Department <b>23 HS Resource Center</b> Totals							Invoices	1	0
Vendor <b>11675 - BIRDSEYE DAIRY INC</b> Totals							Invoices	1	\$302.47
Vendor <b>19077 - [REDACTED]</b>									
Sub-Department <b>23 HS Resource Center</b>									
19077 FEB 2020	FEB 2020 CAREGIVER SUPPORT GROUP-W.I.	Edit		02/14/2020	02/14/2020	02/14/2020			37.50
Sub-Department <b>23 HS Resource Center</b> Totals							Invoices	1	0
Vendor <b>19077 - [REDACTED]</b> Totals							Invoices	1	\$37.50
Vendor <b>9674 - ECONO FOODS</b>									
Sub-Department <b>23 HS Resource Center</b>									
9674 JAN/FEB 20	JAN/FEB 2020 RAW FOOD	Edit		02/14/2020	02/14/2020	02/14/2020			662.01
Sub-Department <b>23 HS Resource Center</b> Totals							Invoices	1	0
Vendor <b>9674 - ECONO FOODS</b> Totals							Invoices	1	\$662.01
Vendor <b>17474 - [REDACTED]</b>									

## Door County

## Accounts Payable Invoice Report

G/L Date Range 02/14/20 - 02/14/20  
 Report By Department - Batch - Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Sub-Department 17474 JAN 2020	<b>23 HS Resource Center</b> 23.50 JAN 2020 MOW MILEAGE REIMB	Edit		02/14/2020	02/14/2020	02/14/2020			13.51
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>17474</b> [REDACTED] Totals					Invoices	1		<u>\$13.51</u>
Vendor <b>27395</b> - <b>GOOD SAMARITAN, SCANDIA VILLAGE</b>									
Sub-Department 27395 JAN 2020	<b>23 HS Resource Center</b> JAN 2020 MOW	Edit		02/14/2020	02/14/2020	02/14/2020			304.00
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>27395</b> - <b>GOOD SAMARITAN, SCANDIA VILLAGE</b> Totals					Invoices	1		<u>\$304.00</u>
Vendor <b>22145</b> - <b>GORDON FOOD SERVICE, INC</b>									
Sub-Department 22145 JAN 2020B	<b>23 HS Resource Center</b> JAN/FEB 2020 RAW FOOD/SALAD BAR/NUTRITION SUPP/SMALL TOOLS	Edit		02/14/2020	02/14/2020	02/14/2020			5,593.84
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>22145</b> - <b>GORDON FOOD SERVICE, INC</b> Totals					Invoices	1		<u>\$5,593.84</u>
Vendor <b>13841</b> - <b>GWAAR, INC</b>									
Sub-Department 13841 APR 2020	<b>23 HS Resource Center</b> 2020 FAMILY CAREGIVER COORDINATOR TRG-JF	Edit		02/14/2020	02/14/2020	02/14/2020			40.00
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>13841</b> - <b>GWAAR, INC</b> Totals					Invoices	1		<u>\$40.00</u>
Vendor <b>17906</b> - [REDACTED]									
Sub-Department 17906 JAN 2020	<b>23 HS Resource Center</b> 731.60 JAN 2020 MEALSITE/MOW MILEAGE REIMB	Edit		02/14/2020	02/14/2020	02/14/2020			420.67
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>17906</b> - [REDACTED] Totals					Invoices	1		<u>\$420.67</u>
Vendor <b>19650</b> - [REDACTED]									
Sub-Department 19650 JAN 2020	<b>23 HS Resource Center</b> 39.60 JAN 2020 EMPLY MILEAGE REIMB	Edit		02/14/2020	02/14/2020	02/14/2020			22.78
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>19650</b> - [REDACTED] Totals					Invoices	1		<u>\$22.78</u>
Vendor <b>17097</b> - <b>LAFORCE HARDWARE &amp; MFG COMPANY</b>									

Door County

# Accounts Payable Invoice Report

G/L Date Range 02/14/20 - 02/14/20  
 Report By Department - Batch - Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Sub-Department 17097 FEB 2020	<b>23 HS Resource Center</b> 1124469/SURFACE MOUNTED DISPENSER-ADRC	Edit		02/14/2020	02/14/2020	02/14/2020			623.00
			Sub-Department	<b>23 HS Resource Center</b> Totals			Invoices	1	0
			Vendor	<b>17097 - LAFORCE HARDWARE &amp; MFG COMPANY</b> Totals			Invoices	1	<u>\$623.00</u>
Vendor	<b>18770 - MANNS STORE</b>								
Sub-Department 18770 JAN 2020	<b>23 HS Resource Center</b> JAN 2020 RAW FOOD	Edit		02/14/2020	02/14/2020	02/14/2020			914.26
			Sub-Department	<b>23 HS Resource Center</b> Totals			Invoices	1	0
			Vendor	<b>18770 - MANNS STORE</b> Totals			Invoices	1	<u>\$914.26</u>
Vendor	<b>4168 - [REDACTED]</b>								
Sub-Department 4168 JAN 2020	<b>23 HS Resource Center</b> 22 JAN 2020 EMPLY MILEAGE REIMB	Edit		02/14/2020	02/14/2020	02/14/2020			12.70
			Sub-Department	<b>23 HS Resource Center</b> Totals			Invoices	1	0
			Vendor	<b>4168 - [REDACTED]</b> Totals			Invoices	1	<u>\$12.70</u>
Vendor	<b>20044 - [REDACTED]</b>								
Sub-Department 20044 JAN 2020	<b>23 HS Resource Center</b> 67.90 JAN 2020 EMPLY MILEAGE REIMB	Edit		02/14/2020	02/14/2020	02/14/2020			39.04
			Sub-Department	<b>23 HS Resource Center</b> Totals			Invoices	1	0
			Vendor	<b>20044 - [REDACTED]</b> Totals			Invoices	1	<u>\$39.04</u>
Vendor	<b>11568 - [REDACTED]</b>								
Sub-Department 11568 JAN 2020	<b>23 HS Resource Center</b> 897 JAN 2020 MEALSITE MILEAGE REIMB-LG	Edit		02/14/2020	02/14/2020	02/14/2020			515.78
			Sub-Department	<b>23 HS Resource Center</b> Totals			Invoices	1	0
			Vendor	<b>11568 - [REDACTED]</b> Totals			Invoices	1	<u>\$515.78</u>
Vendor	<b>7694 - SPECIALIZED SERVICES LLC</b>								
Sub-Department 7694 JAN 2020	<b>23 HS Resource Center</b> JAN 2020 RSP/OTHER	Edit		02/14/2020	02/14/2020	02/14/2020			667.39
			Sub-Department	<b>23 HS Resource Center</b> Totals			Invoices	1	0
			Vendor	<b>7694 - SPECIALIZED SERVICES LLC</b> Totals			Invoices	1	<u>\$667.39</u>
Vendor	<b>14091 - [REDACTED]</b>								
Sub-Department 14091 JAN 2020	<b>23 HS Resource Center</b> 45 JAN 2020 MEALSITE MILEAGE REIMB-BH	Edit		02/14/2020	02/14/2020	02/14/2020			25.88
			Sub-Department	<b>23 HS Resource Center</b> Totals			Invoices	1	0

