

# HARPER COUNTY



## REQUEST FOR COUNTY BOARD ACTION

Items must be received in the Administrator's Office by 12:00 Noon on the Thursday prior to the scheduled meeting to be considered.

Item #: \_\_\_\_\_  
(Assigned by Administrator)

**Meeting Date: February 24, 2020**

**Department: Health**

**Item Requested: Aid to Local Grant Application Signature Page; 2019 Account Write-offs; Excess SCA Funds; Inordinate Spending Authorization Requests; Travel Request Forms**

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Summary of the Issue: Aid to Local Grants are a source of funding and guidance for basic public health services for local health departments. The application requires signatures from the Chairman of the Local Board of Health and the Administrator on the application page (attached).

Background: The agency has used the Aid to Local Grants to enhance revenues and to participate in KDHE grants to provide basic services to the community. The Harper County Health Department participates in the Immunization Action Plan –(IAP) Vaccines for Children (VFC) grant; Public Health Emergency Response (PHEP) grant; and the State Formula (SF) grant. The agency also participates in the Family Planning grant through the Southcentral Kansas Coalition for Public Health (SKCPH).

Funding: The grant funds and guidance obtained through participation in the grants help support the ability of the agency to provide basic preventive services through immunizations, family planning, preparedness and public health services to the local community.

Recommendation: Sign the Aid to Local Funding Signature Page as presented. This item should be available by the end of the day Friday, if the KDHE preparedness program releases budget amounts on Friday as planned, if not this item may be tabled until next week.

Summary of the Issue: Request approval to write off the 2019 delinquent client balances as per agency policy.

Background: Agency policy provides a mechanism to keep outstanding balances from accumulating over time and is a recommended practice from past auditors. Grant funding limits the ability of the agency to turn clients over to collections (violation of client confidentiality/barrier to services).

Funding: Total amount requested to write off is \$2,378.21. Total Revenues for 2019 were \$317,270.17 - \$69,251.92 (grant payments) = Total Service Revenues of \$248,018.25. (1% write off request).

Recommendation: Approve the write off amounts as requested.

Summary of the Issue: SCKADRC will have money left over from the in-home service programs to use by the end of June. This is an opportunity to financially assist in-home service clients in Harper County with eye glasses, dental work, hearing aids, cleaning supplies, etc.

Background: The SCKADRC Case Manager, Prisca Krehbiel, completes the assessments and makes determinations on items funded through this program. Our agency is the fiscal agent, in that we pay for the purchases and then are reimbursed by the SCKADRC.

Funding: The only cost to the county is the time to complete paperwork and costs of completing vouchers, processing checks and making deposits.

Recommendation: This has been a good use of funds for residents in the county, that also supports local vendors, if the items approved are available locally. In the past these funds have helped purchase items that improve client capability of remaining in their home independently and providing resources for supplies/equipment that allow home care staff to complete duties effectively.

Summary of the Issue:

Background:

Funding:

Recommendation:

Other Requests:

- Inordinate Spending Authorizations for vaccine purchases
- Travel request forms

