

BOARD OF SUPERVISORS
Brown County



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HUMAN SERVICES COMMITTEE

Patrick Evans
Dan Robinson, Erik Hoyer,
Dan Haefs, Pat La Violette

SPECIAL HUMAN SERVICES COMMITTEE

Wednesday, June 17, 2015

6:45 p.m.

**Room 207, City Hall
100 N. Jefferson Street**

**NOTICE IS HEREBY GIVEN THAT THE COMMITTEE MAY TAKE ACTION ON
ANY ITEM LISTED ON THE AGENDA**

- I. Call Meeting to Order.
- II. Approve/Modify Agenda.

Comments from the Public

Human Services Department

1. Resolution re: Approving the Dissolution of the Northeast Wisconsin Long-Term Care District.

Other

2. Such other matters as authorized by law.

Patrick Evans, Chair

Notice is hereby given that action by Committee may be taken on any of the items which are described or listed in this agenda. Please take notice that it is possible additional members of the Board of Supervisors may attend this meeting, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

CORPORATION COUNSEL OFFICE

Brown County

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RESOLUTION/ORDINANCE SUBMISSION TO COUNTY BOARD

DATE: June 17, 2015
REQUEST TO: Brown County Board of Supervisors
MEETING DATE: June 17, 2015
REQUEST FROM: Human Services Committee

REQUEST TYPE: New resolution Revision to resolution
 New ordinance Revision to ordinance

TITLE: Resolution approving the dissolution of the Northeast Wisconsin Long-Term Care District.

ISSUE/BACKGROUND INFORMATION:

This is a Resolution approving the dissolution of the Northeast Wisconsin Long-Term Care District.

ACTION REQUESTED:

The Human Services Committee desires approval of the County Board of Supervisors approving the dissolution of the Northeast Wisconsin Long-Term Care District.

FISCAL IMPACT:

NOTE: This fiscal impact portion is initially completed by requestor, but verified by the DOA and updated if necessary.

- 1. Is there a fiscal impact? Yes No
- a. If yes, what is the amount of the impact? \$ _____
- b. If part of a bigger project, what is the total amount of the project? \$ _____
- c. Is it currently budgeted? Yes No
- 1. If yes, in which account? _____
- 2. If no, how will the impact be funded? _____

COPY OF RESOLUTION OR ORDINANCE IS ATTACHED

June 17, 2015

**TO THE HONORABLE CHAIRMAN AND MEMBERS
OF THE BROWN COUNTY BOARD OF SUPERVISORS**

Ladies and Gentlemen:

**RESOLUTION APPROVING THE DISSOLUTION OF THE NORTHEAST
WISCONSIN LONG-TERM CARE DISTRICT**

WHEREAS, Door County, Kewaunee County, Brown County, Shawano County, Menominee County, Oconto County and Marinette County adopted resolutions creating the Northeast Wisconsin Long-Term Care District d/b/a NEW Family Care (“NEW Family Care”) pursuant to Wis. Stat § 46.2895; and

WHEREAS, NEW Family Care was formed by Door, Kewaunee, Brown, Shawano, Menominee, Oconto and Marinette Counties for the purpose of becoming certified as a care management organization and delivering the family care benefit to the residents within the seven county region; and

WHEREAS, NEW Family Care has not been certified as a care management organization, is not able to deliver the family care benefit and there is no prospect of NEW Family Care commencing operations as contemplated by the counties that formed NEW Family Care; and

WHEREAS, NEW Family Care has no continuing business operations and undertakes no activities related to the purpose for which it was formed; and

WHEREAS, NEW Family Care has no assets or liabilities that would otherwise be subject to disposition; and

WHEREAS, Wis. Stat. § 46.2895(13) provides that the following process is required in order to dissolve NEW Family Care:

Subject to the performance of the contractual obligations of a long-term care district and if first approved by the secretary of the department, the long-term care district may be dissolved by the joint action of the long-term care district board and each county or tribe or band that created the long-term care district and has not withdrawn or been removed from the district under sub. (14). If a long-term care district that is created by one county or tribe or band is dissolved, the property of the district shall be transferred to the county or tribe or band that created it. If a long-term care district is created by more than one county or tribe or band, all of the counties or tribes or bands that created the district and that have not withdrawn or been removed from the district under sub. (14) shall agree on the apportioning

of the long-term care district's property before the district may be dissolved. If the long-term care district operates a care management organization under s. 46.284, disposition of any remaining funds in the risk reserve under s. 46.284 (5) (e) shall be made under the terms of the district's contract with the department; and

WHEREAS, this Resolution is intended to act as Brown County's official action authorizing the dissolution of NEW Family Care; and

WHEREAS, the NEW Family Care Board of Directors has authorized dissolution of NEW Family Care by resolution; and

WHEREAS, the Secretary of the State of Wisconsin Department of Health Services ("DHS") may rely on this Resolution as action on the part of Brown County authorizing dissolution of NEW Family Care.

NOW, THEREFORE, BE IT RESOLVED, by the Brown County Board of Supervisors, duly assembled this 17th day of June 2015, that:

1. Brown County hereby authorizes dissolution of NEW Family Care pursuant to Wis. Stat. § 46.2895(13) provided, however, that this Resolution and any action authorized by this Resolution shall not be effective until the following events have occurred: (a) all seven of the above-named county boards, that formed NEW Family Care, act to authorize dissolution of NEW Family Care by adopting a resolution substantially similar to this Resolution; and (b) the Secretary of DHS authorizes the dissolution of NEW Family Care; and
2. No further action on the part of Brown County shall be necessary in order to authorize the dissolution of NEW Family Care.

BE IT FURTHER RESOLVED, that Brown County's County Clerk is directed to forward a copy of this Resolution to the counties named-above and to the Secretary of the Department of Health Services.

Respectfully submitted,

HUMAN SERVICES COMMITTEE

Approved By:

COUNTY EXECUTIVE

Approved as to form by Corporation Counsel

Fiscal Note: