

Rusk County Emergency Services Committee

Agenda

Date: Wednesday, September 9, 2020
Time: 8:00 AM
Place: Rusk County Government Center Board Room

MEETING WILL BE ACCESSIBLE BY TELEPHONE OR VIDEO CONFERENCE

To link with your computer video and/or audio: <https://bluejeans.com/1211212020>

To join by phone dial 1-888-748-9073 OR 1-312-216-0325 and then enter meeting ID 1211212020 followed by #.

The toll-free number has had occasional issues, so two numbers are provided.

Supervisors and members of the public attending in person will be required to observe the social distancing guidelines pursuant to the Governor's Order and are encouraged to take any preventative measures that you deem necessary including wearing a mask and other personal protective items. Hand sanitizer will be made available.

1. Meeting called to order
2. Approval of August 12, 2020 meeting minutes
3. Rusk County Emergency Management/Ambulance Director presentation
 - a. Monthly report (which includes discussion on meetings, events, call types & A/R)
 - b. Training requests
 - c. Payment of bills
 - d. Collections
 - e. 2020 budget review
 - f. Community involvement/recruitment
 - g. Anthem Rate Schedule approval
4. Rusk County Medical Examiner presentation
 - a. Monthly report (which includes discussion on monthly cases & budget)
 - b. Training request
 - c. Payment of bills
 - d. 2020 budget review
5. Rusk County Sheriff presentation
 - a. Monthly report (which includes discussion on jail population, events, meetings, calls for service, overtime & A/R)
 - b. Training requests
 - c. Payment of bills
 - d. 2020 budget review
 - e. Long-range planning – New Jail
6. Set October 2020 meeting date and time – Wednesday, October 14, 2020 – 8:00 AM
7. Adjournment

Posted: September 4, 2020.

Please Note: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals. For additional information or to request this service, contact Jeffery S. Wallace, Rusk County Sheriff, at 311 East Miner Avenue, Suite L100, Ladysmith, Wisconsin 54848-1896. Phone (715)532-2189. If you are deaf and/or hard of hearing, call us through Wisconsin Relay at 711

Rusk County Emergency Services
MEETING MINUTES
Wednesday, August 12, 2020 - 8:00 AM

Present: Pedersen, Schmitt, Schneider, Stout, Sarah Rands and Dobrowolski

Others Present: Tom Hall, Jim Rassbach, Stewart Towers, Jerilea Hendrick and Sheriff Wallace.

1. Meeting called to order by Schmitt at 8:00 AM.
2. Schneider/Pedersen motion to approve the July 8, 2020 meeting minutes, 'change 5a. 'May to June', motion carried.

Public Comment:

Stewart Towers introduced himself and spoke on officer safety and general public safety. Towers offered his assistance and wants the committee to be aware of the need for additional law enforcement officers as crimes are increasing and criminals are worse than has been in the past. Towers requested the County have a plan in place to address these needs.

5. Rusk County Sheriff presentation
 - a. Monthly report – Sheriff Wallace presented the July monthly reports which included inmate population, training, meetings, calls for service, inmate housing A/R and overtime. Average daily inmate population was 30 in July and average daily EMP was 1. The average daily number of inmates housed out of county was 1, in treatment facility at no cost to Rusk Co. The National Night Out is being planned for October 2020.
 - b. Training requests – none. Training scheduled has been cancelled.
 - c. Payment of bills –\$21,584.13 dated Aug. 5, 2020 – Pedersen/Stout motion to approve payment approval report, motion carried.
 - d. 2020 budget review – Attached report from Finance for review. Budget will be tight.
 - e. Long-range planning [New Jail] – nothing new since the COVID-19 issues.
 - f. Post-Retirement Health Insurance Continuation – Corp Counsel will review. This would have to happen when the wage is set.
 - g. 2021 Budget review – County is requesting a budget reduction. Budget presented included the union wages approved for 2021, which increases the budget by \$192,270 in just wages/fringes.
3. Rusk County Emergency Management/Ambulance Director presentation
 - a. Tom Hall presented the Monthly EMA/Ambulance report which included EMA/AMB, training, meetings and end of year stats.
 - b. Training request – No out of county travel or training.
 - c. Payment of bills – \$13,331.50 dated 08/05/2020 - Pedersen/Stout motion to approve payment approval report, motion carried.
 - d. Collections – going fine.
 - e. 2020 Budget review – the budget is good.
 - f. Community involvement/recruitment - nothing new

- g. 2021 Budget review – Hall submitted to the Finance department.
- h. Approve (ratify) Anthem contract – Schneider/Pedersen motion to approve the Blue Cross Blue Shield Anthem contract, motion carried.
- i. Lower self-pay from \$1998 to \$999 or 50%, on a May of 2019 denied claim – Schneider/Dobrowolski motion to lower the self-pay to \$999, motion carried.

4. Rusk County Medical Examiner presentation

- a. Monthly report – Rassbach presented the monthly report for July. There were 11 natural deaths, 0 accidental death, 0 suicide, 9 cremations, 4 pending death certificate related to toxicology delays. Pathology SC continues to be temporarily closed. Autopsies go to MN while closed which increases the costs.
- b. Training requests – none at this time.
- c. Payment of bills – \$3,032.19 dated 08/05/2020 – Schneider/Dobrowolski motion to approve Payment Approval Report, motion carried.
- d. 2020 budget review – budget is on track.

6. The next meeting will be Wednesday, September 9, 2020 at 8:00 AM.

7. Pedersen/Dobrowolski motion to adjourn at 9:49 AM, motion carried.



RUSK COUNTY EMA/AMB Monthly Report

SEPT 2020

EMA:

Working with stockpile for PPE while state is supplying some things for free. EM paperwork for 2021 EMPG grant and EPCRA grant submitted by 8-31-20 deadline. Gathering info to submit 2020 closeout before the end of Sept. Outreach is different because of COVID so trying to get all of that in before the end of the month. All LEPC requirements will be finished by the end of the week of Sept 6th.

Applied for supplemental EMPG funding of \$5420 for decon equipment for EMS. This would be an electromagnetic sprayer/PAPR (breathing apparatus) and chemicals.

Ambulance:

CARES funding for EMS totaled just over \$9200 for the time period of the second half of March thru the end of June, I will apply again the end of Sept. 4 FT and 2 other EMTs are working to finish up training to assist PH with contact tracing for COVID. I have also taken the training to be aware of what they are being asked to do. 251 needed new tires and 250 had to go in for an oil leak that developed after an oil change. We currently have 1 student in the EMR/EMT 1 /EMT 2 class. We have 2 that have completed their Advanced class and another one enrolled this semester. Service wide recruitment for the January class has started, we would like to get 8-10 in the area so we can have the hands-on portion here in the County. Currently students have to drive to Rice Lake for the hands-on portion their own expense. This equates to about 20 trips or about 900 miles. Rusk County Ambulance will be the Service spotlight for the OCT-NOV WI EMS assoc. EMS Professionals magazine.

Training

Travel

Out of County
No out of county travel or training
Conference today at 10 am for EM.

Meetings Attended:

Regional EM/weekly, DEPT Heads --HERC via phone/monthly-County wide Covid-19/nov 1 time per week-State of WI Emergency Operations Center briefings

Report Criteria:

Detail report.

Invoices with totals above \$0 included.

Paid and unpaid invoices included.

Invoice Detail.GL account =

"1002352301000"."1002352301999"."1002552501000"."1002552501999"."1002652507000"."1002652507999"."1002852509000"."1002852509999"."100294"
 ."10031"."10075"."10076"."1002452303000"."1002452303999"

[Report].Description = {<-} "1099 adjustment"

Invoice Detail.Created date = 08/05/2020-09/01/2020

| Vendor Name | Invoice Number | Description | Net Invoice Amount | GL Account and Title |
|--------------------------------|----------------|--------------------------------|--------------------|----------------------------------|
| ALERTSENSE INC | 17053 | 09/01/20-08/31/21 ALERTSENSE | 1,983.33 | 100-30-52501-225 EMERG MGMNT - C |
| BRUCE TELEPHONE COMPANY | 206228 080120 | AUG 2020 ACCT 206228 INTER | 63.79 | 100-23-52301-225 AMBULANCE-TELE |
| EBAY | 31033 | BP CUFF AUTO | 30.89 | 100-23-52301-349 AMBULANCE-EQUI |
| EBAY | 31036 | AED TRAINER | 110.75 | 100-23-52301-339 AMBULANCE-TRAI |
| EXPERT T BILLING | 7141 | JUNE 2020 RUNS BILLED | 2,025.00 | 100-23-52301-216 AMBULANCE-CONT |
| LADYSMITH ACE HARDWARE | 329263/3-3 | CORRECTION TO INV #329263/ | .18 | 100-23-52301-240 AMBULANCE-INSU |
| MARSHFIELD CLINIC HEALTH SYSTE | IN2202 | MARCH-JUNE 2020 DRUG REQ | 1,853.44 | 100-23-52301-347 AMBULANCE- MEDI |
| MARSHFIELD CLINIC HEALTH SYSTE | IN2208 | JUNE 2020 SUPPLIES REQUES | 148.61 | 100-23-52301-347 AMBULANCE- MEDI |
| MARSHFIELD CLINIC HEALTH SYSTE | IN2222 | JUNE 2020 DRUG REQUEST | 661.86 | 100-23-52301-347 AMBULANCE- MEDI |
| POMASL FIRE EQUIPMENT, INC | 81455 | (2) 251 CLEARANCE LIGHTS, S | 45.82 | 100-23-52301-356 AMBULANCE-GAS/ |
| RASSBACH COMMUNICATIONS | 3982 | RADIO REPROGRAM X 4 | 305.60 | 100-23-52301-349 AMBULANCE-EQUI |
| RASSBACH COMMUNICATIONS | 3992 | (4) RADIO BATTs 354 | 252.00 | 100-23-52301-349 AMBULANCE-EQUI |
| RASSBACH COMMUNICATIONS | 3994 | (3) PAGER BATTs | 64.50 | 100-23-52301-349 AMBULANCE-EQUI |
| RIVER COUNTRY CO-OP | 8564 | OIL CH AND STEM REPLACE | 145.85 | 100-23-52301-356 AMBULANCE-GAS/ |
| UNEMPLOYMENT INSURANCE | 000010218216 | 07/01-07/31/2020 UNEMPLOYME | 291.78 | 100-23-52301-158 AMBULANCE-UNEM |
| VERIZON WIRELESS | 9856008901 | 6/5/20-7/4/20 ACCT 983216421-1 | 5.73 | 100-23-52301-225 AMBULANCE-TELE |
| VERIZON WIRELESS | 9858051735 | 7/5/20-8/4/20 ACCT 983216421-1 | 5.02 | 100-23-52301-225 AMBULANCE-TELE |
| VERIZON WIRELESS | 9858051736 | 7/5/20-8/4/20 ACCT 983216421-2 | 80.02 | 100-23-52301-225 AMBULANCE-TELE |
| Grand Totals: | | | 8,073.81 | |

Budget Year: 2020 Date: 9/3/2020 12/31/20
 1320

12/31/19
 1319

| | Budget | Year to Date | Unexpended (Over Budget) |
|-----------------|-------------------|-------------------|--------------------------|
| Ambulance | 715,718.00 | 309,560.99 | 406,157.01 |
| Ambulance Grant | 0.00 | (4,403.89) | 4,403.89 |
| LEPC | 0.00 | 0.00 | 0.00 |
| LEPC Grant | 500.00 | (187.23) | 687.23 |
| Emergency Govt. | 43,359.00 | 54,643.26 | (11,284.26) |
| LEVY | 759,577.00 | 359,613.13 | 399,963.87 |
| | | | |

| Projected 2020 | Projected Unexp. (Over Budget) |
|----------------|--------------------------------|
| 0.00 | 715,718.00 |
| 0.00 | 0.00 |
| 0.00 | 0.00 |
| 0.00 | 500.00 |
| 0.00 | 43,359.00 |
| 0.00 | 759,577.00 |
| | |

| 2019 Actuals |
|--------------|
| 118,914.68 |
| 0.00 |
| 0.00 |
| 500.00 |
| 33,491.72 |
| 152,906.40 |
| |

Debra Flater

From: Baker, Natasha <Natasha.Baker@anthem.com>
Sent: Tuesday, July 28, 2020 1:42 PM
To: Kitzie Winters
Subject: RE: Ambulance Contract for Rusk County
Attachments: WI 2018 PLAN COMPENSATION SCHEDULE ATTACHMENT.docx

Hi Kitzie,

I've attached a copy of the rate schedule for your review. If you are interested in becoming an in-network provider I will forward an application and the contract agreement for your review and signature.

If you are interested please respond to this email with your email and W9 and I will forward the above mention documents.

If you have any additional questions; please feel free to ask.

From: Kitzie Winters <kwinters@ruskcountywi.us>
Sent: Tuesday, July 28, 2020 1:11 PM
To: Baker, Natasha <Natasha.Baker@anthem.com>
Subject: {EXTERNAL} Ambulance Contract for Rusk County

This email originated outside the company. Do not click links or attachments unless you recognize the sender.

Hello Natasha,

I am interested in signing the Anthem BCBS provider contract. What contractual rates does this obligate us to? What exactly are we agreeing to by signing the form you mailed to us on 06/01/2020?

Thank you,

Kitzie Winters
Finance Director

Rusk County Courthouse
311 Miner Ave E, Suite L330
Ladysmith, WI 54848
715-532-2112
kwinters@ruskcountywi.us
www.ruskcounty.org

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PLAN COMPENSATION SCHEDULE ATTACHMENT

GROUND AMBULANCE

Payment Rate to Provider for Covered Services under this Agreement will be the lesser of the Company Rate or Provider's eligible billed charge for only those codes listed below.

| Code | HCPSC Description | Rate |
|-------------|--|-------------|
| A0425 | Ground mileage, per statute mile | \$9.60 |
| A0426 | Ambulance service, advanced life support, non-emergency transport, level 1 | \$346.00 |
| A0427 | Ambulance service, advanced life support, emergency transport, level 1 | \$550.00 |
| A0428 | Ambulance service, basic life support, non-emergency transport | \$288.00 |
| A0429 | Ambulance service, basic life support, emergency transport | \$462.00 |
| A0432 | Paramedic intercept (PI), rural area, transport furnished by volunteer ambulance company | \$505.00 |
| A0433 | Advanced life support, level 2 | \$793.00 |
| A0434 | Specialty care transport (SCT) | \$938.00 |
| A0225 | Ambulance service, neonatal transport, base rate | \$363.58 |
| A0998 | Response, treatment, and/or evaluation, No transport | \$360.00 |

Medicare HMO / PPO

For Covered Services provided to Covered Individuals, Provider shall be compensated at the Anthem Rate which is one hundred percent (100%) of the current Medicare Advantage Plan Fee Schedule for the year in which services were provided.

Medicaid

For Covered Services provided to Covered Individuals, Provider shall be compensated at the lesser of the State of Wisconsin Medicaid Plan Fee Schedule on file with Plan or billed charges.

