

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING AGENDA
May 22, 2012**

9:00 A.M. COUNTY-WIDE EMPLOYEE RECOGNITION

9:15 A.M. I. Call to Order

II. Pledge of Allegiance

III. Approval of Agenda

IV. Review April 24, 2012 Health & Human Service Board Minutes

V. Review Bills

VI. General/Miscellaneous Information

**9:20 A.M. A. Support Within Reach – Kari Horbacz, Aitkin Victim Services Coordinator
& Amanda Ysen, Executive Director**

**B. ARMHS Certification Letter for Family Support Services
& May - Mental Health Month – Susan Cebelinski**

C. TXT4LIFE Update – Tom Burke

VII. Contracts

A. Administration Agreements for Purchase of Supplies & Equipment for the period July 1, 2012 to June 30, 2015 between Aitkin County Health & Human Services and:

- 1. Aitkin Medical Supply, Aitkin, MN**
- 2. Lake Superior Medical Equipment, Inc., Duluth, MN**
- 3. Lifeline System Company dba Phillips Lifeline, Framingham, MA**
- 4. PAL Medical System, Grand Rapids, MN**
- 5. Wheelchairs Plus, Grand Rapids, MN**

B. Purchase of Service Agreements for the period July 1, 2012 to June 30, 2015, between Aitkin County Health & Human Services and:

- 1. Connections FSE Services, Prior Lake, MN**
- 2. Consumer Directions, St. Cloud, MN**
- 3. Mains'l Services, Inc., Brooklyn Park, MN**

C. Home and Community-Based Waiver Services Contract for the period July 1, 2012 through June 30, 2015, between Aitkin County Health & Human Services and:

- 1. Access Healthcare, Inc., Grand Rapids, MN**
- 2. Access North, Center for Independent Living of NEMN, Hibbing, MN**
- 3. Aicota Health Care Center, Aitkin, MN**
- 4. ANGELS, McGregor, MN**
- 5. Golden Horizons Assisted Living, Aitkin, MN**
- 6. Grattan Private Duty Nursing, Inc., Brainerd, MN**
- 7. Lutheran Social Services Senior Companion Program, St. Paul, MN**
- 8. Oakridge Homes, Inc., Brainerd, MN**
- 9. Rocky Ridge Adult Foster Care Home, Aitkin, MN**
- 10. Jared & Crystal Stein Adult Foster Care Home, Isle, MN**

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING MINUTES
April 24, 2012**

I. Call to Order

The Aitkin County Board of Commissioners met this 24th day of April, 2012, at 9:02 a.m. as the Aitkin County Health & Human Services Board, beginning with the Pledge of Allegiance, with the following members present: Chairperson Commissioner Mark Wedel; Commissioners Anne Marcotte, Brian Napstad, Don Niemi and Laurie Westerlund; and others present included: County Administrator Patrick Wussow; H&HS Director Tom Burke; Staff Members Sue Tange and Susan Cebelinski, Social Service Supervisors; Eileen Foss, Income Maintenance Supervisor; Kathy Ryan, Fiscal Supervisor; Cynthia Bennett, Public Health Supervisor; Julie Lueck, Clerk to the Health & Human Services Board; and guests; Roberta Elvecrog, DAC & HHS Advisory; Bob Lewis, HHS Advisory Committee Member; Nanci Sauerbrei, Aitkin Independent Age; and Georgia Johnson, Citizen.

II. Pledge of Allegiance

III. Approval of Agenda

Motion by Commissioner Napstad, seconded by Commissioner Westerlund, and carried; the vote was to approve the agenda with the addition of the Resolution under VI.B.

IV. Review March 27, 2012 Health & Human Service Board Minutes

Motion by Commissioner Westerlund, seconded by Commissioner Marcotte, and carried; the vote was to approve the March 27, 2012 Health & Human Services Board Meeting Minutes as mailed/posted.

V. Review Bills

Motion by Commissioner Napstad, seconded by Commissioner Niemi, and carried; the vote was to approve the Bills as presented this date.

VI. General/Miscellaneous Information

A. ARMHS Certification Letter & May/Mental Health Month – Susan Cebelinski updated the board on the attached letter of certification allowing Northland Counseling to provide ARMHS services to Hill City and the Palisade areas of the county. Susan felt that this certification will fill a gap in adult mental health services for that area of the county. This update does not require board action.

B. RESOLUTION

**Authorization to Request Support from the Department of Human Services (DHS)
to Pursue a Regional Pilot of Child Support**

WHEREAS, Minnesota Child Support is a state administered, county run program that works with parents to establish and enforce support orders; and

WHEREAS, The child support program helps children receive the basic financial support, medical support, and child care support they deserve, helps families work toward becoming and remaining self-sufficient, and helps parents establish a financial partnership with each other; and

WHEREAS, In the spirit of collaboration, Child Support Supervisors from the seven county Arrowhead Region have been meeting over the past year and have suggested a number of enhanced service ideas worthy of exploration; and

IX. Joint Powers Board Reports:

- A. Tri-County Community Health Services Board (CHS) – Cynthia Bennett / Tom Burke / Commissioner Westerlund** – No Report at this time as the schedule for those usually attending conflicted with other meetings.

X. Committee Reports from Commissioners

- A. H&HS Advisory Committee** - Commissioners Westerlund and/or Marcotte
Meeting updates from Committee Members: Bob Lewis & Roberta Elvecrog
See attached minutes from the April 4, 2012 meeting. Bob Lewis noted the presentation that was given at the meeting with respect to the Senior Linkage Line with Assisted Living and the number code each person needs prior to entering an assisted living facility which provides assistance with proper usage of personal resources. Roberta Elvecrog noted the committee will be serving the community meal on May 16th in McGregor. The committee also discussed Community Recognitions which will be discussed further in June. Roberta Elvecrog also discussed the AEOA Bus Schedule which still has not been corrected and updated on the webpage or the brochures.

