

It is expected that a Quorum of the Personnel Committee, Board of Public Works, and Common Council will be attending this meeting: (although it is not expected that any official action of any of those bodies will be taken)

**CITY OF MENASHA
ADMINISTRATION COMMITTEE
Third Floor Council Chambers
140 Main Street, Menasha
April 6, 2009
6:30 PM
or immediately following Common Council**

AGENDA

- A. CALL TO ORDER
- B. ROLL CALL/EXCUSED ABSENCES
- C. MINUTES TO APPROVE
 - 1. [Administration Committee, 3/16/09](#)
- D. ACTION ITEMS
 - 1. [Winnebago County Commission on Aging Project Proposal and Authorization to Request Funds for: a\) Senior Center Supervisor; b\) Senior Center Activity Coordinator c\) 60 Plus Health Program](#)
 - 2. [Memorandum of Understanding for Tuberculosis Clinical Services, July 1, 2009 – June 30, 2010, and authorized signatures.](#)
 - 3. [O-13-09 An Ordinance Relating to Common Council Procedure \(Introduced by Mayor Merkes\)](#)
 - 4. [R-7-09 Resolution Helping Cities in Stress \(Introduced by Ald. Hendricks\)](#)
 - 5. [R-8-09 Resolution on Wisconsin Department of Transportation Stimulus Funding \(Introduced by Mayor Merkes\)](#)
- E. ADJOURNMENT

CITY OF MENASHA
ADMINISTRATION COMMITTEE
Third Floor Council Chambers
140 Main Street, Menasha
March 16, 2009
MINUTES

DRAFT

A. CALL TO ORDER

Meeting called to order by Chairman Wisneski at 7:14 p.m.

B. ROLL CALL/EXCUSED ABSENCES

PRESENT: Ald. Hendricks, Zelinski, Michalkiewicz, Benner, Pamerter, Taylor, Wisneski,
Pack

ALSO PRESENT: Mayor Merkes, CA/HRD Brandt, Lt. Brunn, DPW Radtke, CDD Keil,
Clerk Galeazzi, and the Press.

C. MINUTES TO APPROVE

1. [Administration Committee, 3/2/09](#)

Moved by Ald. Pack, seconded by Ald. Michalkiewicz to approve minutes.
Motion carried on voice vote

D. ACTION ITEMS

1. O-11-09 An Ordinance Relating to Closing Hours for Class "B" Premises.

CA/HRD Brandt explained State Statute established the closing hours for Class "B" licensed establishments as 2:00 a.m. to 6:00 a.m. for Sunday thru Thursday and 2:30 a.m. to 6:00 a.m. for Friday and Saturday. The current City ordinance states closing hours for Class "B" licensed establishments is 11:00 p.m. to 8:00 a.m. These hours were set to be more in line with park hours as Class "B" licenses were generally issued to the Menasha Athletic Association for their baseball games at Koslo Park.

Mayor Merkes explained removing the closing hours from the City ordinance would mean Class "B" licensed establishments would follow State Statute.

Moved by Ald. Hendricks, seconded by Ald. Pack to recommend approval to Common Council
Motion carried on voice vote.

2. [R-04-09 Resolution on the Spending of Federal Economic Renewal Grants.](#)

Discussion ensued on how to guarantee the City buy American made products, not to just adopt as a feel good resolution. Have vendors that supply product disclose where items are manufactured. The resolution states whenever or wherever possible to buy American made products with economic recovery monies provided to the City of Menasha. Ald. Taylor read a letter from United Steelworkers that support this resolution.

Moved by Ald. Taylor, seconded by Ald. Hendricks to recommend approval to Common Council
Motion carried on voice vote. Ald. Pack voice vote was no.

E. ADJOURNMENT

Moved by Ald. Hendricks, seconded by Ald. Benner to adjourn at 7:31 p.m.
Motion carried on voice vote.

Respectfully submitted by
Deborah A. Galeazzi, WCMC
City Clerk

**WINNEBAGO COUNTY COMMISSION ON AGING
PROJECT PROPOSAL - 2010**

1. PROGRAM NAME Senior Center Supervisor – Menasha Senior Center

2. PROVIDER IDENTIFICATION:

NAME City of Menasha

ADDRESS 140 Main Street

CITY Menasha

TELEPHONE 920-967-3600

EMAIL ADDRESS sbull@ci.menasha.wi.us

3. PROJECT DIRECTOR:

NAME Sylvia Bull TITLE Senior Center Supervisor

ADDRESS 116 Main Street, Menasha TELEPHONE 920-967-3531

4. UNITS OF SERVICE TO BE PROVIDED:

ONE UNIT IS DEFINED AS 1 hour of service

NUMBER TO BE PROVIDED 2080

COST PER UNIT \$37.22 (DIVIDE TOTAL PROJECT COST
BY UNITS TO BE PROVIDED)

5. PROGRAM INCOME: DESCRIBE YOUR ACTIONS IN THE AREA OF
CONTRIBUTIONS AND/OR PROGRAM INCOME:

Senior citizens participating in the Senior Center programs, services, workshops, classes, and seminars share in the cost through program fees and donations. Monthly fund raisers such as parties and other social events provide additional income. A senior citizen unable to participate in any center activity because of financial hardship can request to have fees waived or reduced.

6. PERSON WHO COMPLETED THIS PROPOSAL:

NAME Susan Nett RN MPA TITLE Public Health Director

AUTHORIZATION TO REQUEST FUNDS

I hereby certify that City of Menasha (Agency, Gov't Unit, Organization has legal authority to enter into contractual agreements and has authorized me to sign on its behalf to request funds from the Winnebago County Commission on Aging. I further certify that funds awarded will be used solely for the purposes(s) set forth in accordance with all applicable laws, regulations, policies and procedures of Federal, State and Winnebago County.

SIGNED _____ DATE _____

SECTION III - SERVICE FUNDED FOR 2010

111. A. Service Funded for 2010

1. Program Name Senior Center Supervisor – Menasha Senior Center

2. Program Description The Menasha Senior Center plans programs, services, and social activities according to the needs and requests of the senior citizen population. Program development and ideas are supported by an active senior center planning committee. The Senior Center also provides information and referral services to seniors. The Senior Center is completing the accreditation process in 2009. The Senior Center supervisor will be actively involved in planning the one day convention "Living in the 2010's".

3. Geographic area to be served City of Menasha and surrounding area
4. Provider Information:
 - a. Name of Provider Menasha Senior Center
 - b. Address 116 Main Street
Menasha, WI 54952
 - c. Contact Person Sylvia Bull
 - d. Telephone Number 920-967-3531
 - e. Provider Type: Public Non-Profit For-Profit
 - f. Minority Provider:
 - g. Contract Period: January 1, 2010 to December 31, 2010

5. Estimated Population to be served:

a. Number of all Older Persons:	2900
b. Number of Minority Older Persons: 1%	29
c. Number of Low-income Older Persons: 35%	1015
d. Number of Frail and Disabled Older Persons: 2%	58
e. Number of Rural Older Persons: 95%	2755

6. Estimated Number of Units of Service to be Provided: 2080 hours

SECTION IV – BUDGET FOR 2010

IV. A. Supportive Services Budget – 2010

Program Name: Senior Center Supervisor – Menasha Senior Center

Program Activity	Title III-B A.	Title III-D b.	Senior Comm. Serv. C.	State Ben. Spec. d.	Program Income e.	Local Match f.	Other Resources g.	Total (a-g) h.
1. Personnel	15575					1731	47492	64798
2. Travel							300	300
3. Rent/Utilities					3920			3920
4. Communications					943			943
5. Consultants								
5. Training							250	250
7. Supplies					200			200
8. Equipment								
9. Other Specify					Dues 105		* 6910	7015
10. Total Costs	15575				5168	1731	54952	77426

* #9 includes liability insurance, contract services (pest control), building repair/maintenance.

WINNEBAGO COUNTY COMMISSION ON AGING
PROJECT PROPOSAL - 2010

1. PROGRAM NAME Activity Coordinator – Menasha Senior Center

2. PROVIDER IDENTIFICATION:

NAME City of Menasha

ADDRESS 140 Main Street

CITY Menasha

TELEPHONE 920-967-3600

EMAIL ADDRESS sbull@ci.menasha.wi.us

3. PROJECT DIRECTOR:

NAME Sylvia Bull TITLE Senior Center Supervisor

ADDRESS 116 Main Street, Menasha TELEPHONE 920-967-3531

4. UNITS OF SERVICE TO BE PROVIDED:

ONE UNIT IS DEFINED AS 1 hour of service

NUMBER TO BE PROVIDED 2080

COST PER UNIT \$24.30 (DIVIDE TOTAL PROJECT COST
BY UNITS TO BE PROVIDED)

5. PROGRAM INCOME: DESCRIBE YOUR ACTIONS IN THE AREA OF
CONTRIBUTIONS AND/OR PROGRAM INCOME:

Senior citizens participating in the Senior Center programs, services, workshops, classes, and seminars share in the cost through program fees and donations. Monthly fund raisers are held to provide additional income. A senior citizen unable to participate in any center activity because of financial hardship can request to have fees waived or reduced.