HEALTH CARE DELIVERY ORGANIZATION/ANCILLARY/ LONG TERM CARE PROVIDER APPLICATION

****Please note: Submission of a completed application does not guarantee approval as a participating provider as additional criteria may be required as communicated by the Plan****

Submit all applicable documents from the list below with your completed and signed application. *Failure to submit a complete application with all applicable documents will result in the application being returned and will prohibit the Company from completing your credentialing and/or contracting process.*

- Copy of all federal, state and/or local licenses required to operate as a health care facility (by location)
- Copy of Accreditation Certificate or letter
- Copy of most recent CMS or state survey (with deficiencies) including your corrective action plan if deficiencies were cited AND cover letter from CMS/state agency stating facility is in substantial compliance
- Copy of Medicare Certification(s)
- W-9
- Current copy of Professional Liability Insurance and General Liability Insurance (must indicate coverage limits/policy number/effective date/expiration date)
- Proof of established Quality Improvement Program
- Ambulance – Include copy of current Automobile Liability Insurance
- Air Ambulance – Include copy of Federal Aviation License
- Ambulance Application Addendum
- Cardiac Event Monitoring – Include certification as an Independent Diagnostic Testing Facility (IDTF)
- Hearing Aid Providers – Include current copy of Hearing Aid Dispensing License
- Ambulatory/Home Infusion Therapy Providers – Include current copy of Pharmacy License in state where contracting
- Immunization Clinics – Include affirmation/proof of participation in VFC (vaccines for children if participating in Medicaid or Medicaid/Medicare Duals Demonstration networks)
- Laboratory Providers – Include a copy of CLIA (Clinical Laboratory Improvement Act) Certificate(s) for each location(s); Pathology Laboratories please provide College of American Pathologists (CAP) Accreditation

**** Please note that there may be additional paperwork or Addendums that will need to be completed as requested by our Network Provider Solutions Department****

CHECK YOUR PROVIDER TYPE AND COMPLETE ALL FOLLOWING PAGES

| | | | | | |
|-------------------------------------|--------------------------------|--------------------------|---------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Acupuncture | <input type="checkbox"/> | Durable Medical Equipment | <input type="checkbox"/> | Occupational Therapy Services |
| <input type="checkbox"/> | Ambulance, Air | <input type="checkbox"/> | Federally Qualified Health Ctr. | <input type="checkbox"/> | Organ Transplant Facility |
| <input type="checkbox"/> | Ambulance, Ground | <input type="checkbox"/> | Hearing Aid Supplier | <input type="checkbox"/> | Orthotics & Prosthetics |
| <input type="checkbox"/> | Ambulatory Infusion Suite | <input type="checkbox"/> | Hemophilia Center | <input type="checkbox"/> | Outpatient Rehab |
| <input type="checkbox"/> | Ambulatory Surgery Center | <input type="checkbox"/> | Home Health Agency | <input type="checkbox"/> | Personal Assistance Services |
| <input type="checkbox"/> | Audiology Services | <input type="checkbox"/> | Home Infusion Therapy | <input type="checkbox"/> | Physical Therapy Services |
| <input type="checkbox"/> | Birthing Center | <input type="checkbox"/> | Hospice Care – Outpatient | <input type="checkbox"/> | Private Duty Nursing |
| <input type="checkbox"/> | Clinic, Immunization | <input type="checkbox"/> | Hospice Facility | <input type="checkbox"/> | Radiology Facility |
| <input type="checkbox"/> | Clinic, Retail Health | <input type="checkbox"/> | Hospital | <input type="checkbox"/> | Radiology – Mobile Unit |
| <input type="checkbox"/> | Clinic, Rural Health | <input type="checkbox"/> | Imaging Facility | <input type="checkbox"/> | Skilled Nursing Facility |
| <input type="checkbox"/> | Clinic, Urgent Care | <input type="checkbox"/> | Inpatient Rehab Hospital | <input type="checkbox"/> | Speech Therapy Services |
| <input type="checkbox"/> | Clinic, Walk-In | <input type="checkbox"/> | Intensive Family Interventions | <input type="checkbox"/> | Sub-Acute/Intermediary Care |
| <input checked="" type="checkbox"/> | Dialysis Center | <input type="checkbox"/> | Laboratory | <input type="checkbox"/> | Trauma Center |
| <input type="checkbox"/> | Dietitian/Nutritional Services | | | | |

BEHAVIORAL HEALTH

| | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Ambulatory Detox | <input type="checkbox"/> | Intensive Outpatient Services – Substance Abuse | <input type="checkbox"/> | Residential Tx Center – Psychiatric |
| <input type="checkbox"/> | Case Management, Adult | <input type="checkbox"/> | Mental Health Clinic – Outpatient Services | <input type="checkbox"/> | Residential Tx Center – Substance Abuse |
| <input type="checkbox"/> | Case Management, Child | <input type="checkbox"/> | Methadone Maintenance Clinic | <input type="checkbox"/> | Substance Abuse Facility – Adult |
| <input type="checkbox"/> | Crisis, Respite | <input type="checkbox"/> | Partial Hospitalization – Psychiatric | <input type="checkbox"/> | Substance Abuse Facility – Child/Adolescent |
| <input type="checkbox"/> | Crisis, Stabilization | <input type="checkbox"/> | Partial Hospitalization – Substance Abuse | <input type="checkbox"/> | Substance Abuse Clinic – Outpatient Services |
| <input type="checkbox"/> | Hospital, Psychiatric | <input type="checkbox"/> | Peer Support Services | <input type="checkbox"/> | Supported Employment |
| <input type="checkbox"/> | Illness Management/Recovery | <input type="checkbox"/> | Psychosocial Rehab | <input type="checkbox"/> | Supported Housing |
| <input type="checkbox"/> | Intensive Outpatient Services – Psychiatric | | | | |

LONG-TERM CARE (LTSS)/HOME BASED COMMUNITY SERVICES/OTHER

| | | | | | |
|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Adult Companion Services | <input type="checkbox"/> | Fetal Monitoring Services | <input type="checkbox"/> | Nurse Registry |
| <input type="checkbox"/> | Adult Day Activity/Health Services | <input type="checkbox"/> | Financial Assessment/Risk Services | <input type="checkbox"/> | Nursing Home |
| <input type="checkbox"/> | Chore Services | <input type="checkbox"/> | Genetic Services | <input type="checkbox"/> | Personal Assistance Services |
| <input type="checkbox"/> | Core Services | <input type="checkbox"/> | Habilitation | <input type="checkbox"/> | Pest Control |
| <input type="checkbox"/> | Early Childhood Intervention | <input type="checkbox"/> | Homemaker | <input type="checkbox"/> | Residential Service Agency |
| <input type="checkbox"/> | Emergency Response Systems | <input type="checkbox"/> | Home Modification/Repair | <input type="checkbox"/> | Respite Care |
| <input type="checkbox"/> | Escort Attendant | <input type="checkbox"/> | Interpreter Services | <input type="checkbox"/> | Respite Care – In Home |
| <input type="checkbox"/> | Family Planning Services | <input type="checkbox"/> | Music Therapy | <input type="checkbox"/> | Respite Care - Inpatient |

| PROVIDER IDENTIFICATION | |
|---------------------------------------|--------|
| Legal business name: | |
| Doing business as: (if applicable) | |
| Primary Contract Person: Title: | Email: |
| Primary Contact Person Address: | City: |
| State: | Zip: |
| Phone: | Fax: |
| CREDENTIALING INFORMATION | |
| Credentialing Contact Name: Title: | Email: |
| Credentialing Address: | City: |
| State: | Zip: |
| Phone: | Fax: |

| PRIMARY OFFICE /SERVICE ADDRESS (Check box <input type="checkbox"/> and attach separate sheet for add'l locations) | | | |
|--|--|---|---|
| Practice location name: | | | |
| Address line 1: | | | |
| Address line 2: | | | |
| City: | State: | ZIP: | County: |
| Phone: | Fax: | Primary contact: | |
| Primary Contact Email: | Phone: | Website URL: | |
| Administrator (full name): | | | |
| Medicaid # | | Medicare # | |
| Long Term Care Vendor #: | | Tax ID/EIN: | |
| Taxonomy Code(s) | | NPI# | |
| Does provider bill from this address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does this office meet ADA accessibility requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Check all that apply: | | | |
| Handicap accessible: for disabled: | <input type="checkbox"/> Building | <input type="checkbox"/> Parking | <input type="checkbox"/> Restroom Services |
| Accessible by public transportation: | <input type="checkbox"/> Tex telephone | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Mental/physical impairment |
| | <input type="checkbox"/> Bus | <input type="checkbox"/> Subway | <input type="checkbox"/> Regional train |

| PRIMARY OFFICE BILLING INFORMATION (CHECK/EOB ADDRESS) | | | |
|--|--------------|------|--------|
| Contact Name (billing contact): | | | |
| Title: | | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| City: | State: | ZIP: | Phone: |
| Email Address: | Website URL: | | Fax: |

LICENSURE/OPERATING CERTIFICATE (Attach a copy of current licensure and CLIA certification, if applicable)

| | | | |
|--------|------------------|-----------------|------------------|
| State: | Date of license: | License number: | Expiration date: |
| State: | Date of license: | License number: | Expiration date: |