Additional Information: Discussion relative to an e-mail from Ramona Hooper to the Board members with respect to an HRA building (Pioneer Villa in McGregor) where flowers have been planted around the perimeter of the building and HRA are directing the residents to remove the flowers to make way for lawn. Commissioner Niemi will call asking why the flowers need to be removed. Board is directing County Administrator Pat Wussow to send a letter to HRA expressing the Board's feeling with respect to allowing the residents to maintain the flower beds.

- B. AEOA / NEMOJT Committee Updates** – Commissioner Napstad noted there is nothing to report this month.
- C. CJI (Children's Justice Initiative)** – Commissioner Westerlund was not in attendance at the CJI meeting due to a schedule conflict. Sue Tange noted there was good discussion amongst the departments at the CJI meeting.

XI. Adjournment: Next Meeting – May 22, 2012

Motion by Commissioner Marcotte, seconded by Commissioner Westerlund, and carried; the vote was to adjourn the meeting at 9:36 a.m.

Mark Wedel, Chairperson

Tom Burke, Director
Aitkin County Health & Human Services

Julie Lueck, Clerk to Aitkin County Health & Human Services Board

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Vendor Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Service Dates</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
88284 AITKIN CO RECORDER 05- 430- 710- 3930- 6020			26.00	Birth certificate	05/04/2012 05/04/2012		General Case Management
88284 AITKIN CO RECORDER			26.00	1 Transactions			
360 ARROWHEAD ECON OPP AGENCY 05- 430- 720- 3370- 6038			1,987.68	Supported Work	04/01/2012 04/30/2012		Mfip- Employment Services
05- 430- 720- 3370- 6038			805.00	Transportation/Innovations Pro	04/01/2012 04/30/2012		Mfip- Employment Services
360 ARROWHEAD ECON OPP AGENCY			2,792.68	2 Transactions			
8125 BACKSTROM/MARILYN 05- 430- 750- 3950- 6020			26.25	Public guardianship	04/01/2012 04/30/2012		Public Guardianship Dd
05- 430- 750- 3950- 6020			35.00	Public guardianship	04/01/2012 04/30/2012		Public Guardianship Dd
8125 BACKSTROM/MARILYN			61.25	2 Transactions			
9791 BIEGANEK/JOAN M 05- 430- 760- 3950- 6020			105.00	Guardianship/Conservator Activ	04/01/2012 04/30/2012		Guardianship/Conservatorship
9791 BIEGANEK/JOAN M			105.00	1 Transactions			
87866 Catholic Charities- Diocese Of St Cloud 05- 430- 745- 3085- 6020			712.50	Adult outpatient diagnostic as	04/12/2012 04/12/2012		Adult Outpat Diagnostic Assess/Psyc
05- 430- 745- 3085- 6020			167.28	Adult outpatient diagnostic as	04/12/2012 04/12/2012		Adult Outpat Diagnostic Assess/Psyc
87866 Catholic Charities- Diocese Of St Cloud			879.78	2 Transactions			
90746 CITY OF BRAINERD- PUBLIC TRANSIT 05- 430- 760- 3160- 6075			10.00	Transportation Bus tickets	05/02/2012 05/31/2012		Waiver & Ac Transportation
05- 430- 760- 3160- 6075			10.00	Transportation Bus tickets	06/01/2012 06/30/2012		Waiver & Ac Transportation
05- 430- 760- 3160- 6075			10.00	Transportation Bus tickets	07/01/2012 07/31/2012		Waiver & Ac Transportation

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<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
05- 430- 760- 3160- 6075		10.00	Transportation Bus tickets 08/01/2012 08/31/2012	Waiver & Ac Transportation
05- 430- 760- 3160- 6075		10.00	Transportation Bus tickets 09/01/2012 09/30/2012	Waiver & Ac Transportation
05- 430- 760- 3160- 6075		10.00	Transportation Bus tickets 10/01/2012 10/31/2012	Waiver & Ac Transportation
05- 430- 760- 3160- 6075		10.00	Transportation Bus tickets 11/01/2012 11/30/2012	Waiver & Ac Transportation
05- 430- 760- 3160- 6075		10.00	Transportation Bus tickets 12/01/2012 12/31/2012	Waiver & Ac Transportation
90746 CITY OF BRAINERD- PUBLIC TRANSIT		80.00	8 Transactions	
89203 CORE PROFESSIONAL SERVICES, PA 05- 430- 745- 3090- 6050		360.00	Pre- petition screening/hearing 04/11/2012 04/12/2012	Pre- Petition Screening/Hearing
89203 CORE PROFESSIONAL SERVICES, PA		360.00	1 Transactions	
11051 Department of Human Services 05- 430- 730- 3590- 6072		3,989.23	CCDTF Maintenance of Effort 03/01/2012 03/31/2012	Ccdtf County % State Billings
11051 Department of Human Services		3,989.23	1 Transactions	
10145 DHS- CBHH BAXTER 05- 430- 745- 3720- 6081		1,665.92	State- operated inpatient 11/23/2011 11/30/2011	State- Operated Inpatient - Rtc Or Cbhh
05- 430- 745- 3720- 6081		1,041.20	State- operated inpatient 12/01/2011 12/05/2011	State- Operated Inpatient - Rtc Or Cbhh
10145 DHS- CBHH BAXTER		2,707.12	2 Transactions	
9220 DHS- MSOP 05- 430- 745- 3720- 6081		1,268.00	State- operated inpatient 03/01/2012 03/04/2012	State- Operated Inpatient - Rtc Or Cbhh
05- 430- 745- 3721- 6081		982.70	State- operated inpatient 03/01/2012 03/31/2012	Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081		982.70	State- operated inpatient 03/01/2012 03/31/2012	Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081		2,139.75	State- operated inpatient 03/05/2012 03/31/2012	Commitment Costs - Poor Relief