6. PERSON WHO COMPLETED THIS PROPOSAL:

NAME Susan Nett RN MPA TITLE Public Health Director

AUTHORIZATION TO REQUEST FUNDS

I hereby certify that City of Menasha (Agency, Gov't Unit, Organization has legal authority to enter into contractual agreements and has authorized me to sign on its behalf to request funds from the Winnebago County Commission on Aging. I further certify that funds awarded will be used solely for the purposes(s) set forth in accordance with all applicable laws, regulations, policies and procedures of Federal, State and Winnebago County.

SIGNED _____ DATE _____

SECTION III - SERVICE FUNDED FOR 2010

111. A. Service Funded for 2010

1. Program Name Activity Coordinator – Menasha Senior Center

2. Program Description The activity coordinator is responsible for monitoring day to day functions and planning special events, programs, classes, and trips. The activity coordinator promotes a supportive atmosphere, and has the capability of overseeing the Senior Center in the absence of the Senior Center supervisor.

3. Geographic area to be served City of Menasha and surrounding area

4. Provider Information:

a. Name of Provider Menasha Senior Center

b. Address 116 Main Street
Menasha, WI 54952

c. Contact Person Sylvia Bull

d. Telephone Number 920-967-3531

e. Provider Type: Public Non-Profit For-Profit

f. Minority Provider:

g. Contract Period: January 1, 2010 to December 31, 2010

5. Estimated Population to be served: _____

a. Number of all Older Persons: _____ 2900

b. Number of Minority Older Persons: 1% _____ 29

c. Number of Low-income Older Persons: 35% _____ 1015

d. Number of Frail and Disabled Older Persons: 2% _____ 58

e. Number of Rural Older Persons: 95% _____ 2755

6. Estimated Number of Units of Service to be Provided: _____ 2080 hours

SECTION IV – BUDGET FOR 2010

IV. A. Supportive Services Budget – 2010

Program Name: Activity Coordinator – Menasha Senior Center

Program Activity	Title III-B A.	Title III-D b.	Senior Comm. Serv. C.	State Ben. Spec. d.	Program Income e.	Local Match f.	Other Resources g.	Total (a-g) h.
1. Personnel	10219					1135	31577	42931
2. Travel							300	300
3. Rent/Utilities							3920	3920
4. Communications							943	943
5. Consultants								
6. Training							200	200
7. Supplies					1670			1670
8. Equipment								
9. Other Specify					Subscription 85		Liability Ins. 500	585
10. Total Costs	10219				1755	1135	37440	50549

WINNEBAGO COUNTY COMMISSION ON AGING
PROJECT PROPOSAL - 2010

1. PROGRAM NAME 60 Plus Health Program

2. PROVIDER IDENTIFICATION:

NAME Menasha Health Department

ADDRESS 316 Racine Street

CITY Menasha

TELEPHONE 920-967-3520

EMAIL ADDRESS snett@ci.menasha.wi.us

3. PROJECT DIRECTOR:

NAME Susan Nett RN MPA TITLE Public Health Director

ADDRESS 316 Racine Street TELEPHONE 920-967-3521

4. UNITS OF SERVICE TO BE PROVIDED:

ONE UNIT IS DEFINED AS 1 Health Screening or Nursing Service Encounter or 1 Health Education Session per individual.

NUMBER TO BE PROVIDED 2800

COST PER UNIT \$10.09 (DIVIDE TOTAL PROJECT COST
BY UNITS TO BE PROVIDED)

5. PROGRAM INCOME: DESCRIBE YOUR ACTIONS IN THE AREA OF
CONTRIBUTIONS AND/OR PROGRAM INCOME:

A donation container is routinely displayed at each health screening/health education activity for awareness of the program's need. Donations are used to defray costs of the program and purchase such items as screening supplies, printing, and promotional materials for large screening events such as wellness screening and skin cancer screening.

6. PERSON WHO COMPLETED THIS PROPOSAL:

NAME Susan Nett RN MPA TITLE Public Health Director

AUTHORIZATION TO REQUEST FUNDS

I hereby certify that City of Menasha (Agency, Gov't Unit, Organization has legal authority to enter into contractual agreements and has authorized me to sign on its behalf to request funds from the Winnebago County Commission on Aging. I further certify that funds awarded will be used solely for the purposes(s) set forth in accordance with all applicable laws, regulations, policies and procedures of Federal, State and Winnebago County.

SIGNED _____ DATE _____

SECTION III - SERVICES FUNDED FOR 2010

III. A Services Funded for 2010

1. Program Name 60 Plus Health Program

2. Program Description See next page for description

3. Geographic area to be served City of Menasha and surrounding area served by the Menasha Senior Center.

4. Provider Information:

a. Name of Provider Menasha Health Department

b. Address 316 Racine Street
Menasha, WI 54952

c. Contact Person Susan Nett RN MPA

d. Telephone Number (920)967-3520

e. Provider Type: Public Non-Profit For-Profit

f. Minority Provider:

g. Contract Period: January 1, 2010 to December 31, 2010

5. Estimated Population to be served:

a. Number of All Older Persons: 1000

b. Number of Minority Older Persons: 1% 10

c. Number of Low-income Older Persons: 35% 350

d. Number of Frail and Disabled Older Persons: 2% 20

e. Number of Rural Older Persons: 95% 950

6. Estimated Number of Units of Service to be Provided: 2800

Continued from page 2

Question #2

1. Health Screening Activities:

Various health screenings such as blood pressure, anemia, hearing, vision (glaucoma), diabetes, hemocult, urine (sugar, nitrite, protein) screenings are scheduled monthly throughout the year at the Menasha Senior Center. Selected health screenings are offered during the year at Elizabeth Court Apartments, Lakeside Commons Apartments, and Keenagers Home For Independent Living. Additional single special screening/health events are coordinated with other health organizations, i.e. Cholesterol/"Wellness Panel" screening through ThedaCare labs, and skin cancer screening with local dermatologists and ACS. Influenza and pneumococcal vaccines are provided in cooperation with Neenah/Menasha Visiting Nurse Association. These screenings have become increasingly more important to the elderly. As the cost of health care rises, this is one way to keep the costs down for those on a limited budget and yet provide a very affordable preventive health service. In 2010, staff in this program plan on working with the steering committee in the scheduling of health screenings for Living in the 2010's convention.

2. Health Education Activities:

Education is used to keep today's health consumer well informed. These educational methods include: monthly health reviews in the Menasha Senior Center newsletter which reaches about 1,000 elderly; distribution of health information through Menasha Senior Center activities; and health educational brochures by medical and health specialists available upon request to the public. The Twin Cities News Record of the Post Crescent has printed health information when requested to increase public awareness. Lastly, health information is distributed semi-annually in the City of Menasha newsletter which is delivered to every residence in Menasha.

3. Health Counseling and Consultation:

Older adults have access to a professional public health nurse for health guidance, information and referral on medical concerns on an individual basis as needed. These individual health conferences are held at the Menasha Health Department, the Senior Center and the low income elderly housing complexes. Home visits are also scheduled by the public health nurse when more comprehensive health assessment and counseling is needed, or by referral from community providers, families, friends, and neighbors.

4. Health Promotion Activities:

A recent Behavioral Risk Factor Surveillance System survey (Nov 2005) completed in the Fox Cities indicates that adults over the age of 65 were the most likely to be overweight, while those in the 50-64 age category were the most likely to be obese. The 60+ Health Program has partnered with the Menasha Senior Center and the Menasha School District and annually offers an "Early Morning Indoor Walking program" at Menasha High School during the months of January, February, March, and April. During the remaining months of the year, emphasis has been placed on "Walk to Win" and biking. An increase in activity helps to improve sedentary lifestyles, and reduces the risks of cardiovascular disease, osteoporosis and mental health issues. A chair exercise program has been implemented at the Menasha Senior Center. A "Healthy Steps to Aging" program was developed in 2008 and expanded in 2009.

5. Collaboration:

Collaborative efforts are ongoing between the Menasha Health department, the Menasha Senior Center, Affinity, Aurora, and Theda Care Health Systems to provide affordable and easily accessible health promotion/educational events.

SECTION IV – BUDGET FOR 2010

IV. A. Supportive Services Budget – 2010

Program Name: 60 Plus Health Program

Program Activity	Title III-B A.	Title III-D b.	Senior Comm. Serv. C.	State Ben. Spec. d.	Program Income e.	Local Match f.	Other Resources g.	Total (a-g) h.
1. Personnel	24729					1098		25827
2. Travel					50			50
3. Rent/Utilities						\$125/mo 1500		1500
4. Communications					150	150		300
5. Consultants								
6. Training					100			100
7. Supplies					375			375
8. Equipment								
9. Other Specify					Liability Ins. 100			100
10. Total Costs	24729				775	2748		28252

Memorandum of Understanding for Tuberculosis Clinical Services

This Memorandum of Understanding (MOU) is between the Wisconsin Division of Public Health, Bureau of Communicable Diseases (hereafter referred to as "Bureau") and the Menasha Health Department (hereafter referred to as "Health Department") and reflects the responsibilities of both parties with respect to tuberculosis (TB) clinical services as set forth in Wisconsin State Statute 252.10 and Wisconsin Administrative Code HFS 145.12 and HFS 145.13.