	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012	12/31/2013	12/31/2014	12/31/2015	12/31/2016	12/31/2017	12/31/2018	12/31/2019
	2008 Total	2009 Total	2010 Total	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2016 Total	2017 Total	2018 Total	2019 Total
Adult Health Totals	\$190.00	\$277.06	\$232.47	\$160.00	\$88.00	\$35.00	\$25.00	\$120.00	\$55.00	\$28.00	\$15.00	\$5.00	\$110.00
Child Health Totals	\$129.00	\$312.50	\$528.00	\$195.00	\$136.00	\$145.00	\$75.00	\$224.00	\$110.00	\$41.00	\$107.00	\$45.00	\$28.00
Family Planning Totals	\$654.00	\$932.75	\$626.08	\$190.20	\$707.37	\$217.40	\$265.00	\$129.80	\$643.59	\$599.13	\$298.86	\$66.00	\$126.76
VFC IM Totals	\$1,194.43	\$2,055.60	\$918.15	\$1,257.84	\$953.00	\$855.00	\$735.00	\$1,068.00	\$1,173.35	\$863.93	\$1,340.34	\$1,490.80	\$1,333.40
PR IM Totals	\$0.00	\$0.00	\$577.16	\$983.16	\$1,834.43	\$855.70	\$413.60	\$1,632.53	\$1,310.45	\$602.54	\$1,719.00	\$716.00	\$738.85
TB Skin Tests	\$30.00	\$80.00	\$50.00	\$30.00	\$62.00	\$50.00	\$10.00	\$30.00	\$35.16	\$40.00	\$40.00	\$50.00	\$41.20
IN-Home Services	0.00	0.00	\$267.00	\$0.00	\$0.00	\$12.50	\$622.37	\$361.00	\$1,229.66	\$245.50	\$261.00	\$0.00	\$0.00
Combined Total	\$2,197.43	\$3,657.91	\$3,198.86	\$2,816.20	\$3,780.80	\$2,170.60	\$2,145.97	\$3,565.33	\$4,557.21	\$2,420.10	\$3,781.20	\$2,372.80	\$2,378.21
	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012	12/31/2013	12/31/2014	12/31/2015	12/31/2016	12/31/2017	12/31/2018	12/31/2019

Account Balances Over One Year Old				31-Dec-19
<b>ADULT HEALTH</b>				
<b>Client #:</b>		<b>Program</b>	<b>Amount</b>	
17532		AH	\$80.00	
10501		AH	\$30.00	
<b>Adult Health Total</b>			<b>\$110.00</b>	
<b>CHILD HEALTH</b>				
16866		CH	\$10.00	
16584		CH	\$15.00	
16267		CH	\$3.00	
<b>Child Health Total</b>			<b>\$28.00</b>	
<b>FAMILY PLANNING</b>				
1619		FP	\$7.00	
1015		FP	\$1.84	
12138		FP	\$8.00	
12680		FP	\$40.00	
12386		FP	\$13.00	
17582		FP	\$50.00	
16444		FP	\$6.92	
<b>Family Planning Total</b>			<b>\$126.76</b>	
<b>VFC IMMUNIZATIONS</b>				
17750		IM	\$20.00	
16327		IM	\$40.00	
13768		IM	\$60.00	
12622		IM	\$50.00	
12395		IM	\$20.00	
17557		IM	\$150.00	
16276		IM	\$3.40	
16356		IM	\$140.00	
12943		IM	\$60.00	
13447		IM	\$60.00	
15426		IM	\$40.00	
15427		IM	\$40.00	
17248		IM	\$20.00	
12138		IM	\$80.00	
12390		IM	\$60.00	
12733		IM	\$20.00	
16266		IM	\$60.00	
16983		IM	\$50.00	
16054		IM	\$20.00	
17540		IM	\$120.00	
17632		IM	\$40.00	
17631		IM	\$60.00	
17650		IM	\$40.00	
13784		IM	\$20.00	
17752		IM	\$20.00	
15969		IM	\$40.00	
<b>Total VFC Immunizations</b>			<b>\$1,333.40</b>	

<b>PRIVATE IMMUNIZATIONS</b>			
13036	PR	\$22.00	
322	PR	\$40.00	
17163	PR	\$20.00	
1148	PR	\$37.00	
15757	PR	\$55.00	
15684	PR	\$13.16	
15683	PR	\$183.69	
17659	PR	\$44.00	
16444	PR	\$324.00	
<b>Total P. Immunizations</b>		<b>\$738.85</b>	
<b>TB SKIN TESTS</b>			
17625	TB	\$1.12	
15899	TB	\$10.00	
13581	TB	\$10.00	
11877	TB	\$10.00	
1805	TB	\$10.00	
<b>Total TB Skin Test</b>		<b>\$41.12</b>	
<b>IN-HOME SERVICES</b>			
		\$0.00	
<b>Total In-Home Services</b>		<b>\$0.00</b>	
<b>Total PH Write-off Amounts</b>		<b>\$2,378.13</b>	



**Inordinate Spending Authorization**  
(For items above spending limits but within budgets.)

Department: Health

Date: 2/12/2020

Requestor: Sherry Vierthaler

Item description: Vaccine from GSK: Menveo (Meningitis)  
 Cost Per Item: \$109.93      Quantity: 10      Extended Cost: \$1,099.30

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_      Quantity: \_\_\_\_\_      Extended Cost: \$0.00

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_      Quantity: \_\_\_\_\_      Extended Cost: \$0.00

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_      Quantity: \_\_\_\_\_      Extended Cost: \$0.00

Related expenses (eg. Shipping & Handling): \_\_\_\_\_  
 Total Requested Spending: \$1,099.30

Budget Account(s):	Fund	Dept	Object	Amount
	<u>008</u>	<u>/ 24</u>	<u>/ 306237</u>	<u>\$ 1,099.30</u>
	_____	/ _____	/ _____	_____
	_____	/ _____	/ _____	_____
	_____	/ _____	/ _____	_____
	Total budget lines:			<u>\$ 1,099.30</u>

**Project description/justification:**

Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wastage.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Attach required quotes and additional documentation as needed.

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

BoCC Signature: \_\_\_\_\_



## Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: Health

Date: 2/12/2020

Requestor: Sherry Vierthaler

Item description: Vaccine for Merck: Gardasil 9 (HPV)  
 Cost Per Item: \$218.09      Quantity: 10      Extended Cost: \$2,180.90

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_      Quantity: \_\_\_\_\_      Extended Cost: \$0.00

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_      Quantity: \_\_\_\_\_      Extended Cost: \$0.00

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_      Quantity: \_\_\_\_\_      Extended Cost: \$0.00

Related expenses (eg. Shipping & Handling): \_\_\_\_\_  
**Total Requested Spending: \$2,180.90**

Budget Account(s):	Fund	Dept	Object	Amount		
	<u>008</u>	<u>/</u>	<u>24</u>	<u>/</u>	<u>306237</u>	<u>\$ 2,180.90</u>
	_____	/	_____	/	_____	_____
	_____	/	_____	/	_____	_____
	_____	/	_____	/	_____	_____
	<b>Total budget lines:</b>					<b><u>\$ 2,180.90</u></b>

**Project description/justification:**  
Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wastage.  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Attach required quotes and additional documentation as needed.

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

BoCC Signature: \_\_\_\_\_



**Inordinate Spending Authorization**  
(For items above spending limits but within budgets.)

Department: Health Date: 2/12/20

Requestor: Sherry Vierthaler

Item description: Vaccine from GSK: Shingrix  
 Cost Per Item: \$151.26 Quantity: 10 Extended Cost: \$1,512.60

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ Extended Cost: \$0.00

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ Extended Cost: \$0.00

Item description: \_\_\_\_\_  
 Cost Per Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ Extended Cost: \$0.00

Related expenses (eg. Shipping & Handling): \_\_\_\_\_  
 Total Requested Spending: \$1,512.60

Budget Account(s):	Fund	Dept	Object	Amount
	<u>008</u>	<u>/ 24</u>	<u>/ 306237</u>	<u>\$ 1,512.60</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	<b>Total budget lines:</b>			<u>\$ 1,512.60</u>

**Project description/justification:**  
Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wastage.  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Attach required quotes and additional documentation as needed.

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

BoCC Signature: \_\_\_\_\_



**TRAVEL REQUEST AND REIMBURSEMENT FORM  
HARPER COUNTY, KANSAS**

Employee Name: Heather Struble Department: Harper County Health Dept./HCHHA

**PART I - TRAVEL REQUEST**

Destination: ~~Butte~~ Greensburg - 302 E. Florida  
 Purpose / Justification of Travel: Coalition / Executive Board  
if available

Method of Travel (mark one)  County Vehicle  Bus  Air  
 Train  Private Auto  Other

Date of Departure: 4/3/2020 Date of Return: 4/3/2020 Are funds budgeted for this request? Yes  No

Budget line: 0% 008-26-301074-50% Must = 100%  
 #1: 008-44-30070%: 50% #2: % #3: %

Janis Virethaler 2/18/2020  
 Department Head Signature Date

\_\_\_\_\_  
 County Commissioner Signature Date

**PART II - EXPENSE REPORT**

Expense Category	Estimated Total	Actual Total
A. Lodging for _____ days at \$ _____ per day	\$ _____	\$ _____
B. Transportation for <u>140</u> miles at current rate per mile Fare \$ <u>575</u>	\$ <u>80.50</u>	\$ _____
Meals (Number of):	Total	\$ _____
Breakfasts: meals @ _____ per meal.	\$ _____	\$ _____
Lunches: meals @ _____ per meal.	\$ _____	\$ _____
Dinners: meals @ _____ per meal.	\$ _____	\$ _____
C. Fees (Registration, Dues, etc.) ITEMIZED List:	\$ _____	\$ _____
D. Miscellaneous (Taxi, Telephone, Tolls, etc.) ITEMIZED List:	\$ _____	\$ _____
<b>RECEIPTS MUST BE ATTACHED FOR APPROVAL</b>	<b>TOTALS:</b>	\$ <u>80.50</u>

**Instructions:**  
*Prior to Travel:*  
 Employee completes PART-I and Estimate portion of PART II. Department Head and County Administrator must sign under PART-I to approve travel.  
*Post Travel:*  
 Requesting Employee completes Actual PART-II and submits to Department Head for approval with receipts to be vouched for next accounts payable.

**PART III - OFFICE USE ONLY**

A. Prepaid Registration	Reconciliation
B. Prepaid Travel Reservations	
C. Other	

Requesting Employee Statement: I certify this actual expense incurred and was accomplished in accordance with the travel authorization and the information hereon is correct.

\_\_\_\_\_  
 Requesting Employee Signature

\_\_\_\_\_  
 Department Head Approval Signature

Copies: Original to personnel file - Copy to HR - Copy to Department Head

**TRAVEL REQUEST AND REIMBURSEMENT FORM  
HARPER COUNTY, KANSAS**

Employee Name: Heather Struble Department: Harper County Health Dept./HCHHA

**PART I - TRAVEL REQUEST**

Destination: Pratt, KS 117 W. 3rd St.  
 Purpose / Justification of Travel: Coalition Meeting if available  
 Method of Travel (mark one)  County Vehicle  Bus  Air  
 Train  Private Auto  Other

Date of Departure: 5/1/2020 Date of Return: 5/1/2020 Are funds budgeted for this request? Yes  No

Budget line: 0% 008-26-301076-5070 #1: 008-44-301076%-5070 #2: %: #3: %  
 Must = 100%

Sherry Dietrich 2/18/2020  
 Department Head Signature Date County Commissioner Signature Date

**PART II - EXPENSE REPORT**

Expense Category	Estimated Total	Actual Total
A. Lodging for <u>    </u> days at \$ <u>    </u> per day	\$	\$
B. Transportation for <u>140</u> miles at current rate per mile Fare \$ <u>575</u>	\$ <u>80.50</u>	\$
Meals (Number of):	Total	\$
Breakfasts: meals @ <u>    </u> per meal.	\$	\$
Lunches: meals @ <u>    </u> per meal.	\$	\$
Dinners: meals @ <u>    </u> per meal.	\$	\$
C. Fees (Registration, Dues, etc.) ITEMIZED List:	\$	\$
D. Miscellaneous (Taxi, Telephone, Tolls, etc.) ITEMIZED List:	\$	\$
<b>RECEIPTS MUST BE ATTACHED FOR APPROVAL</b>	<b>TOTALS:</b>	\$ <u>80.50</u>

**Instructions:**  
*Prior to Travel:*  
 Employee completes PART-I and Estimate portion of PART II. Department Head and County Administrator must sign under PART-I to approve travel.  
*Post Travel:*  
 Requesting Employee completes Actual PART-II and submits to Department Head for approval with receipts to be vouched for next accounts payable.

**PART III - OFFICE USE ONLY**

A. Prepaid Registration	Reconciliation
B. Prepaid Travel Reservations	
C. Other	

Requesting Employee Statement: I certify this actual expense incurred and was accomplished in accordance with the travel authorization and the information hereon is correct.