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<u>No. Account/Formula</u>			<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
9220 DHS-MSOP			4 Transactions		
89965 DHS-ST PETER- SEE LIST					
05- 430- 745- 3721- 6081		1,739.10	State- operated inpatient 03/01/2012	03/31/2012	Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081		1,612.00	State- operated inpatient 03/01/2012	03/31/2012	Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081		1,739.10	State- operated inpatient 03/01/2012	03/31/2012	Commitment Costs - Poor Relief
89965 DHS-ST PETER- SEE LIST		5,090.20	3 Transactions		
91345 ELVECROG/ROBERTA C					
05- 430- 750- 3950- 6020		210.00	Public guardianship 03/01/2012	04/30/2012	Public Guardianship Dd
05- 430- 750- 3950- 6020		70.00	Public guardianship 03/01/2012	04/30/2012	Public Guardianship Dd
05- 430- 750- 3950- 6020		105.00	Public guardianship 03/01/2012	04/30/2012	Public Guardianship Dd
91345 ELVECROG/ROBERTA C		385.00	3 Transactions		
11589 Lutheran Social Service of MN- Mankato					
05- 430- 750- 3950- 6020		192.97	Public guardianship 04/03/2012	04/30/2012	Public Guardianship Dd
05- 430- 760- 3950- 6020		133.29	Guardianship/conservatorship 04/02/2012	04/30/2012	Guardianship/Conservatorship
11589 Lutheran Social Service of MN- Mankato		326.26	2 Transactions		
11072 LUTHERAN SOCIAL SERVICE OF MN- ST					
05- 430- 760- 3950- 6020		357.62	Guardianship/conservatorship 03/09/2012	03/30/2012	Guardianship/Conservatorship
11072 LUTHERAN SOCIAL SERVICE OF MN- ST		357.62	1 Transactions		
86058 Martin/Patricia					
05- 430- 760- 3950- 6020		105.00	Guardianship/conservatorship 03/01/2012	03/31/2012	Guardianship/Conservatorship
05- 430- 760- 3950- 6020		105.00	Guardianship/conservatorship 04/01/2012	04/30/2012	Guardianship/Conservatorship

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86058 Martin/Patricia		210.00	2 Transactions	
91221 McCormick/John				
05- 430- 710- 3820- 6040		210.00	Relative custody assistance 05/01/2012 05/31/2012	Relative Custody Assistance
91221 McCormick/John		210.00	1 Transactions	
9759 MISQUADACE/ANITA				
05- 430- 710- 3820- 6040		424.89	Relative custody assistance 05/01/2012 05/31/2012	Relative Custody Assistance
05- 430- 710- 3820- 6040		149.89	Relative custody assistance 05/01/2012 05/31/2012	Relative Custody Assistance
05- 430- 710- 3820- 6040		163.02	Relative custody assistance 05/01/2012 05/31/2012	Relative Custody Assistance
9759 MISQUADACE/ANITA		737.80	3 Transactions	
10593 Morrison/Debra				
05- 430- 710- 3820- 6040		208.33	Relative custody assistance 05/01/2012 05/31/2012	Relative Custody Assistance
05- 430- 710- 3820- 6040		28.33	Relative custody assistance 05/01/2012 05/31/2012	Relative Custody Assistance
10593 Morrison/Debra		236.66	2 Transactions	
3639 NORTHLAND COUNSELING CTR INC				
05- 430- 730- 3710- 6020		5,525.00	Detoxification (Category I) 03/28/2012 04/29/2012	Detoxification - Grand Rapids
3639 NORTHLAND COUNSELING CTR INC		5,525.00	1 Transactions	
88193 Oakridge Homes Of Aitkin				
05- 430- 740- 3890- 6020		83.20	Child respite care/Teen Group 04/06/2012 04/27/2012	Child Mh Respite
88193 Oakridge Homes Of Aitkin		83.20	1 Transactions	
90748 OAKRIDGE HOMES SILS				
05- 430- 750- 3340- 6073		607.53	Semi- Independent Living Servic 04/01/2012 04/26/2012	Semi- Independent Living Serv (Sils)
05- 430- 750- 3340- 6073		630.00	Semi- Independent Living Servic 04/01/2012 04/29/2012	Semi- Independent Living Serv (Sils)