CLIA certificate #:

ACCREDITATION/CERTIFICATION (Attach a copy of current Accreditation certificate or survey)

A.

| | | | | | | | | |
|-----------------------------------|--------------------------------|-------------------------------|---|-------------------------------|--------------------------------|-------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> AAAASF | <input type="checkbox"/> AAPSF | <input type="checkbox"/> CARF | <input type="checkbox"/> CIQH | <input type="checkbox"/> COA | <input type="checkbox"/> CTEAM | <input type="checkbox"/> HQAA | <input type="checkbox"/> TJC | <input type="checkbox"/> DNV/NIAHO |
| <input type="checkbox"/> AAAHC | <input type="checkbox"/> ACHC | <input type="checkbox"/> CHAP | <input type="checkbox"/> CLIA | <input type="checkbox"/> COLA | <input type="checkbox"/> HFAP | <input type="checkbox"/> IMQ | <input type="checkbox"/> UCAOA | <input type="checkbox"/> FDA CERT |
| <input type="checkbox"/> BOC INTL | <input type="checkbox"/> CABC | <input type="checkbox"/> CAP | <input type="checkbox"/> NOT ACCREDITED (complete section B below) | | | | | |

Date of initial accreditation: ___/___/___ Date of next survey ___/___/___

Date of last survey: ___/___/___

B.

Has provider had an onsite survey by CMS or state agency? Yes No Date of last recertification/annual state survey/program review report: ___/___/___

If no, successful completion of a health plan onsite visit will be required to complete credentialing. You will be contacted by the health plan to schedule the visit.

Non-accredited providers must provide a copy of their most recent government agency survey (may not be older that 36 months) along with your Corrective Action Plan (if deficiencies were cited), AND attach the letter from the government agency stating facility is in substantial compliance with most recent survey standards. Failure to provide documentation may delay your ability to become a participating provider.

GENERAL AND PROFESSIONAL LIABILITY INSURANCE

General liability coverage (Attach copy of CURRENT Insurance facesheet)

Current carrier name:

| | |
|------------------|---|
| Policy number: | Coverage type: <input type="checkbox"/> Occurrence based <input type="checkbox"/> Claims based |
| Effective date: | Expiration date: |
| Per incident: \$ | Aggregate: \$ |

Professional liability coverage (Attach copy of CURRENT Insurance facesheet)

Current carrier name:

| | |
|------------------|---|
| Policy number: | Coverage Type: <input type="checkbox"/> Occurrence based <input type="checkbox"/> Claims based |
| Effective Date: | Expiration date: |
| Per incident: \$ | Aggregate: \$ |

****Note – if Self-Insured complete all questions and sign on page X and attach proof of Self-Insurance

Provider Directory

The following information may be utilized in our provider directory. Please answer the following questions as accurately as possible.

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| What are your office hours? | _____ to _____ | | N/A <input type="checkbox"/> |
| Do you have experience and skills in treating persons with physical disabilities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Do you have experience and skills in treating persons with chronic illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Do you have experience and skills in treating persons with HIV/AIDS? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Do you have experience and skills in treating persons with serious mental illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Do you have experience and skills in treating individuals who are homeless? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Do you have experience and skills in treating individuals who are deaf or hard of hearing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Do you have experience and skills in treating individuals who are blind or visually impaired? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Network providers: What languages, other than English, are spoken by you, including American Sign Language? | | | N/A <input type="checkbox"/> |
| What languages other than English, are spoken by your medical staff and/or skilled medical interpreter, including American Sign Language? | | | N/A <input type="checkbox"/> |
| Do you have translation services available? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Behavioral Health Providers: What special experience, skills and/or training (e.g., trauma, child welfare, substance abuse) do you have? | | | |

CREDENTIALING QUESTIONS

Does the health care delivery organization/ancillary/long term care/provider have:

- 1. Evidence of all subcontractors' professional liability claims history? Yes No
- 2. Any disciplinary action taken against any business or professional license held in this or any other state or surrendered a license in this or any state? Yes No
- 3. Any history of loss or limitation of privileges or disciplinary activity? Yes No

Please include an explanation on a separate sheet for any questions(s) answered YES.

ATTESTATION QUESTIONS

Please answer the following questions "yes" or "no." If you answer "yes," please provide full details on a separate sheet.

- A. Has your malpractice insurance ever been terminated or revoked except with your consent or request?
Yes No
- B. Are you currently under investigation by any government agency?
Yes No
- C. Have you been expelled or suspended from receiving payment under Medicare or Medicaid?
Yes No
- D. Has your accreditation status ever been reduced, terminated, suspended or revoked?
Yes No
- E. Is your malpractice insurance provided through a self-insurance trust or program? Yes No

If yes, an officer of the company (i.e. President, Vice-President, Chief Financial Officer or Chief Operating Officer) must sign the following attestation. On behalf of the applicant I represent and warrant the following with respect to the self-insurance program maintained by the applicant, or which provides professional liability insurance for the applicant:

- 1. The self insurance program is adequately funded to provide the minimum required limits of liability as required by Plan, and;
- 2. The self-insurance program has an actuarially validated reserve adequate for incurred claims, for incurred but not reported claims, and future claims based on past experience, and;
- 3. The self insurance program has a designated third party administrator or other appropriately licensed claims professional or attorney serving the program, and;
- 4. The self insurance program has a designated medical malpractice defense firm, or more than one designated medical malpractice defense firm, and;
- 5. The self insurance maintains excess insurance/reinsurance above the self funded level, if the self-insured level alone is insufficient to meet Plan's required limits, and;
- 6. The self insurance program maintains evidence of a surety bond or letter of credit as collateral to the self-insured limit, or a captive, self management of a large retention through a trust, and;
- 7. The self insurance maintains a total value of the program that at a minimum meets the required limit of liability as set forth by Plan?
- 8. I have confirmed the foregoing with my auditor or the actuary for the self-insurance fund.

Attest: _____

Name: _____

Title: _____

NOTE: The Plan reserves the right to request documentation from the applicant to confirm the information maintained in this attestation

ATTESTATION

I hereby affirm that the information submitted in this application is true to the best of my knowledge and belief and is furnished in good faith. I understand that significant omissions or misrepresentations may result in denial of application or termination of privileges, employment or participating practitioner agreement.

A photocopy of this document shall be as effective as the original.

Preparer's Name Here

Title

Signature
(Stamped Signature Is Not Acceptable)

Date

Rusk County Medical Examiner's Office

Submitted by Medical Examiner Jim Rassbach

Rusk County Emergency Services Committee

September 09 2020

- 1) Monthly Death Statistics - Previous Month
 - a) Deaths
 - i) 8 Natural
 - ii) 2 Accidental
 - iii) 0 Suicide
 - iv) 0 Homicide
 - v) 0 Undetermined
 - vi) 3 Pending Death Certificate – Death Determination and/or Toxicology
 - b) Cremations
 - i) 9
 - c) Autopsy
 - i) 0 Standard
 - ii) 0 Forensic
 - d) Disinterment
 - i) 0 Pending
 - e) State of WI Vital Records Investigation
 - i) 0 Requests – Traumatic Injury deaths
 - f) Overdose
 - i) 0
 - g) State Funeral Pays
 - i) 0
 - h) Organ Donation Responses
 - i) 0 / Recovery
 - i) Death Inquiry
 - i) Bones and Tooth
- 2) ME Van – Gates Building – Storage (Access issue)
- 3) Pathology SC – Clinical Autopsy – Continues to be Temporarily Closed
 - a) No foreseeable open date
- 4) Autopsy DME Addition
- 5) Attended - Meetings / Trainings / Conference Calls
 - a) DHS, Handling Deaths, COVID19 Death DC Reporting, PPE, WITC, Daily Changes, County Covid
- 6) Request to Attend - Meetings / Trainings Out of Area
 - a) None
- 7) Review Invoices/Receipts
 - a) Review of previous months invoices/receipts
 - b) Approval
- 8) Review Budget To Date
 - a) Attached

Report Criteria:

Detail report.
Invoices with totals above \$0 included.
Paid and unpaid invoices included.
[Report].Description = (<->) "1099 adjustment"
Invoice Detail.GL account = "1000451261000"."1000451261999"
Invoice Detail.Created date = 08/05/2020-09/01/2020

| Vendor Name | Invoice Number | Description | Net Invoice Amount | GL Account and Title |
|---------------------------------|----------------|--------------------------------|--------------------|----------------------------------|
| MCGINNIS, MURPHY | 806 | FH REMOVAL AND STORAGE - | 190.00 | 100-04-51261-216 ME-AUTOPSY/INVE |
| RAMSEY COUNTY | MEDEX-02777 | AUTOPSY FEE ROSOLOWSKI R | 1,602.00 | 100-04-51261-216 ME-AUTOPSY/INVE |
| RIVER VALLEY FORENSIC SERVICES, | 1189 | POSTMORTEM ROSOLOWSKI | 500.00 | 100-04-51261-216 ME-AUTOPSY/INVE |
| VERIZON WIRELESS | 9856008901 | 6/5/20-7/4/20 ACCT 983216421-1 | .23 | 100-04-51261-225 ME-TELEPHONE |
| VERIZON WIRELESS | 9858051735 | 7/5/20-8/4/20 ACCT 983216421-1 | .30 | 100-04-51261-225 ME-TELEPHONE |
| Grand Totals: | | | 2,292.53 | |

We, the undersigned committee, have reviewed and approve the attached list of invoices and purchasing card statement(s).

Mark Schmitt-Chair

Date

Phil Schneider-Vice Chair

Ken Pedersen

Robert Stout

Lisa Dobrowolski

Budget Year: 2020

Date: 9/3/2020 12/31/20
1320

| Account Number | Name of Account | Budget | Year to Date | Unexpended (Over Budget) |
|------------------|---------------------------|------------------|------------------|--------------------------|
| 100-04-51261-111 | ME-SALARY | 32,853.00 | 20,696.10 | 12,156.90 |
| 100-04-51261-141 | ME-PER DIEM | 19,000.00 | 10,729.00 | 8,271.00 |
| 100-04-51261-142 | ME-CREMATATION FEE | 2,860.00 | 4,900.50 | (2,040.50) |
| 100-04-51261-143 | ME-TRAINING PER DIEMS | 1,700.00 | 0.00 | 1,700.00 |
| 100-04-51261-144 | ME-TRANSPORT PER DIEMS | 880.00 | 1,058.75 | (178.75) |
| 100-04-51261-151 | ME-SOCIAL SECURITY | 4,383.00 | 2,864.80 | 1,518.20 |
| 100-04-51261-152 | ME-RETIREMENT | 3,418.00 | 1,958.03 | 1,459.97 |
| 100-04-51261-156 | ME-WORKER'S COMP | 2,045.00 | 0.00 | 2,045.00 |
| 100-04-51261-158 | ME-UNEMPLOYMENT | 0.00 | 0.00 | 0.00 |
| 100-04-51261-159 | ME-SECTION 125 ADMIN | 0.00 | 0.00 | 0.00 |
| 100-04-51261-211 | ME-CONSULTATION FEES | 0.00 | 0.00 | 0.00 |
| 100-04-51261-216 | ME-AUTOPSY/INVEST.EXPENSE | 10,500.00 | 8,827.75 | 1,672.25 |
| 100-04-51261-225 | ME-TELEPHONE | 150.00 | 146.01 | 3.99 |
| 100-04-51261-240 | ME-INSURANCE CLAIMS | 0.00 | 1,027.47 | (1,027.47) |
| 100-04-51261-250 | ME-SOFTWARE SUPPORT | 500.00 | 559.05 | (59.05) |
| 100-04-51261-311 | ME-POSTAGE | 80.00 | 0.00 | 80.00 |
| 100-04-51261-313 | ME-CENT DUPLIC | 45.00 | 3.84 | 41.16 |
| 100-04-51261-319 | ME-OFFICE SUPPLIES | 675.00 | 391.48 | 283.52 |
| 100-04-51261-320 | ME-EQUIP UNDER \$250 | 600.00 | 122.48 | 477.52 |
| 100-04-51261-332 | ME-TRAVEL | 2,500.00 | 2,108.69 | 391.31 |
| 100-04-51261-338 | ME-TRANSPORT COSTS | 535.00 | 0.00 | 535.00 |
| 100-04-51261-339 | ME-CONVENTION/DUES | 1,200.00 | 803.00 | 397.00 |
| 100-04-51261-340 | ME-EQUIP < \$5,000 | 800.00 | 659.84 | 140.16 |
| 100-04-51261-347 | ME-MEDICAL SUPPLIES | 0.00 | 0.00 | 0.00 |
| 100-04-51261-348 | ME-INVESTIG.SUPPLIES | 1,490.00 | 424.01 | 1,065.99 |
| 100-04-51261-512 | ME-VEHICLE INSURANCE | 880.00 | 866.18 | 13.82 |
| 100-04-51261-810 | ME-EQUIP OVER \$5000 | 0.00 | 0.00 | 0.00 |
| | Total Expenditures | 87,094.00 | 58,146.98 | 28,947.02 |
| | | | | |
| | | | | |
| 100-04-46141-000 | ME-CREMATATION FEES | 4,500.00 | 3,300.00 | 1,200.00 |
| 100-04-46142-000 | ME-DEATH CERTIFICATE FEES | 0.00 | 0.00 | 0.00 |
| 100-04-46143-000 | ME-DISENTERMENT FEES | 0.00 | 0.00 | 0.00 |
| 100-04-46145-000 | ME-REIMBURSE FEES | 0.00 | 0.00 | 0.00 |
| 100-04-48440-000 | ME-INSURANCE REIMBURSE | 0.00 | 0.00 | 0.00 |
| 100-04-48900-000 | ME-MISC REV | 0.00 | 0.00 | 0.00 |
| 100-04-49100-000 | ME-TRANS FROM GEN FUND | 0.00 | 0.00 | 0.00 |
| | Total Revenues | 4,500.00 | 3,300.00 | 1,200.00 |
| | | | | |
| | LEVY | 82,594.00 | 54,846.98 | 27,747.02 |

2020
Rusk County Sheriff's Office
Monthly Report For:
AUGUST

1. Average Daily Inmate Population 31

Average Daily EMP Inmate Population 0

Average Daily Inmates Housed Out of County . . . 1 *[In treatment facilities @ no cost to RUSO]*

2. Training Received:

| | |
|----------------------|----------------------------------|
| <u>Reisner [8/5]</u> | <u>Narcotics Trials, Hayward</u> |
| <u> </u> | <u> </u> |

3. Upcoming Training Requested/Scheduled:

| | |
|---|---|
| <u>Gronski [9/16-9/18]</u> | <u>Search Coordinator Training, Green Bay</u> |
| <u>Read, Zielke [9/29]</u> | <u>Taser Instructor Training, Eau Claire</u> |
| <u>Kummet & Reisner [10/4-10/6]</u> | <u>K9 Training, Itasca - MN</u> |
| <u>Murray & Zebro [1/4/21-2/5/21]</u> | <u>Basic Jail Officer Training, NCTC - Wausau</u> |
| <u> </u> | <u> </u> |