The Bureau Agrees

1. To reimburse the Health Department quarterly for the TB dispensary services established, maintained and delivered in accordance with Wisconsin Statutes, Wisconsin Administrative Code, Centers for Disease Control (CDC) protocols and the WI Tuberculosis Program Guidelines.
2. To provide reimbursement to the Health Department in accordance with HFS 145.12 and HFS 145.13 of Administrative Rule. Reimbursement shall be at the medical assistance program rate. The cost of this agreement is not to exceed \$ 6500 for the period of July 1, 2009 through June 30, 2010. Costs in excess of this maximum will not be reimbursed unless there is prior, written amendment to this agreement. Reimbursement rate changes and increases made by the medical assistance program during the time period of this agreement may be reflected in the amounts billed for TB dispensary services within this maximum or any amended amount.
3. To provide reimbursement to the Health Department for providing or ensuring the provision of necessary services that are ordered by a physician and/or are implemented in accordance the above identified statutes, rules, guidelines and as established in the plan for tuberculosis prevention and control by the health department. These services include the following:
 - Tuberculin skin testing.
 - Medication for treatment of tuberculosis disease and infection.
 - Directly observed therapy.
 - Tuberculosis contact investigation.
 - Case management.
 - Sputum specimen collection and induction.
 - Medical evaluation by a physician or nurse.
 - Chest radiographs.
 - Collection of serologic specimens.
4. To provide reimbursement to the Health Department for the above activities with the following additional criteria
 - Tuberculin skin testing of high-risk persons is done as defined by the CDC (MMWR June 9, 2000, Vol. 49, No. RR-6)
 - The administration and reading of a skin test shall be considered one visit.
 - Screening skin tests given in school programs, employee health programs, etc. that are not done as part of a contact investigation or are not done for a person with a medical or population risk factor will not be reimbursed.
 - The provision of X-rays, including interpretation, to determine the presence or absence of active disease, or to document response to therapy.
 - Physician services for medical evaluations and public health nursing visits to patients who have suspected or confirmed active TB disease and for persons who meet the classification of high-risk persons.
5. To purchase medications necessary for the treatment of *M. tuberculosis*, both active disease and infection and to arrange for their delivery to the Health Department for medication administration as part of Directly Observed Therapy (DOT) or for instructing patients in self administration. The medication program is also provided to promote the completion of therapy and the monitoring of the patient for disease symptoms and medication side effects.

Memorandum of Understanding for Tuberculosis Dispensary Services

The Health Department Agrees

1. To provide or arrange for public health dispensary services for the diagnosis and treatment of persons suspected of having or diagnosed with *M. tuberculosis* according to federal regulations, state statutes and rules, the CDC and the WI TB Program guidelines.
2. To maintain records of services provided and billed to the Bureau as well as costs and receipts which the Health Department will make available for audit by the Department of Health and Family Services to include at least the following:
 - The name of each person served
 - The date of service for each person served
 - The type of service provided to each person
 - The amount the dispensary billed and received for providing service to each person
3. To maintain and submit such records as required by the Health Department and the Bureau to enable them to carry out their responsibilities.
4. To use net income in excess of expenses from fees collected from recipients of public health dispensary services (if applicable) to finance case finding, targeted testing and treatment programs in the community as approved by the Bureau and in accordance with the health department plan for tuberculosis control and prevention at the local level.
5. To not seek reimbursement for services provided to patients who are Medicaid recipients or meet the screening criteria for presumed Medicaid eligibility at the time of service. If the Health Department is aware of a person's third party payment coverage for services, such as Medicare or private insurance, arrangements for that care and billing as a primary billing source should be made, if possible, without losing the person to care.

Changes made in federal regulations, state statutes or administrative rules during the time period of this agreement are binding to both parties.

Funding provided by the Wisconsin TB program is to complement the efforts of the local health department to prevent, control and eventually eliminate TB in Wisconsin and is not to be used to supplant local funding.

TB Program payments are subject to recoupment if the provider bills for the same service twice.