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 Health & Human Services

Aitkin County

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<u>No. Account/Formula</u>			<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
90748 OAKRIDGE HOMES SILS			1,237.53	2 Transactions	
89879 OCCUPATIONAL DEVELOPMENT CENTER					
05- 430- 745- 3160- 6050			101.50	Transportation for employment 04/01/2012 04/30/2012	Adult Transportation
05- 430- 760- 3370- 6050			255.00	Employability- supported employ 04/01/2012 04/30/2012	Employability - Txx
89879 OCCUPATIONAL DEVELOPMENT CENTER			356.50	2 Transactions	
87514 Pine Manors Inc					
05- 430- 730- 3710- 6080			2,475.00	Detoxification (Category I) 04/05/2012 04/16/2012	Detoxification - Other
87514 Pine Manors Inc			2,475.00	1 Transactions	
88878 PRODUCTIVE ALTERNATIVES INC					
05- 430- 750- 3380- 6050			232.50	Extended and supported employm 04/01/2012 04/30/2012	Extended Supported Employment
05- 430- 750- 3380- 6050			209.25	Extended and supported employm 04/01/2012 04/30/2012	Extended Supported Employment
05- 430- 750- 3380- 6050			488.25	Extended and supported employm 04/01/2012 04/30/2012	Extended Supported Employment
88878 PRODUCTIVE ALTERNATIVES INC			930.00	3 Transactions	
6146 RS Eden					
05- 430- 710- 3181- 6020			5.25	drug test 04/18/2012 04/18/2012	Drug Testing - CMCC Juveniles
05- 430- 710- 3181- 6020			27.50	drug test 04/18/2012 04/18/2012	Drug Testing - CMCC Juveniles
6146 RS Eden			32.75	2 Transactions	
4242 RYAN & BRUCKER LTD					
05- 430- 750- 3950- 6020			43.75	Public guardianship 03/01/2012 03/31/2012	Public Guardianship Dd
4242 RYAN & BRUCKER LTD			43.75	1 Transactions	
9140 SIMAR/CANDACE					
05- 430- 750- 3950- 6020			70.00	Public guardianship 04/01/2012 04/30/2012	Public Guardianship Dd

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 Health & Human Services

Aitkin County



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<u>No. Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
05- 430- 750- 3950- 6020			35.00	Public guardianship		Public Guardianship Dd
05- 430- 760- 3950- 6020			70.00	Guardianship/conservatorship	04/01/2012 04/30/2012	Guardianship/Conservatorship
9140 SIMAR/CANDACE			175.00	3 Transactions	04/01/2012 04/30/2012	
Final Total			34,786.48	27 Vendors		57 Transactions

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	34,786.48	Health & Human Services	
	All Funds	34,786.48	Total	Approved by,
			
			

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86222 Aitkin Independent Age 05-430-720-3020-6069			55.00 CHILD CARE ADV 4/18 & 21/12 04/18/2012 04/21/2012		Community Ed & Prevent/Advertising
86222 Aitkin Independent Age			55.00 1 Transactions		
87615 Aitkin Medical Supply 05-400-430-0408-6405			12.00 MCH-NIPPLE SHIELDS		Supplies-Computer/Office/Meeting
87615 Aitkin Medical Supply			12.00 1 Transactions		
8239 Ameripride Linen & Apparel Services 05-400-440-0410-6231			3.72 CLEANING SERVICE 04/30/2012 04/30/2012		Services Or Contracts
05-420-600-4800-6231			9.83 CLEANING SERVICE 04/30/2012 04/30/2012		Services Or Contracts
05-430-700-4800-6231			13.02 CLEANING SERVICE 04/30/2012 04/30/2012		Services Or Contracts
8239 Ameripride Linen & Apparel Services			26.57 3 Transactions		
5398 CDW Government, Inc 05-400-440-0410-6405			5.73 WIRELESS-KEYBOARD & MOUSE(TB)	J397816	Supplies-Computer/Office/Meeting
05-420-600-4800-6405			15.14 WIRELESS-KEYBOARD & MOUSE(TB)	J397816	Supplies-Computer/Office/Meeting
05-420-600-4800-6405			37.86 IM KEYBOARD(KK)	K125765	Supplies-Computer/Office/Meeting
05-430-700-4800-6405			20.05 WIRELESS-KEYBOARD & MOUSE(TB)	J397816	Supplies-Computer/Office/Meeting
5398 CDW Government, Inc			78.78 4 Transactions		
88628 Dalco 05-400-440-0410-6405			15.36 TOWELS/TISSUE	2445778	Supplies-Computer/Office/Meeting
05-420-600-4800-6405			40.57 TOWELS/TISSUE	2445778	Supplies-Computer/Office/Meeting
05-430-700-4800-6405			53.73 TOWELS/TISSUE	2445778	Supplies-Computer/Office/Meeting
88628 Dalco			109.66 3 Transactions		
11051 Department of Human Services 05-400-440-0410-6231			299.18 MERIT SERVICE-MAR'12		Services Or Contracts
05-420-600-4800-6231			790.69 MERIT SERVICE-MAR'12		Services Or Contracts
05-420-610-4100-6011			94.50 MAXIS-AFDC-MAR'12		County Share-Afdc/Mfip
05-420-610-4100-6011			1,094.25 MAXIS-MFIP TANF CASH-MAR'12		County Share-Afdc/Mfip
05-420-610-4100-6011			276.00 MAXIS-MFIP STATE CASH-MAR'12		County Share-Afdc/Mfip
05-420-620-4100-6011			25.00 MAXIS-GA-MAR'12		County Share - Ga