4. Major Events: _____

5. Upcoming Major Events: _____

6. Meetings Attended: _____

7. Other Department Business: Kraft sentencing [8/21]

8. Special Points of Interest: _____

| 9. CALLS FOR SERVICE : | CURR | LAST | 2020 YTD | 2019 | 2018 | 2017 | 2016 |
|-------------------------------|-------------|-------------|-----------------|--------------|--------------|--------------|--------------|
| 911 Hang-ups | 13 | 11 | 90 | 119 | 249 | 217 | 207 |
| Abandoned Vehicle | 5 | 8 | 50 | 137 | 76 | 51 | 62 |
| Accident – Driver Reportable | 12 | 15 | 152 | 364 | 398 | 417 | 454 |
| Accident – Fatality | 1 | 0 | 3 | 4 | 2 | 2 | 0 |
| Accident – Property Damage | 17 | 18 | 97 | 203 | 170 | 152 | 209 |
| Accident – Personal Injury | 5 | 8 | 28 | 40 | 51 | 45 | 63 |
| Alarms | 8 | 12 | 52 | 163 | 150 | 122 | 149 |
| Animal Complaint | 10 | 12 | 93 | 429 | 533 | 564 | 489 |
| Arson | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| Attempt to Locate | 7 | 12 | 46 | 36 | 29 | 6 | 3 |
| Battery | 0 | 0 | 2 | 9 | 7 | 5 | 10 |
| Bomb Threat | 0 | 0 | 0 | 0 | 0 | 2 | 1 |
| Burglary | 2 | 3 | 13 | 24 | 32 | 35 | 52 |
| Check Well Being of Subject | 38 | 37 | 254 | 255 | 362 | 372 | 296 |
| Child Abuse | 1 | 2 | 9 | 19 | 12 | 25 | 19 |
| Child Custody Disputes | 4 | 4 | 16 | 47 | 55 | 78 | 63 |
| Criminal Damage to Property | 6 | 13 | 47 | 94 | 73 | 108 | 112 |
| Death Investigation | 3 | 5 | 24 | 22 | 24 | 19 | 21 |
| Deliver Message | 0 | 2 | 6 | 14 | 13 | 13 | 17 |
| Disorderly Conduct | 13 | 19 | 125 | 223 | 170 | 178 | 193 |
| DNR/Conservation Offense | 10 | 14 | 98 | 182 | 101 | 93 | 91 |
| Domestic Violence | 8 | 5 | 58 | 74 | 67 | 83 | 110 |
| Drug Offense | 1 | 2 | 11 | 24 | 51 | 48 | 61 |
| Emergency Detention | 13 | 7 | 64 | 110 | 128 | 108 | 82 |
| EMS-Ambulance | 85 | 103 | 646 | 1,088 | 931 | 926 | 926 |
| Fire Call | 11 | 9 | 69 | 165 | 166 | 180 | 156 |
| Forgery | 0 | 0 | 0 | 1 | 3 | 1 | 3 |
| Found Property | 8 | 5 | 30 | 49 | 31 | 25 | 41 |
| Harassment/Stalking | 18 | 22 | 113 | 172 | 184 | 178 | 183 |
| House Watch | 1 | 1 | 10 | 18 | 17 | 12 | 23 |
| Information | 26 | 33 | 198 | 415 | 349 | 392 | 315 |
| Juvenile Alcohol | 0 | 3 | 14 | 6 | 10 | 20 | 14 |
| Juvenile Home Detention Check | 0 | 0 | 0 | 0 | 7 | 0 | 40 |
| Juvenile Runaway | 2 | 1 | 13 | 15 | 24 | 28 | 35 |
| Liquor Law Violation | 1 | 0 | 13 | 9 | 5 | 24 | 14 |
| Miscellaneous Complaint | 71 | 46 | 364 | 602 | 679 | 597 | 711 |
| Missing Person | 0 | 0 | 6 | 13 | 25 | 14 | 25 |
| Noise Complaint | 11 | 5 | 48 | 67 | 52 | 100 | 80 |
| Other Department Assist | 14 | 16 | 113 | 186 | 176 | 130 | 116 |
| Phone Complaint | 1 | 0 | 4 | 3 | 11 | 11 | 19 |
| Paper Service / Civil Process | 52 | 65 | 477 | 606 | 498 | 521 | 462 |
| Probation | 4 | 3 | 23 | 0 | 0 | 0 | 0 |
| Restrain Order/Injunction Vio | 0 | 2 | 7 | 12 | 7 | 17 | 19 |
| Sexual Assault | 5 | 5 | 24 | 40 | 38 | 48 | 34 |
| Suspicious Activity/Person | 58 | 53 | 303 | 328 | 329 | 270 | 330 |
| Temporary Plate Fee | 0 | 0 | 0 | 87 | 121 | 148 | 194 |
| Theft | 19 | 28 | 122 | 173 | 184 | 182 | 213 |
| Traffic Offense | 46 | 47 | 318 | 456 | 404 | 361 | 364 |
| Traffic Stop | 173 | 220 | 1,086 | 1,593 | 1,377 | 1,879 | 1,957 |
| Trespassing | 11 | 7 | 50 | 78 | 68 | 74 | 84 |
| Vehicle Theft | 0 | 2 | 12 | 15 | 16 | 17 | 14 |
| Warrant | 14 | 8 | 100 | 204 | 241 | 308 | 334 |
| Weapon Offense | 0 | 1 | 9 | 11 | 17 | 10 | 17 |
| TOTALS | 808 | 894 | 5,510 | 9,004 | 8,724 | 9,217 | 9,488 |

**Rusk County Sheriff's Office
Inmate Housing A/R #100-13106**

**(Federal rate - \$62.62, State rate - \$60, WIDOC ES Holds rate - \$51.46,
Washburn County rate - \$40, Price County rate - \$43, All Other Counties - \$55)**

| | | | |
|-------------|---|-------------|---|
| <u>Year</u> | <u>Billed Amount</u> | <u>Year</u> | <u>Billed Amount</u> |
| 2020 | \$xx,xxx.xx + \$xx,xxx.xx (FPH) = \$xx,xxx.xx | 2019 | \$26,567.28 + \$32,640.00 (FPH) = \$59,207.28 |
| 2018 | \$41,112.10 + \$34,040.00 (FPH) = \$75,152.10 | 2017 | \$56,467.86 + \$36,440.00 (FPH) = \$92,907.86 |
| 2016 | \$35,965.26 + \$26,720.00 (FPH) = \$62,685.26 | 2015 | \$37,340.56 + \$9,497.60 (FPH) = \$46,838.16 |

| MONTH | 2020 | 2019 | 2018 | 2017 | 2016 | 2015 |
|---------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| JANUARY | \$3,211.26 | \$0.00 | \$320.00 | \$4,760.00 | \$0.00 | \$2,750.26 |
| FEBRUARY | \$1,931.84 | \$602.00 | \$1,120.00 | \$3,440.00 | \$1,029.20 | \$0.00 |
| MARCH | \$463.14 | \$0.00 | \$3,316.72 | \$2,480.00 | \$6,020.82 | \$3,120.00 |
| APRIL | \$2,830.30 | \$0.00 | \$3,515.92 | \$4,046.72 | \$2,470.08 | \$320.00 |
| MAY | \$6,123.74 | \$2,752.00 | \$1,680.22 | \$6,440.88 | \$2,264.24 | \$5,480.00 |
| JUNE | \$5,248.92 | \$2,835.20 | \$4,618.84 | \$6,835.92 | \$2,933.22 | \$4,851.68 |
| JULY | \$652.06 | \$2,140.14 | \$4,836.80 | \$6,179.94 | \$3,447.82 | \$1,443.64 |
| AUGUST | \$0.00 | \$4,837.24 | \$6,732.72 | \$5,922.86 | \$2,418.62 | \$3,423.58 |
| SEPTEMBER | | \$4,699.50 | \$9,020.44 | \$5,801.54 | \$3,344.90 | \$3,463.80 |
| OCTOBER | | \$2,866.52 | \$4,044.44 | \$6,160.00 | \$2,161.32 | \$6,995.48 |
| NOVEMBER | | \$3,252.54 | \$1,691.00 | \$3,280.00 | \$3,595.04 | \$5,332.12 |
| DECEMBER | | \$2,582.14 | \$215.00 | \$1,120.00 | \$6,280.00 | \$160.00 |
| TOTALS | \$20,461.26 | \$26,567.28 | \$41,112.10 | \$56,467.86 | \$35,965.26 | \$37,340.56 |

- 2020 budget - \$30,000 (County \$10,000; State/FPH \$20,000)
- 2019 budget - \$45,000 (County \$15,000; State/FPH \$30,000)
- 2018 budget - \$45,000 (County \$15,000; State/FPH \$30,000)
- 2017 budget - \$30,000 (County \$0; State/FPH \$30,000)
- 2016 budget - \$50,000 (County \$15,000; State/FPH \$35,000)
- 2015 budget - \$50,000 (County \$15,000; State/FPH \$35,000)