Door County

# Accounts Payable Invoice Report

G/L Date Range 02/14/20 - 02/14/20  
 Report By Department - Batch - Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
	Vendor <b>14091</b> [REDACTED]			Totals		Invoices	1		\$25.88
	Vendor <b>15069 - STAPLES ADVANTAGE</b>								
	Sub-Department <b>23 HS Resource Center</b>								
15069 JAN 2020B	JAN 2020 OFFICE SUPPLIES/TAXES	Edit		02/14/2020	02/14/2020	02/14/2020			89.68
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>15069 - STAPLES ADVANTAGE</b> Totals					Invoices	1		\$89.68
	Vendor <b>30820 - STURGEON BAY UTILITIES</b>								
	Sub-Department <b>23 HS Resource Center</b>								
30820 JAN 2020	JAN 2020 UTILITIES	Edit		02/14/2020	02/14/2020	02/14/2020			1,896.97
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>30820 - STURGEON BAY UTILITIES</b> Totals					Invoices	1		\$1,896.97
	Vendor <b>10942 - TIP TOP CLEANERS</b>								
	Sub-Department <b>23 HS Resource Center</b>								
10942 JAN 2020	JAN 2020 LAUNDRY/KITCHEN	Edit		02/14/2020	02/14/2020	02/14/2020			276.75
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>10942 - TIP TOP CLEANERS</b> Totals					Invoices	1		\$276.75
	Vendor <b>33170 - TOWN OF LIBERTY GROVE</b>								
	Sub-Department <b>23 HS Resource Center</b>								
33170 JAN 2020	JAN 2020 MEALSITE-13 DAYS @ \$9/DAY	Edit		02/14/2020	02/14/2020	02/14/2020			117.00
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>33170 - TOWN OF LIBERTY GROVE</b> Totals					Invoices	1		\$117.00
	Vendor <b>33570 - TOWN OF WASHINGTON</b>								
	Sub-Department <b>23 HS Resource Center</b>								
33570 JAN 2020	JAN 2020 MEALSITE-10 DAYS @ \$8/DAY	Edit		02/14/2020	02/14/2020	02/14/2020			80.00
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>33570 - TOWN OF WASHINGTON</b> Totals					Invoices	1		\$80.00
	Vendor <b>22599 - TWEAK SOCIAL MEDIA &amp; MARKETING</b>								
	Sub-Department <b>23 HS Resource Center</b>								
22599 JAN 2020	JAN 2020 MARKETING	Edit		02/14/2020	02/14/2020	02/14/2020			307.39
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>22599 - TWEAK SOCIAL MEDIA &amp; MARKETING</b> Totals					Invoices	1		\$307.39
	Vendor <b>20955 - UNITED HOME HEALTH SERVICES,LLC</b>								
	Sub-Department <b>23 HS Resource Center</b>								
20955 JAN 2020	JAN 2020 HOMECARE/RSP	Edit		02/14/2020	02/14/2020	02/14/2020			519.50
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0

# Accounts Payable Invoice Report

G/L Date Range 02/14/20 - 02/14/20

Report By Department - Batch - Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor <b>20955 - UNITED HOME HEALTH SERVICES,LLC</b> Totals						Invoices	1		\$519.50
Vendor <b>9654 - WAND</b>									
Sub-Department <b>23 HS Resource Center</b>									
9654 2020 DUES	2020 WAND MEMBERSHIP DUES- JF	Edit		02/14/2020	02/14/2020	02/14/2020			75.00
Sub-Department <b>23 HS Resource Center</b> Totals						Invoices	1		0
Vendor <b>9654 - WAND</b> Totals						Invoices	1		\$75.00
Vendor <b>36120 - WARNER-WEXEL WHOLESALE &amp; POOL</b>									
Sub-Department <b>23 HS Resource Center</b>									
36120 JAN/FEB 20	JAN/FEB 2020 NUTRITIONAL SUPPLIES	Edit		02/14/2020	02/14/2020	02/14/2020			256.84
Sub-Department <b>23 HS Resource Center</b> Totals						Invoices	1		0
Vendor <b>36120 - WARNER-WEXEL WHOLESALE &amp; POOL</b> Totals						Invoices	1		\$256.84
Batch Number <b>2020-00000079</b> Totals						Invoices	28		\$14,560.76
Department <b>23 - HS Resource Center</b> Totals						Invoices	28		\$14,560.76
<b>23 HS Resource Center</b>									
				Grand Totals		Invoices	28		\$14,560.76