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05-420-620-4400-6025		37.45	GAMC/NON RES RECIP-APR'12	State Share-Gamc
05-420-630-4100-6011		156.40	MAXIS-FS-MAR'12	County Share-Food Support
05-420-640-4800-6231		459.02	CS-MO FED OFFSET FEE-MAR'12	Services Or Contracts
05-420-640-4800-6231		190.44	CS-MO FED OFFSET FEE-APR'12	Services Or Contracts
05-420-650-4400-6025		2,375.27	MA ESTATE-APR'12	County Share - Ma
05-420-650-4400-6025		2,343.21	MA LTC UN 65-APR'12	County Share - Ma
05-420-650-4400-6025		37.50	MA/EX RECIP-INELIG-APR'12	County Share - Ma
05-420-650-4400-6025		2,250.00	MA/MNCARE RECIP-INELIG-APR'12	County Share - Ma
05-430-700-4800-6231		1,047.13	MERIT SERVICE-MAR'12	Services Or Contracts
11051 Department of Human Services		11,476.04	15 Transactions	
1491 Dutch's Electric, Inc				
05-400-440-0410-6231		11.30	CHANGE RECEPTICAL-PH KITCHEN 03/30/2012 03/30/2012	19756 Services Or Contracts
05-420-600-4800-6231		29.88	CHANGE RECEPTICAL-PH KITCHEN 03/30/2012 03/30/2012	19756 Services Or Contracts
05-430-700-4800-6231		39.57	CHANGE RECEPTICAL-PH KITCHEN 03/30/2012 03/30/2012	19756 Services Or Contracts
1491 Dutch's Electric, Inc		80.75	3 Transactions	
90305 Hemocue Inc				
05-400-410-0413-6405		380.48	WIC-MED SUPPLIES	1152768 Supplies-Computer/Office/Meeting
90305 Hemocue Inc		380.48	1 Transactions	
2186 Hillyard Inc - Kansas City				
05-400-440-0410-6405		48.95	BATHROOM SUPPLIES	600200774 Supplies-Computer/Office/Meeting
05-400-440-0410-6405		65.15	BATHROOM SUPPLIES	600214654 Supplies-Computer/Office/Meeting
05-420-600-4800-6405		129.34	BATHROOM SUPPLIES	600200774 Supplies-Computer/Office/Meeting
05-420-600-4800-6405		172.19	BATHROOM SUPPLIES	600214654 Supplies-Computer/Office/Meeting
05-430-700-4800-6405		171.29	BATHROOM SUPPLIES	600200774 Supplies-Computer/Office/Meeting
05-430-700-4800-6405		228.04	BATHROOM SUPPLIES	600214654 Supplies-Computer/Office/Meeting
2186 Hillyard Inc - Kansas City		814.96	6 Transactions	
2340 Hyytinen Hardware Hank				
05-400-440-0410-6405		0.18	OFFICE SUPPLIES	Supplies-Computer/Office/Meeting
05-420-600-4800-6405		0.46	OFFICE SUPPLIES	Supplies-Computer/Office/Meeting
05-430-700-4800-6405		0.61	OFFICE SUPPLIES	Supplies-Computer/Office/Meeting

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Vendor No.</u>	<u>Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
2340	Hyytinen Hardware Hank			1.25	3 Transactions		
12049	IBI SYNERGY, INC						
	05-400-430-0407-6262			70.93	FAM PLAN-MEDICAL SUPPLIES	9204021	Family Planning Approp
12049	IBI SYNERGY, INC			70.93	1 Transactions		
87382	K-B Enterprises						
	05-400-440-0410-6405			105.88	CHECK STOCK	27071	Supplies-Computer/Office/Meeting
	05-420-600-4800-6405			279.81	CHECK STOCK	27071	Supplies-Computer/Office/Meeting
	05-430-700-4800-6405			370.56	CHECK STOCK	27071	Supplies-Computer/Office/Meeting
87382	K-B Enterprises			756.25	3 Transactions		
90182	Laboratory Corp Of America Holdings						
	05-420-640-4800-6397			33.00	IVD GENETIC TEST 0010067407-03		Genetic Tests Iv-D
	05-420-640-4800-6397			99.00	IVD GENETIC TEST 0015118442-01		Genetic Tests Iv-D
	05-420-640-4800-6397			99.00	IVD GENETIC TEST 0014105076-02		Genetic Tests Iv-D
	05-420-640-4800-6397			33.00	IVD GENETIC TEST 0014105076-01		Genetic Tests Iv-D
	05-420-640-4800-6397			33.00	IVD GENETIC TEST 0014105076-03		Genetic Tests Iv-D
	05-420-640-4800-6397			33.00	IVD GENETIC TEST 0011001899-03		Genetic Tests Iv-D
90182	Laboratory Corp Of America Holdings			330.00	6 Transactions		
89079	McGregor Area Ambulance Service						
	05-400-401-0000-6812			1,760.00	APR'12 RUNS		Mcgregor Area Ambulance
89079	McGregor Area Ambulance Service			1,760.00	1 Transactions		
89080	Meds-1 Ambulance Service Inc						
	05-400-401-0000-6813			100.00	APR'12 RUNS		Meds-1 Hill City Ambulance
89080	Meds-1 Ambulance Service Inc			100.00	1 Transactions		
89078	Mille Lacs Health System						
	05-400-401-0000-6814			175.00	APR'12 RUNS		Isle Ambulance/Mille Lacs Health System
89078	Mille Lacs Health System			175.00	1 Transactions		
3337	Minnesota County Attorneys Association						
	05-420-640-4800-6208			125.00	CS CONFERENCE(CO.ATTY)	18123520	Staff Development/Training
3337	Minnesota County Attorneys Association			125.00	1 Transactions		

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
89765	Minnesota Elevator Service				
	05-400-440-0410-6231		21.25	ELEVATOR SERVICE-MAY'12	242481 Services Or Contracts
	05-420-600-4800-6231		56.15	ELEVATOR SERVICE-MAY'12	242481 Services Or Contracts
	05-430-700-4800-6231		74.36	ELEVATOR SERVICE-MAY'12	242481 Services Or Contracts
89765	Minnesota Elevator Service		151.76	3 Transactions	
3297	Mn Dept Of Health(Ivd)				
	05-420-640-4800-6379		40.00	AMEND BC-0014727378-01-NATHAN	210339 Other Iv-D Charges
	05-420-640-4800-6379		40.00	AMEND BC 0014727378-01-NATELI	261553 Other Iv-D Charges
3297	Mn Dept Of Health(Ivd)		80.00	2 Transactions	
89590	Nachsa-Bob Suver,Treasurer				
	05-400-440-0410-6208		18.20	MEMBERSHIP-2012	Staff Development/Training
	05-420-600-4800-6208		48.10	MEMBERSHIP-2012	Staff Development/Training
	05-430-700-4800-6208		63.70	MEMBERSHIP-2012	Staff Development/Training
89590	Nachsa-Bob Suver,Treasurer		130.00	3 Transactions	
89081	North Ambulance Brainerd				
	05-400-401-0000-6809		1,485.00	APR'12 RUNS	No. Memorial Ambulance-Aitkin
89081	North Ambulance Brainerd		1,485.00	1 Transactions	
86235	Office Shop Inc/The				
	05-400-440-0410-6231		1,094.05	PH-COPIER CONTRACT-IRC5185I	14460 Services Or Contracts
	05-400-440-0410-6231		88.80	OSS-COPIER CONTRACTS-IRC5035	15260 Services Or Contracts
	05-420-600-4800-6231		234.68	OSS-COPIER CONTRACTS-IRC5035	15260 Services Or Contracts
	05-430-700-4800-6231		310.79	OSS-COPIER CONTRACTS-IRC5035	15260 Services Or Contracts
86235	Office Shop Inc/The		1,728.32	4 Transactions	
89327	Postmaster-Aitkin				
	05-400-440-0410-6405		63.00	STAMPS-AGENCY(10 ROLLS)	Supplies-Computer/Office/Meeting
	05-420-600-4800-6405		166.50	STAMPS-AGENCY(10 ROLLS)	Supplies-Computer/Office/Meeting
	05-430-700-4800-6405		220.50	STAMPS-AGENCY(10 ROLLS)	Supplies-Computer/Office/Meeting
89327	Postmaster-Aitkin		450.00	3 Transactions	
11437	Riverwood Garrison Pharmacy				
	05-400-430-0407-6262		355.99	FAM PLAN-MEDICATIONS	Family Planning Approp

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u> <u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
11437 Riverwood Garrison Pharmacy		355.99	1 Transactions	
84172 Riverwood Healthcare Center 05-400-430-0407-6262		715.50	FAM PLAN-PG/STD TESTING	Family Planning Approp
84172 Riverwood Healthcare Center		715.50	1 Transactions	
5774 Riverwood Healthcare Clinic 05-400-430-0407-6262		332.10	FAM PLAN-OFFICE VISITS	Family Planning Approp
5774 Riverwood Healthcare Clinic		332.10	1 Transactions	
11760 RON MICHAELS CONSULTING INC 05-420-600-4800-6231		355.78	TECH DISC-EDOCS THRU 4/15/12	Services Or Contracts
11760 RON MICHAELS CONSULTING INC		355.78	1 Transactions	
6146 RS Eden 05-430-700-4800-6405		324.93	SS-RAPID TEST SUPPLIES	Supplies-Computer/Office/Meeting
6146 RS Eden		324.93	1 Transactions	
4233 S & T Office Products Inc 05-400-440-0410-6405		19.30	OFFICE SUPPLIES	Supplies-Computer/Office/Meeting
05-420-600-4800-6405		51.00	OFFICE SUPPLIES	Supplies-Computer/Office/Meeting
05-430-700-4800-6405		67.54	OFFICE SUPPLIES	Supplies-Computer/Office/Meeting
4233 S & T Office Products Inc		137.84	3 Transactions	
86177 Sheriff Aitkin County 05-420-600-4800-6265		225.00	FRAUD(JAN-MAR'12)	Sheriff - Fraud Investigation
05-420-640-4800-6270		50.00	IVD SERVICE 0011031219-01	Aitkin Co Sheriff Fees Iv-D
05-420-640-4800-6270		50.00	IVD SERVICE 0015233255-01	Aitkin Co Sheriff Fees Iv-D
05-430-720-3980-6020		10.00	DAYCARE BKGRD CHECK	License And Resource Development
05-430-720-3980-6020		10.00	DAYCARE BKGRD CHECK	License And Resource Development
86177 Sheriff Aitkin County		345.00	5 Transactions	
86433 Sheriff Mille Lacs County 05-420-640-4800-6379		30.00	IVD SERVICE 0014092386-05	Other Iv-D Charges
86433 Sheriff Mille Lacs County		30.00	1 Transactions	
88859 Spee*Dee-St Cloud				

JLF2
 5/18/12 10:22AM
 Health & Human Services

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor Name</u>		<u>Rpt</u>	<u>Warrant Description</u>		<u>Invoice #</u>	<u>Account/Formula Description</u>	
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>	
	05-420-600-4800-6231		163.37	IM SERVICE	2184139	Services Or Contracts	
88859	Spee*Dee-St Cloud		163.37	1 Transactions			
10930	Tidholm Productions						
	05-430-700-4800-6405		74.76	BUSINESS CARDS(DJ)	3450	Supplies-Computer/Office/Meeting	
10930	Tidholm Productions		74.76	1 Transactions			
Final Total			23,213.02	33 Vendors	86 Transactions		



www.supportwithinreach.org

☐ 1325 NW 4th Street
Grand Rapids, MN 55744
218-326-5008
1-866-747-5008
fax: 218-326-1314

☐ 204 2nd Street NW,
Aitkin, MN 56431
218-927-6226
1-866-747-5008
fax: 218-927-1414

2011 Annual Report

Support Within Reach: Sexual Violence Resource Center

Serving Aitkin and Itasca Counties

Our Mission

To reduce the impact and harm of sexual violence for the individuals, families, and communities we serve.