- July 2020 - Price County inmate held last two days end of July 2020 (\$86.00 + \$566.06 = \$652.06)*
- April 2020 - ES Hold paperwork received 5/18/2020 for inmate held in April 2020 (\$874.82 + \$1,955.48 = \$2,830.30)*
- November 2019 - ES Hold adtnl inmate billed for NOV 2019 (\$411.68 + \$2,109.86 = \$3,252.54) + \$731 Price Co = \$3,252.54*
- August 2019 - ES Hold paperwork received 9/9/2019 for inmate held in August 2019 (\$3,447.82 + \$1,389.42 = \$4,837.24)*
- June 2019 - ES Hold paperwork received 7/8/2019 for inmate held in June 2019 (\$1,806.00 + \$1,029.20 = \$2,835.20)*
- May 2018 - ES Hold paperwork received 6/12/2018 for inmate in May 2018 (\$1,628.76 + \$51.46 = \$1,680.22)*
- March 2018 - ES Hold paperwork received 4/9/2018 for inmates in March 2018 (\$1,670.00 + \$1,646.72 = \$3,316.72)*
- August 2017 - additional ES Hold paperwork received 9/12/2017 for 4th inmate in August (\$4,327.60 + \$1,595.26 = \$5,922.86)*
- April 2017 - additional ES Hold paperwork received 5/9/2017 for 2nd inmate in April (\$3,93.80 + \$102.92 = \$4,046.72)*
- July 2015 - new ES Hold paperwork for 2nd inmate in July (\$826.12 + \$617.52 = \$1443.64 total for July)*
- May 2015 - 101 advised by DA Office to void Hennepin Co invoice for 54 day MN warrant hold (\$2,970 voided.)*
- February 2015 - Amended Order for ES Hold received 3/12/2015 AFTER Feb. 2015 invoice mailed (\$1,440.88 reduced to \$0.)*

RUSK CO. SHERIFF'S OFFICE
OVERTIME COSTS

| Month | Line Item | 2016 | 2017 | 2018 | 2019 | 2020 |
|----------------|----------------------|---------------------|-------------------|-------------------|-------------------|-------------------|
| | | | | | | THRU 8/15/20 |
| January | Traffic-166 | 3,235.89 | 2,285.07 | 2,299.53 | 3,923.82 | 3,186.77 |
| | Disp/Jail-161 | 1,679.34 | 1,985.69 | 7,917.12 | 10,055.32 | 11,735.23 |
| | Investigator-163 | 948.67 | 1,321.43 | 314.02 | 1,283.31 | 1,362.62 |
| February | Traffic | 4,971.90 | 1,692.56 | 10,495.67 | 4,312.71 | 2,187.13 |
| | Disp/Jail | 4,829.76 | 1,453.68 | 4,868.10 | 12,593.14 | 17,247.74 |
| | Investigator | 1,918.03 | 573.93 | 2,417.65 | 937.02 | 860.31 |
| March | Traffic | 6,788.57 | 6,912.98 | 6,023.01 | 9,971.59 | 2,117.31 |
| | Disp/Jail | 6,238.44 | 4,699.51 | 4,546.38 | 12,946.10 | 17,646.38 |
| | Investigator | 1,189.92 | 1,564.65 | 1,383.83 | 2,586.99 | 1,155.83 |
| April | Traffic | 9,593.15 | 9,902.78 | 4,940.78 | 4,566.97 | 1,728.59 |
| | Disp/Jail | 5,566.37 | 5,197.38 | 4,411.55 | 7,152.10 | 12,654.87 |
| | Investigator | 1,463.86 | 1,169.24 | 1,038.92 | 794.43 | 714.51 |
| May | Traffic | 6,316.27 | 12,666.61 | 8,269.35 | 5,273.72 | 2,349.91 |
| | Disp/Jail | 4,054.25 | 8,102.58 | 5,661.12 | 11,059.35 | 8,972.30 |
| | Investigator | 892.44 | 797.76 | 314.53 | 1,812.93 | 651.48 |
| June | Traffic | 5,967.44 | 5,637.02 | 11,139.39 | 4,150.04 | 4,743.72 |
| | Disp/Jail | 8,418.12 | 7,699.17 | 3,961.17 | 6,091.59 | 9,680.39 |
| | Investigator | 705.99 | 231.75 | 509.24 | 2,709.21 | 3,341.40 |
| July | Traffic | 5,721.21 | 4,130.67 | 3,776.58 | 4,244.25 | 5,102.32 |
| | Disp/Jail | 10,811.96 | 15,639.78 | 5,311.43 | 16,032.57 | 8,076.15 |
| | Investigator | 261.91 | 5,279.36 | 1,196.19 | 407.40 | 1,167.38 |
| August | Traffic | 10,973.84 | 7,276.70 | 10,622.57 | 4,900.99 | 1,342.02 |
| | Disp/Jail | 14,517.43 | 21,086.84 | 4,997.55 | 17,743.20 | 2,002.58 |
| | Investigator | 2,163.14 | 1,037.43 | 2,842.82 | 3,198.09 | 318.38 |
| September | Traffic | 5,856.91 | 9,066.63 | 15,075.96 | 6,213.83 | |
| | Disp/Jail | 11,389.16 | 13,002.20 | 4,234.86 | 11,767.27 | |
| | Investigator | 1,930.76 | 707.72 | 493.11 | 875.91 | |
| October | Traffic | 9,331.81 | 3,321.64 | 7,780.76 | 8,896.57 | |
| | Disp/Jail | 5,958.78 | 5,521.35 | 15,213.40 | 12,902.69 | |
| | Investigator | 2,489.93 | 37.80 | 3,842.28 | 1,283.31 | |
| November | Traffic | 6,745.57 | 8,806.08 | 7,219.30 | 4,320.54 | |
| | Disp/Jail | 8,113.98 | 10,387.14 | 10,154.00 | 6,248.64 | |
| | Investigator | 2,227.99 | 173.07 | 1,438.70 | 1,609.23 | |
| December | Traffic | 4,830.19 | 3,018.06 | 1,949.49 | 4,453.27 | |
| | Disp/Jail | 5,148.35 | 5,708.78 | 3,638.45 | 9,878.79 | |
| | Investigator | 5,275.89 | 1,618.88 | 1,239.84 | 1,079.61 | |
| SUB-TOT | | \$188,527.22 | 189,713.92 | 181,538.65 | 218,276.50 | 120,345.32 |
| Y-T-D | 162 - Secretary | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 167 - Receptionist | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 125 - Trn - Disp/Pat | 32,497.34 | 42,738.25 | 26,141.71 | 53,096.59 | 10,379.63 |
| | 164 - Hol - Disp/Pat | 31,721.51 | 43,707.79 | 34,183.98 | 46,018.81 | 22,545.23 |
| | 165 - Transfer | 11,898.40 | 12,500.90 | 6,345.83 | 12,157.90 | 8,493.27 |
| TOTAL | | \$264,644.47 | 288,660.86 | 248,210.17 | 329,549.80 | 161,763.45 |

Report Criteria:

Detail report.

Invoices with totals above \$0 included.

Paid and unpaid invoices included.