IN WITNESS THEREOF, the parties hereto execute this Understanding:

Health Department Official
Menasha Health Department

Date

Health Department Financial Official
City of Menasha Finance Department

Date

Thomas L. Sieger
Deputy Administrator
Division of Public Health
Wisconsin Department of Health Services

Approved as to form

[Signature] 3/23/09

Jeffrey S. Brandt, City Attorney

**Menasha Health Department
TB Clinical Services Plan
July 1, 2009 – June 30, 2010**

Mission Statement: The mission of the Menasha Health Department is to promote public health, protect consumers, and encourage a high standard of environmental health in response to the needs of the community and school district.

Jurisdiction: Menasha Health Department is responsible for providing public health services to the residents of the City of Menasha.

TB Clinical Services Plan Goal: To ensure that TB clinical and medical services are delivered promptly and effectively in the city of Menasha, regardless of the person's insurance, or financial status, to ensure that the health of the public is protected.

Public Health Essential Services

Monitor health status in the community to identify community health problems. Identify, investigate, control, and prevent problems and environmental health hazards in the community.

Educate the public about current and emerging health issues.

Promote community partnerships to identify and solve health problems.

Link city residents to needed health services.

Assure access to primary health care for all.

Agreements

Agreements are in place (or being developed) with the following medical providers to provide the following services:

Type of Services	Provider	Verbal or written agreement
Medical Evaluations -TB skin test -Physician evaluations -Chest x-ray -CT Scans -Sputum Induction	Affinity Medical Group ThedaCare Physicians UW-Family Health Fox Valley Primary Care Associates Fox Cities Community Health Center	
Chest x-rays/CT Scans -Interpretation	Radiology Association of Appleton Radiology Associates of Fox Valley, SC	
Sputum Inductions	St. Elizabeth Hospital Theda Clark Regional Medical Center	
Quantiferon Gold – TB Blood Draw Only for WSLH fee exempt tests	St. Elizabeth Hospital Lab	

Documentation

Record of all TB services provided or arranged for will be kept according to health department record policies and procedures and on forms/in formats that are efficient and useful in the health department and will be made available for audit by the WI TB program.

Billing

The Public Health Director, in cooperation with the City of Menasha Finance Department, will submit billing for reimbursement of TB services on a quarterly basis at the MA reimbursement rate. A summary of services provided will be included with the billing.

Budget

The Menasha Health Department has agreed to provide services to uninsured and underinsured up to \$6500. Anticipated services include:

	<u>Total</u>
3 QFT-G @ \$77.93 each	\$233.79
9 Blood draws @ \$3.88 each	\$34.92
3 TB Skin tests @ \$9.21 each	\$27.63
4 Chest x-rays with one view and interpretation @ \$27.71	\$110.84
4 Chest x-rays with two views and interpretation @ \$35.42	\$141.68
4 Medical Evaluations @ \$70 each	\$280.00
4 PHN Patient Education HV (LTBI) @ \$37.57 each	\$150.28
66 PHN Case Management @ \$43.27/hour	\$2855.82
66 PHN Direct Observed Therapy @ \$37.57 hour	\$2479.62
12 Sputum Induction @ \$15.98 each	\$191.76

Agreements are in place (or being developed) with the following providers to provide for prompt inpatient care, including isolation and/or confinement for active pulmonary cases if necessary:

Type of service	Provider	Verbal or written agreement
Respiratory precautions Isolation room	Theda Clark Regional Medical Center Appleton Medical Center St. Elizabeth Hospital	
Guard services, if indicated	Menasha Police Department	

Assessments

Clinical Assessments

All clients and patients referred or presenting themselves for TB services will be assessed according to health department policies, procedures, and practices. Care provided or arranged for will be done according to statutes, rules, guidelines, and CDC protocols with emphasis on the protection of the health of the public.

Financial Assessments

All clients and patients referred or presenting themselves for TB services will be briefly assessed for the ability to provide private insurance or Medicare/Medicaid coverage. Qualification or presumptive qualification for standard medical assistance and/or for Tuberculosis – Related Medical Assistance (the TR benefit) will be explored if possible. Persons needing TB services who are not insured or are underinsured (such as deductible not met, or they have a co-pay requirement) will receive prompt TB services regardless of the ability to pay. These services will be billed at the current medical assistant rate to the local health department to be billed quarterly to the WI TB Program Dispensary Services for reimbursement.

High-Risk Persons

The following high-risk groups will be targeted for skin testing, active disease case finding and early detection and treatment of latent TB infection through the following methods. As additional incidence or prevalence in the community is uncovered, this plan will be adjusted.

Contact investigations in active TB cases will be conducted to identify and assure appropriate treatment with particular attention to close and high-risk contacts, especially children and any person who is immunosuppressed.