Door County

# Accounts Payable Invoice Report

G/L Date Range 03/02/20 - 03/02/20

Report By Department - Batch - Vendor - Invoice  
Summary Listing

*ADEC, Feb Batch, March 2020*

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount	
Department <b>23 - HS Resource Center</b>										
Batch Number <b>2020-0000102</b>		Batch Date 03/02/2020			Entered by User Robin Mark					
Vendor <b>8383 - AMAZON CAPITAL SERVICES, INC</b>										
Sub-Department <b>23 HS Resource Center</b>										
8383 FEB 2020A	FEB 2020 SUPPLIES ADRC	Edit		03/02/2020	03/02/2020	03/02/2020			29.44	
							Sub-Department <b>23 HS Resource Center</b> Totals	Invoices	1	0
							Vendor <b>8383 - AMAZON CAPITAL SERVICES, INC</b> Totals	Invoices	1	\$29.44
Vendor <b>18248</b> [REDACTED]										
Sub-Department <b>23 HS Resource Center</b>										
18248 FEB 2020	45 FEB 2020 MOW MILEAGE REIMB	Edit		03/02/2020	03/02/2020	03/02/2020			25.88	
							Sub-Department <b>23 HS Resource Center</b> Totals	Invoices	1	0
							Vendor <b>18248</b> [REDACTED] Totals	Invoices	1	\$25.88
Vendor <b>11675 - BIRDSEYE DAIRY INC</b>										
Sub-Department <b>23 HS Resource Center</b>										
11675 FEB 2020	FEB 2020 RAW FOOD	Edit		03/02/2020	03/02/2020	03/02/2020			330.60	
							Sub-Department <b>23 HS Resource Center</b> Totals	Invoices	1	0
							Vendor <b>11675 - BIRDSEYE DAIRY INC</b> Totals	Invoices	1	\$330.60
Vendor <b>4818 - CELLCOM WISCONSIN RSA 10</b>										
Sub-Department <b>23 HS Resource Center</b>										
4818 FEB 2020	FEB CELL CHARGES-ADRC	Edit		03/02/2020	03/02/2020	03/02/2020			50.24	
							Sub-Department <b>23 HS Resource Center</b> Totals	Invoices	1	0
							Vendor <b>4818 - CELLCOM WISCONSIN RSA 10</b> Totals	Invoices	1	\$50.24
Vendor <b>9674 - ECONO FOODS</b>										
Sub-Department <b>23 HS Resource Center</b>										
9674 FEB 2020	FEB 2020 RAW FOOD/SALAD BAR	Edit		03/02/2020	03/02/2020	03/02/2020			222.72	
							Sub-Department <b>23 HS Resource Center</b> Totals	Invoices	1	0
							Vendor <b>9674 - ECONO FOODS</b> Totals	Invoices	1	\$222.72
Vendor <b>22145 - GORDON FOOD SERVICE, INC</b>										
Sub-Department <b>23 HS Resource Center</b>										
22145 FEB 2020	FEB 2020 RAW FOOD/NUTRITIONAL SUPP/JAN SUPP/SALAD BAR	Edit		03/02/2020	03/02/2020	03/02/2020			5,226.02	
							Sub-Department <b>23 HS Resource Center</b> Totals	Invoices	1	0
							Vendor <b>22145 - GORDON FOOD SERVICE, INC</b> Totals	Invoices	1	\$5,226.02
Vendor <b>10917</b> [REDACTED]										