Our Values

- We believe in providing options for individuals and encourage self-determination; we support an individual's freedom to make choices.
- We believe in building community through creating relationships, communication, mutual respect, and social commitment.
- We believe in the right to quality services delivered with respect and empathy.
- We believe in diversity that honors difference in age, culture, and social orientations.
- We believe in the right to accessible, free, and ethical provision of services.

this issue

Mission & Values P. 1
Growing Needs P. 2
Services Offered/Clients P. 3
Statistics P. 4
Board Members P. 5
Organization Finances P. 6
Staff Members P. 7-9
Volunteers P. 9
SANE Program P. 10
Contact Us P. 11





You can BE better THAN anything that CAN happen to You!

Growing Needs

- 3 Aitkin County Board Members—approximately 3-5 hours per month commitment—contact Amanda at 218-326-5008 if you are interested.
- 4-5 new Itasca County SANE nurses, must be a medical professional with a medical degree of a registered nurse or higher—contact Leah at 218-326-5008 if you are interested.
- Basic office supplies—white copy paper, colored copy paper, post-it notes, toilette paper, paper towels, bathroom cleaners, items for events such as paper plates, cups, napkins, silverware, coffee, and dry creamer.
- Individuals interested in volunteering for SWR through our after-hours crisis line, in office answering phones and working on projects, assisting with support groups, and working at community/fundraising events.

Dear Friends,

Each day, staff and volunteers of Support Within Reach are awed by the resilience of the women, youth, and men we work with. Their experiences facing sexual violence and daily life changes along with ongoing challenges to overcome barriers and achieving their individuals goals inspire our work.

As 2011 has come to a close, we reflect on our own challenges as an organization. The economic downturn brought funding cuts, a state shutdown, and renewed commitment to diversified funding strategy.

In 2012, SWR looks forward to the creation of a Financial Strategic Planning Session, with developing new ways to sustain our organization and contingency planning.

We are very grateful for your commitment to our mission. Your support directly assists hundreds of victims of sexual violence each year, as SWR works to ensure safety, calm, and reassurance to the lives of our clients.

Thank You!

Amanda Ysen, Executive Director
Ann Koetz, Board Co-Chair
Eric Villeneuve, Board Co-Chair



Services Offered

All Services Provided in Both Aitkin & Itasca

1. Victim Support & Advocacy Services

- 24 hour Crisis Line
- Basic One to One Peer Counseling
- Medical Accompaniment to Sexual Assault Examinations
- Law Enforcement Advocacy through the reporting/investigative process
- Prosecution Advocacy through the lengthy court process
- Civil Court Assistance—Restraining Orders
- Support Groups
- Outreach to Outlying Areas

2. Community Action Volunteer Program— Accepts Volunteers & Interns

3. Coordinated Community Response Program

- Sexual Assault Multi-Disciplinary Action Response Team—team meets monthly to develop victim centered protocols, policies, and practices, provide ongoing training to system providers, and encourage systemic change to reduce barriers for victims of sexual violence to come forward and report.
- Itasca County Sexual Assault Nurse Examiner Program—see more on page 8.

4. Prevention Education & Awareness Program

- Pre-school/Daycare—4th Grade Presentations
- Middle/High school Presentations
- Itasca Community College—campus office/presentations
- Chemically Dependent, Developmentally Disabled, and Youth At Risk Presentations
- Professional Development related to issues surrounding sexual violence
- Community Awareness

"SWR is always there for you, I found the staff were very understanding and helpful for what I was going through. They opened their door and hearts to me."



We asked our Clients, what was most helpful about the services you received from SWR...

... I feel comfortable and at ease with my advocate, I was able to talk without feeling shame.

... Talking with others who understand.

... Having an advocate meet me at court and help me through an extremely intimidating and painful process.

... The support and making me feel more comfortable about my situation.

... SWR is a safe place to talk, my advocate provided me with positive support.

... They helped me fill out my restraining order paperwork, I had no clue how to do this.

... I enjoyed the laughter, I hadn't experienced that in a while.

... My SANE exam took a while, but everyone was so helpful and helped me to understand what was happening.

... My advocate helped me to feel positive about myself, she taught me how to have a life without abuse, negativity, and shame—I now feel worthy!

... I can trust my advocate.

... SWR helped me through this!

... That I can cope with what has happened to me.

... Having a nonjudgmental professional to talk to was awesome!

... I met other people going through the same things in support group.



Support Within Reach—2011 Statistics

	Itasca	Aitkin	Combined
New Primary Client	64	7	71
New Secondary Client Contacts	74	8	82
Subtotal New Primary & Secondary Contacts	138	15	153
Ongoing Primary Client Contacts	437	35	472
Ongoing Secondary Client Contact	523	29	552
Subtotal Ongoing Pri- mary & Secondary Con-	960	64	1,024
Totals	1,098	79	1,177

Aitkin Statistics:

- SWR staff attended to 15 new clients (primary and secondary) in Aitkin County for a total of 79 total client contacts. This was a 36% increase from 2010.
- Primary and secondary victims in Aitkin County accessed a total of 183 service types in 2011.
- SWR staff accompanied and advocated at 4 hospital calls for sexual assault examinations in Aitkin County. In 2010, SWR had no calls for sexual assault exams.
- SWR staff/volunteers attended to 10 after hours calls in 2011.
- SWR provided 19 presentations in Aitkin to 981 participants.
- SWR provided 10 awareness events related to sexual violence.