Emphasis for active disease case finding and early identification and treatment of LTBI will be placed on individuals who are at high risk for recent LTBI based on county of origin or with clinical conditions that increase the risk for tuberculosis, regardless of age. The city of Menasha has a significant Hispanic population, many of which are undocumented.

**PHN Services for TB Clients
Client Information**

Name:	DOB:	SS#:
Client Insurance:	Date of H.V.	
PHN:	Agency: Menasha Health Department	
PHN Phone: (920)-967-3520	Fax: (920)-967-5247	

Home Visit Information

Please check all services provided at this visit:

SERVICE	Check	MA Code	Maximum Reimbursement Rate	Actual Reimbursement Requested
Pt Educ./Anticipatory Guidance		S9445	\$37.56/hr (One time LTBI)	
PHN Services		S9445	\$37.57/hr	
PHN Case Management		T1017	\$43.27/hr	
PHN DOT Visit-active disease		99401-99404	\$37.57/hr	
Blood Draw*		36415	\$3.88/specimen	
Sputum, obtaining specimen*		89350	\$14.86	
TB skin test of high-risk person		86580	\$9.21/test	
TOTAL				

* All specimens to be sent to State Lab of Hygiene.

PHN Signature: _____ Date: _____

**Clinical Services for TB Clients
Client Information**

Name:	DOB:	SS#:
Clinic:	Fax:	
Physician:	Date of O.V.	
Client Insurance: none	Agency: Menasha Health Department	
PHN:	Phone: 967-3520	Fax: 967-5247

**Office Visit Information
(Completed by Health Care Provider)**

Please check all services provided at this visit. Faxed completed form to 967-5247.

SERVICE	Check	CPT Code	Maximum Reimbursement rate	Actual Reimbursement Requested
Blood Draw		36415	\$3.88/specimen	
QuantiFERON-TB Gold		86480	\$77.93/service	
Sputum, obtaining specimen *			\$14.86/service	PHN will provide
Sputum, Aerosol Induction * (see below)			\$15.98/service*	
PPD		86580	\$ 9.21/service	PHN will provide
CXR, one view and interpretation		71020	\$27.71/service	
CXR, two views and interpretation		71020	\$35.42/service	
TOTAL	-----		-----	

* All specimens to be sent to State Lab of Hygiene for smear and culture.

Next follow-up visit _____ Reason _____.

Clinic representative: _____ Date ___ / ___ / ___

ORDINANCE O –13 – 09

AN ORDINANCE RELATING TO COMMON COUNCIL PROCEDURE

Introduced by Mayor Merkes

The Common Council of the City of Menasha does ordain as follows:

SECTION 1: Sec. 2 – 2 -19 is repealed and recreated to read as follows:

**SEC. 2 – 2 – 19 COORDINATION OF COMMON COUNCIL MEETINGS
AND COMMITTEE MEETINGS**

- (a) All Common Council meetings will start at 6:00 p.m. on the first and third Mondays of the month, except for the annual organizational meeting any special meetings. If a legal holiday falls on a regularly scheduled meeting day, the meeting will be held on the subsequent Tuesday.
- (b) Committee meetings will be scheduled to start at the conclusion of the Common Council meeting. The order of the Committee meetings will be determined at the agenda meeting by the Clerk and the Mayor.
- (c) The Common Council agenda will be limited:
 - 1. Items considered at the previous Committee meetings.
 - 2. Items not required to be reviewed by Committee as determined by the Common Council, such as accounts payable, appointments or liquor licenses. This list may be expanded by majority vote of the Common Council.
 - 3. A consent agenda will be created on each agenda with items that may be moved and considered in one motion and vote. Any Alderman may remove any item from the consent agenda to be taken up later in that meeting. The vote on consent agenda items shall be done by roll call. The Clerk and the Mayor will create the consent agenda after the agenda meeting.
- (d) Persons addressing the Common council during the two public participation forums or at any public hearing shall be required to state their name and address before addressing the Common Council or Committee. A sign-up sheet will also be provided for those persons who do speak to sign in. The City Attorney shall keep time and shall strictly enforce the five minute limit for public participation.

- (e) The appropriate Department Head will draft an explanation sheet that shall accompany any required notice to residents of any Public Hearing. The explanation sheet shall also be attached to the Public Hearing agenda. A brief explanation of the requested action shall be made by the appropriate Department Head at the Public Hearing. An explanation sheet as to the rules for any Public Hearing will be attached to the Public Hearing notice.
- (f) All persons, including the Mayor, Common Council members, Department Heads, City staff and the general public who choose to participate in any Common Council meeting, Committee meeting or Public Hearing shall do so with civility. It is the responsibility of the Chair of any meeting to insure compliance with this rule.