Door County

## Accounts Payable Invoice Report

G/L Date Range 03/02/20 - 03/02/20  
 Report By Department - Batch - Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Sub-Department 10917 FEB 2020	<b>23 HS Resource Center</b> 75 FEB 2020 MOW MILEAGE REIMB	Edit		03/02/2020	03/02/2020	03/02/2020			43.15
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>10917</b> - [REDACTED] Totals					Invoices	1		<u>\$43.15</u>
Vendor <b>18103</b> - LIFELINE DEPARTMENT \ DCMH									
Sub-Department 18103 FEB 2020	<b>23 HS Resource Center</b> FEB 2020 LIFELINE-JB	Edit		03/02/2020	03/02/2020	03/02/2020			15.00
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>18103</b> - LIFELINE DEPARTMENT \ DCMH Totals					Invoices	1		<u>\$15.00</u>
Vendor <b>6544</b> - MEAT PROCESSORS INC									
Sub-Department 6544 FEB 2020	<b>23 HS Resource Center</b> FEB 2020 RAW FOOD	Edit		03/02/2020	03/02/2020	03/02/2020			334.34
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>6544</b> - MEAT PROCESSORS INC Totals					Invoices	1		<u>\$334.34</u>
Vendor <b>6470</b> - N E W CURATIVE REHABILITATION									
Sub-Department 6470 JAN 2020	<b>23 HS Resource Center</b> JAN 2020 RSP-JE	Edit		03/02/2020	03/02/2020	03/02/2020			124.68
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>6470</b> - N E W CURATIVE REHABILITATION Totals					Invoices	1		<u>\$124.68</u>
Vendor <b>11519</b> - [REDACTED]									
Sub-Department 11519 FEB 2020	<b>23 HS Resource Center</b> 14 FEB 2020 MOW MILEAGE REIMB	Edit		03/02/2020	03/02/2020	03/02/2020			8.06
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>11519</b> - [REDACTED] Totals					Invoices	1		<u>\$8.06</u>
Vendor <b>21718</b> - [REDACTED]									
Sub-Department 21718 FEB 2020	<b>23 HS Resource Center</b> 20 FEB 2020 MOW MILEAGE REIMB	Edit		03/02/2020	03/02/2020	03/02/2020			11.50
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>21718</b> - [REDACTED] Totals					Invoices	1		<u>\$11.50</u>
Vendor <b>15069</b> - STAPLES ADVANTAGE									
Sub-Department 15069 FEB 2020	<b>23 HS Resource Center</b> FEB 2020 OFFICE SUPPLIES	Edit		03/02/2020	03/02/2020	03/02/2020			46.04
	Sub-Department <b>23 HS Resource Center</b> Totals					Invoices	1		0
	Vendor <b>15069</b> - STAPLES ADVANTAGE Totals					Invoices	1		<u>\$46.04</u>