[Report].Description = {<>} "1099 adjustment"

Invoice Detail.GL account =

"1002152111000"- "1002152111999", "1002252112000"- "1002252112999", "100425"- "100426", "1004652112000"- "1004652112999", "211"- "212", "1007752111000"- "1007752111999"

Invoice Detail.Created date = 08/05/2020-09/01/2020

| Vendor Name | Invoice Number | Description | Net Invoice Amount | GL Account and Title |
|----------------------------|----------------|-----------------------------|--------------------|------------------------------------|
| ADVANCED CORRECTIONAL | 98784 | SEPT 2020 JAIL MEDICAL CONT | 4,538.97 | 100-22-52112-347 JAIL-PRISONER ME |
| CLASSIC AUTO COLLISION | 2485 | SQ B59 DEER CLAIM | 5,314.98 | 100-21-52111-240 SHERIFF-INS CLAI |
| CLASSIC AUTO COLLISION | 2487 | B64 INSURANCE CLAIM | 6,175.26 | 100-21-52111-240 SHERIFF-INS CLAI |
| CLOVERLAND PRESS INC | 6845 | BUSINESS CARDS WOJCIK & B | 34.05 | 100-21-52111-319 SHERIFF- OFFICE S |
| CLOVERLAND PRESS INC | 6851 | 1000 VOLUNTARY STATEMENT | 56.20 | 100-21-52111-319 SHERIFF- OFFICE S |
| EDUCORR | 1184 | ZEBRO & ROOT PREA TRAININ | 158.00 | 100-22-52112-339 JAIL-TRAINING |
| EDUCORR | 1206 | A MURRAY PREA TRN | 79.00 | 100-22-52112-339 JAIL-TRAINING |
| ENTERPRISE FM TRUST | FBN4018340 | 08/01-08/31/2020 RCSD MTHLY | 100.93 | 100-21-52111-530 SHERIFF-LEASED E |
| ENTERPRISE FM TRUST | FBN4018340 | 08/01-08/31/2020 RCSD MTHLY | 390.43 | 100-21-52111-530 SHERIFF-LEASED E |
| JERRYS AMOCO INC | 45974 | B64 OLF, WASHER FLUID | 31.77 | 100-21-52111-332 SHERIFF- VEHICLE |
| JERRYS AMOCO INC | 46024 | A25 TIRE REPAIR | 21.91 | 100-21-52111-332 SHERIFF- VEHICLE |
| JERRYS AMOCO INC | 46047 | B58 OLF, WASHER FLUID | 34.89 | 100-21-52111-332 SHERIFF- VEHICLE |
| JERRYS AMOCO INC | 46050 | B66 OLF, WASHER FLUID | 30.87 | 100-21-52111-332 SHERIFF- VEHICLE |
| JERRYS AMOCO INC | 46061 | B63 RR TIRE REPAIR | 17.99 | 100-21-52111-332 SHERIFF- VEHICLE |
| JERRYS AMOCO INC | 46074 | B63 OLF, WASHER FLUID | 29.98 | 100-21-52111-332 SHERIFF- VEHICLE |
| JERRYS AMOCO INC | 46174 | A19 OLF, BRAKES, ROTOR, WA | 552.28 | 100-22-52112-332 JAIL- VEHICLE MAI |
| JERRYS AMOCO INC | 46188 | B56 WIPER BLADE REPL | 67.27 | 100-22-52112-332 JAIL- VEHICLE MAI |
| JERRYS AMOCO INC | 46227 | B65 OLF, WASHER FLUID | 36.68 | 100-21-52111-332 SHERIFF- VEHICLE |
| JERRYS AMOCO INC | 46231 | B57 OLF, WASHER FLUID | 30.87 | 100-21-52111-332 SHERIFF- VEHICLE |
| JERRYS AMOCO INC | 8771 | TOW BMW 750 TO IMPOUND | 190.00 | 100-21-52111-348 SHERIFF- INVEST S |
| KWIK TRIP EXTENDED NETWORK | 139655 | FUEL | 16.01 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 167653 | FUEL | 30.08 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 17396 0728202 | FUEL | 19.18 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 178478 | FUEL | 32.86 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 341005 | FUEL - TRANSPORT | 25.07 | 100-22-52112-334 JAIL- FUEL |
| KWIK TRIP EXTENDED NETWORK | 448568 | FUEL | 15.53 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 552724 | FUEL | 30.71 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 6415193 | FUEL | 13.39 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 653940 | FUEL | 21.89 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 697652 | FUEL | 19.63 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 727811 | FUEL | 28.30 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 770571 | FUEL - WATER PATROL | 17.52 | 211-34-52120-356 WATER PATROL-MI |
| KWIK TRIP EXTENDED NETWORK | 825432 | FUEL | 30.57 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | 881498 | FUEL - TRANSPORT | 30.77 | 100-22-52112-334 JAIL- FUEL |
| KWIK TRIP EXTENDED NETWORK | 973424 | FUEL | 22.27 | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | NP58648116 0 | FUEL VOLUME DISC | 7.24- | 100-21-52111-334 SHERIFF- FUEL |
| KWIK TRIP EXTENDED NETWORK | NP58648116 0 | FUEL VOLUME DISC | 1.55- | 100-22-52112-334 JAIL- FUEL |
| KWIK TRIP EXTENDED NETWORK | NP58648116 0 | FUEL VOLUME DISC | .34- | 211-34-52120-356 WATER PATROL-MI |
| UNEMPLOYMENT INSURANCE | 000010218216 | 07/01-07/31/2020 UNEMPLOYME | 180.00 | 100-21-52111-158 SHERIFF- UNEMPL |
| WALMART | 05082020 | WIPER BLADES REPL B63 | 21.76 | 100-21-52111-332 SHERIFF- VEHICLE |
| Grand Totals: | | | 18,438.74 | |

Budget Year: 2020 Date: 9/3/2020 12/31/20
1320

12/31/19
1319

| | Budget | Year to Date | Unexpended (Over Budget) |
|---|---------------------|---------------------|--------------------------|
| Sheriff | 1,989,349.00 | 1,237,712.24 | 751,636.76 |
| K9 | 0.00 | (2,014.16) | 2,014.16 |
| Jail | 1,553,204.00 | 958,153.90 | 595,050.10 |
| Jail Maintenance | 19,470.00 | 9,587.54 | 9,882.46 |
| Conservation Officer | 0.00 | 22,645.82 | (22,645.82) |
| Tactical Team | 33,718.00 | 13,017.21 | 20,700.79 |
| Edge | 0.00 | 3,104.49 | (3,104.49) |
| BRDEU | 0.00 | (857.83) | 857.83 |
| Click It | 0.00 | 0.00 | 0.00 |
| VSS | 6,247.00 | 3,044.22 | 3,202.78 |
| ATV | 2,940.00 | 8,923.52 | (5,983.52) |
| Water Patrol | 0.00 | 5,913.54 | (5,913.54) |
| Snow Patrol | 5,562.00 | 15,089.04 | (9,527.04) |
| BRDEU Meth | 35.00 | 1,603.90 | (1,568.90) |
| Wireless 911 | 25,568.00 | 17,646.63 | 7,921.37 |
| Shop with a Cop | 0.00 | (262.50) | 262.50 |
| Unfunded Equip Grant | 0.00 | 0.00 | 0.00 |
| Project Lifesaver | 0.00 | (210.02) | 210.02 |
| Speed Enf | 4,705.00 | 2,422.14 | 2,282.86 |
| Dan Glaze | 0.00 | 0.00 | 0.00 |
| LEVY | 3,640,798.00 | 2,295,519.68 | 1,345,278.32 |
| Tactical Team Fundraiser with Barron County | 25,600.00 | 2,309.60 | 23,290.40 |

| | Projected 2020 | Projected Unexp. (Over Budget) |
|--|----------------|--------------------------------|
| | 0.00 | 1,989,349.00 |
| | 0.00 | 0.00 |
| | 0.00 | 1,553,204.00 |
| | 0.00 | 19,470.00 |
| | 0.00 | 0.00 |
| | 0.00 | 33,718.00 |
| | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| | 0.00 | 6,247.00 |
| | 0.00 | 2,940.00 |
| | 0.00 | 0.00 |
| | 0.00 | 5,562.00 |
| | 0.00 | 35.00 |
| | 0.00 | 25,568.00 |
| | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| | 0.00 | 4,705.00 |
| | 0.00 | 0.00 |
| | 0.00 | 3,640,798.00 |
| | 0.00 | 25,600.00 |

| 2019 Actuals |
|--------------|
| 2,046,104.04 |
| (19,540.80) |
| 1,566,307.00 |
| 32,620.72 |
| 52,641.67 |
| 19,602.55 |
| (5,270.51) |
| (1,147.39) |
| 0.00 |
| 6,187.00 |
| 5,166.75 |
| 63.41 |
| 3,172.73 |
| 30.00 |
| 25,968.96 |
| (74.68) |
| 0.00 |
| 0.00 |
| 0.00 |
| 0.00 |
| 250.00 |
| 3,732,081.45 |
| 39,769.04 |