Requesting Employee Signature Department Head Approval Signature

Copies: Original to personnel file -- Copy to HR -- Copy to Department Head

**TRAVEL REQUEST AND REIMBURSEMENT FORM  
HARPER COUNTY, KANSAS**

Employee Name: Heather Struble Department: Harper County Health Dept./HCHHA

**PART I - TRAVEL REQUEST**

Destination: 117 W. 3rd Street, Pratt, KS  
 Purpose / Justification of Travel: Coalition Meeting  
if available

Method of Travel (mark one)  County Vehicle  Bus  Air  
 Train  Private Auto  Other

Date of Departure: 4/5/2020 Date of Return: 6/5/2020 Are funds budgeted for this request? Yes  No

Budget line: 0% Must = 100%	<u>008-26-301076 50%</u>	#1: <u>008-44-301076 %: 50%</u>	#2: %:	#3: %:
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Sherry V. Enthauser 2/18/2020  
 Department Head Signature Date County Commissioner Signature Date

**PART II - EXPENSE REPORT**

Expense Category	Estimated Total	Actual Total	<b>Instructions:</b>  <i>Prior to Travel:</i> Employee completes PART-I and Estimate portion of PART II. Department Head and County Administrator must sign under PART-I to approve travel.  <i>Post Travel:</i> Requesting Employee completes Actual PART-II and submits to Department Head for approval with receipts to be vouched for next accounts payable.
A. Lodging for _____ days at \$ _____ per day	\$ _____	\$ _____	
B. Transportation for <u>140</u> miles at current rate per mile Fare \$ <u>.575</u>	\$ <u>80.50</u>	\$ _____	
Meals (Number of):	Total	\$ _____	
Breakfasts: meals @ _____ per meal.	\$ _____	\$ _____	
Lunches: meals @ _____ per meal.	\$ _____	\$ _____	
Dinners: meals @ _____ per meal.	\$ _____	\$ _____	
C. Fees (Registration, Dues, etc.) ITEMIZED List:	\$ _____	\$ _____	
D. Miscellaneous (Taxi, Telephone, Tolls, etc.) ITEMIZED List:	\$ _____	\$ _____	
<b>RECEIPTS MUST BE ATTACHED FOR APPROVAL</b>	<b>TOTALS:</b>	\$ <u>80.50</u>	

**PART III - OFFICE USE ONLY**

A. Prepaid Registration	Reconciliation
B. Prepaid Travel Reservations	
C. Other	

Requesting Employee Statement: I certify this actual expense incurred and was accomplished in accordance with the travel authorization and the information hereon is correct.

Requesting Employee Signature

Department Head Approval Signature

Copies: Original to personnel file - Copy to HR - Copy to Department Head

### YOUR TRIP:

Total Route: 1 hr 14 min - 70.7 miles



Est. Fuel cost: \$4.40 - IRS Reimbursement: \$40.99



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501



123 N Jennings Ave, Anthony, KS 67003-2708



1. Start out going south on N Jennings Ave toward E Main St/KS-44.

Then 0.06 miles



2. Turn right onto W Main St/KS-44.

Then 0.51 miles



3. Turn right onto N LL and G Ave/KS-2/KS-14. Continue to follow KS-14.

Then 34.88 miles



4. Turn right onto E Sherman Ave.

Then 0.08 miles



5. Turn left onto N Spruce St.

Then 0.01 miles



6. 125 N SPRUCE ST is on the left.



125 N Spruce St, Kingman, KS 67068-1648

This leg: 39 min - 35.54 miles



1. Start out going north on N Spruce St toward E A Ave.

Then 0.28 miles



2. Turn left onto E D Ave/US-54 W/US-400 W. Continue to follow US-54 W/US-400 W.

Then 34.66 miles



3. Turn left onto S Main St/US-281 S.

Then 0.14 miles



4. Turn right onto W 3Rd St.

Then 0.05 miles



5. 117 W 3RD ST is on the left.



Pratt City Fire Department

This leg: 35 min - 35.14 miles