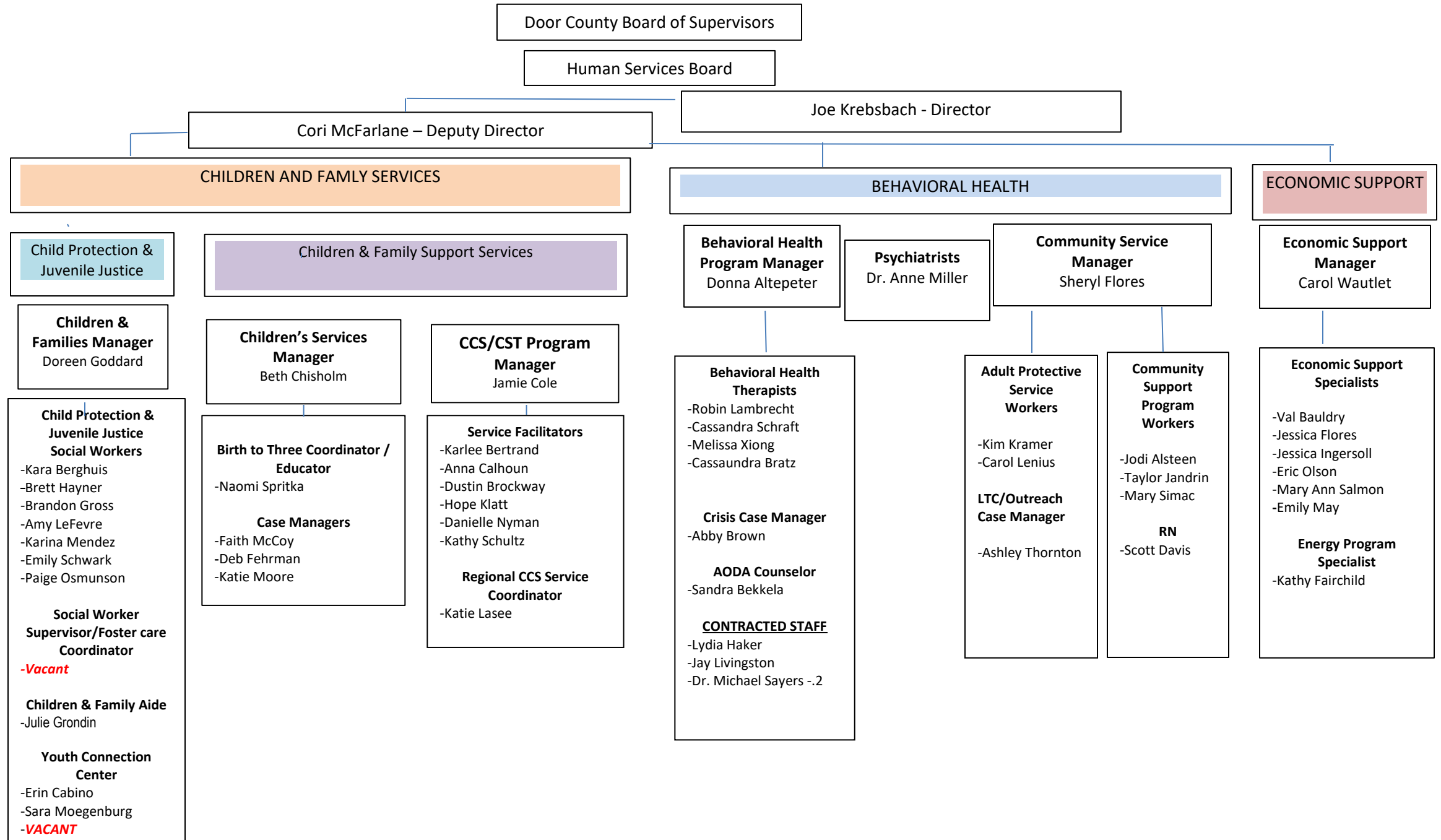
Door County

**Accounts Payable Invoice Report**

G/L Date Range 03/02/20 - 03/02/20  
 Report By Department - Batch - Vendor - Invoice  
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor <b>20955 - UNITED HOME HEALTH SERVICES,LLC</b>									
Sub-Department <b>23 HS Resource Center</b>									
20955 FEB 2020	FEB 2020 PERSONAL CARES-AH	Edit		03/02/2020	03/02/2020	03/02/2020			415.60
						Sub-Department <b>23 HS Resource Center</b> Totals	Invoices	1	0
						Vendor <b>20955 - UNITED HOME HEALTH SERVICES,LLC</b> Totals	Invoices	1	\$415.60
Vendor <b>36120 - WARNER-WEXEL WHOLESALE &amp; POOL</b>									
Sub-Department <b>23 HS Resource Center</b>									
36120 FEB 2020	FEB 2020 JANITORIAL SUPPLIES/NUTRITIONAL SUPPLIES	Edit		03/02/2020	03/02/2020	03/02/2020			186.07
						Sub-Department <b>23 HS Resource Center</b> Totals	Invoices	1	0
						Vendor <b>36120 - WARNER-WEXEL WHOLESALE &amp; POOL</b> Totals	Invoices	1	\$186.07
Vendor <b>8604</b> [REDACTED]									
Sub-Department <b>23 HS Resource Center</b>									
8604 JAN/FEB 20	22 JAN/FEB EMPLY MILEAGE REIMB	Edit		03/02/2020	03/02/2020	03/02/2020			12.65
						Sub-Department <b>23 HS Resource Center</b> Totals	Invoices	1	0
						Vendor <b>8604</b> [REDACTED] Totals	Invoices	1	\$12.65
Vendor <b>11879</b> [REDACTED]									
Sub-Department <b>23 HS Resource Center</b>									
11879 FEB 2020	REIMBURSE VOLUNTEER MED EXP FOR DOG BITE	Edit		03/02/2020	03/02/2020	03/02/2020			157.53
						Sub-Department <b>23 HS Resource Center</b> Totals	Invoices	1	0
						Vendor <b>11879</b> - [REDACTED] Totals	Invoices	1	\$157.53
						Batch Number <b>2020-00000102</b> Totals	Invoices	17	\$7,239.52
						Department <b>23 - HS Resource Center</b> Totals	Invoices	17	\$7,239.52
<b>23 HS Resource Center</b>						Grand Totals	Invoices	17	\$7,239.52

DOOR COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES – **STAFFING**  
 Organization Chart 1.10.2020



DOOR COUNTY DEPARTMENT OF HUMAN SERVICES – STAFFING (continued)  
Organization Chart 12.03.2019