SECTION 2: This ordinance shall supplement all other ordinances or rules of the Common Council. This ordinance shall apply in the event of any conflict with other ordinances or rules.

SECTION 3: This ordinance shall become effective upon its passage and publication as provided by law.

Passed and approved this _____ day of _____,

Donald Merkes, Mayor

ATTEST:

Deborah A. Galeazzi, City Clerk

Attorney's Note: This ordinance removes the sunset provision from O – 20 – 08 and makes the CC meeting procedure permanent.

Resolution R-7-09

HELPING CITIES IN STRESS

Introduced by Alderman Hendricks

WHEREAS, The national economic downturn is placing extraordinary stress on Wisconsin cities; and

WHEREAS, Local governments need tools to deal with this stress and do not need state-imposed barriers that detract from their ability to continue to serve their citizens; and

WHEREAS, Provisions of Wisconsin's expenditure restraint program, proposed increases in contribution rates to the Wisconsin Retirement System (WRS), increased "tipping fees" (without a commensurate increase in recycling grants) and an inadequate ceiling on levy increases proposed in the state budget bill all conspire to increase the stress on local governments in Wisconsin,

NOW THEREFORE BE IT RESOLVED, that the City of Menasha urges the governor and Legislature to either eliminate levy limits or:

- **Set a more realistic limit of 4% or net new construction value, whichever is greater.**
- **Exempt any shared revenue cuts from a municipality's levy limits.**
- **Exempt emergency and state-mandated expenditures from levy limits. (e.g., tipping fees)**
- **Exempt from levy limits the cost of increases in the WRS contribution rate.**
- **Include new construction on tax exempt property as though it were subject to the levy.**
- **Include a carryover for unused levy capacity of any prior year.**

BE IT RESOLVED FURTHER, that the City of Menasha urges the governor and the Legislature to exempt all grants from the limits of the Expenditure Restraint Program and to establish a 3% floor on the inflation factor in the formula; and

BE IT RESOLVED FURTHER, that the City of Menasha urges the governor and the Legislature to allow non-property tax sources of revenue for local governments in Wisconsin, including a surcharge on telecommunications companies to help fund emergency responders and passing a regional economic development incentive, either with funding or a sunrise.

PASSED AND APPROVED this day of April, 2009

Donald Merkes, Mayor

ATTEST:

Deborah A. Galeazzi, City Clerk

RESOLUTION R-8-09

WISCONSIN DEPARTMENT OF TRANSPORTATION STIMULUS FUNDING

Introduced by Mayor Merkes

WHEREAS, the American Recovery and Reinvestment Act appropriated \$27.5 billion for highway construction and the State of Wisconsin received \$529.1 million; and

WHEREAS, the federal government required that 50% of the allocation be obligated within 75 days of passage; and

WHEREAS, many cities in the State of Wisconsin did not have qualified plans for the federal guidelines favoring arterial and collector routes the vast majority of initial stimulus spending went to Wisconsin Department of Transportation freeway and highway priority projects; and

WHEREAS, the local infrastructure and roads that serve the freeway and interstate system are critical to the State’s overall transportation system for economic development; and

WHEREAS, local governments are struggling with the economic downturn, foreclosures, high unemployment and all the challenges to public systems and resources they entail; and

WHEREAS, the State DOT will advance many projects ahead of its planned schedule, freeing resources to be committed at a later date;

NOW THEREFORE BE IT RESOLVED, that the City of Menasha urges the Governor, Wisconsin Office of Recovery and Reinvestment, Wisconsin Department of Transportation, the Wisconsin Legislature and U.S. Congress as follows:

- That DOT consider allowing ARRA funds for the local 20% match on 2009/2010 projects so that the local funding could be redirected and used for local paving and resurfacing needs. Local governments would pledge to apply these funds to the backlog in local projects that do not qualify for federal stimulus funds because they are not collectors or arterials;
- That DOT direct more GTA funding into local road improvement and paving projects with the resources now covered by federal stimulus funding by the advancement of state highway projects under ARRA.
- That all parties work together to seek any necessary waivers or changes in federal rules, regulations, or legislation that would direct more resources to local infrastructure maintenance.

FURTHER BE IT RESOLVED, that the City of Menasha wants to continue more discussion and action on funding solutions for local infrastructure needs in light of 18 years of frozen shared revenue aids and state’s own fiscal condition.

PASSED AND APPROVED this day of April, 2009

Donald Merkes, Mayor

ATTEST: _____
Deborah A. Galeazzi, City Clerk