Itasca Statistics:

- SWR staff attended to 138 new clients (primary/secondary) in Itasca County for a total of 1,098 total client contacts. This was a 13% increase from 2010.
- Primary and secondary victims in Itasca County accessed a total of 2,140 service types in 2011.
- SWR staff accompanied and advocated at 20 hospital calls for sexual assault examinations in Itasca County.
- SWR staff/volunteers attended to 84 after-hours calls in 2011.
- SWR provided 190 educational and training programs in Itasca County to 5,228 participants.
- SWR provided 36 awareness events related to sexual violence.



PARTNERS/COLLABORATORS

THANK YOU!

Advocates for Family Peace | AEOA | Aitkin County Townships | Aitkin County School Districts | Aitkin Community Corrections | Aitkin City Police Department | Aitkin County Attorney's Office | Aitkin County Sheriff's Department | Bigfork Valley Hospital | Blandin Foundation | Business/Individuals who donated to events—Mexican Fiesta & Walk a Mile in Her Shoes | Broberg Ferraro | Bright Horizons Group Home | Cherish Our Children | Community Presbyterian Church | Deer River Healthcare | Deer River Police Department | First Call for Help | Grand Itasca Clinic & Hospital | Grand Itasca Foundation | Grand Rapids Community Foundation | Grand Rapids Police Department | Herald Review | Hired Hands | Itasca Community College | ICC—Psychology Department | Itasca County School Districts | Itasca County Townships | Itasca County Health & Human Services | Itasca County Attorney's Office | Itasca County Sheriff's Department | Itasca County Court Administration | Itasca County Probation | Itasca County Domestic & Sexual Violence Court Initiative | Kootasca | Lake Country Power | Leech Lake Sexual Assault Response Team | Legal Aid of NEMN | Mille Lacs Community Trust | Mille Lacs Band of Ojibwe | MN Department of Corrections | MN Coalition of Nonprofits | MN Coalition Against Sexual Assault | MN Office of Justice Programs | Moose, Eagles, Lions, and VFW of Grand Rapids | North Homes Children & Family Services | Northland Counseling & Recovery Center | ODC | Otto Bremer Foundation | Rapids Counseling | Rapids Printing | St. Joseph's Catholic Church | St. Andrews Church | United Way of 1000 Lakes | United Way of Northeastern MN | United Methodist Church | Wells Fargo | White Ivy | YMCA | Zion Lutheran Church |

Support Within Reach 2011 Board of Director's

(Name, Board Title, Area Represented)



Ann Koetz, Co-Chair—Northern Itasca County
Board Member Since April 2007

Eric Villeneuve, Co-Chair—Western Itasca County
Board Member Since March 2010



Abbey Pierce, Secretary—Southern Itasca County
Board Member Since December 2010

Kim Geislinger—Itasca County, Grand Rapids
Board Member Since March 2010



Becky Moore—Northern Aitkin County
Board Member Since March 2010

Terry Snyder—Northern Itasca County
Board Member Since July 2011



Andy Morgan—Itasca County, Grand Rapids
Board Member Since September 2011

Not Pictured"
Donna Flaherty 8/05-12/11

Support Within Reach

Income Statement

Jan-Dec 2011

The following report has not been audited by our accountant as of yet.



Income

Expense

Aitkin Donations	317.50
Itasca Donations	2,187.16
Itasca Fundraising	5,470.00
Federal Arrest Grant	9,025.39
Blandin Foundation Grant	35,383.70
Itasca County Grant	6,500.00
Lake Country Power Grant	1,000.00
VOCA Grant	94,731.00
SMART Grant	9,566.24
VAWA Grant	29,395.09
SASP Grant	11,033.00
MNCASA Grant	2,090.04
UW 1000 Lakes Grant	17,061.78
UW NEMN Grant	8,468.75
Mille Lacs Electric Grant	1,000.00
Streufert Peace & Safety Grant	1,000.00
Miscellaneous Income	398.03
Aitkin Court Fines	533.92
Itasca Court Fines	487.04
Itasca Program Service Revenue	4,796.30
SANE Program Service Revenue	4,715.00
Aitkin Townships	200.00
Itasca Townships	1,500.00
Grants Receivable	36,140.69
Interest Income	262.52

Total Income **283,263.15**

Operating Reserve Fund	32,992.82
Savings	64,181.27

Total Saving Funds **97,174.09**

Bank Charges	31.19
Contract Services	8,201.17
Dues/Memberships	1,348.50
Employee Benefits	9,455.96
Minor Equipment	8,563.32
Insurance	4,529.04
Legal & Accounting	5,036.00
Maint/Repairs	801.90
Miscellaneous Expense	54.98
Office Expense	2,787.29
Postage	631.93
Printing	16,622.24
Prof. Development	6,810.00
Program Expense	1,312.47
Emergency Funds	1,055.65
Exhibits/Conventions	510.79
Fundraising	1,099.47
Publicity	475.00
Recruitment	1,084.04
Rent	15,186.50
Telephone	3,982.32
Travel/Meals	10,251.61
Workers Comp. Expense	384.00
Payroll	
Employer's Medicare Expense	0
Employer's SS Expense	0
Gross Pay	144,183.08
Unemployment Compensation	5,544.00
Payroll Fee	153.23
Payroll Tax Expense	<u>11,029.98</u>
Total Expense	<u>261,125.66</u>

2011 Staff Members

(Staff Name, Position Title & Explanation)



Amanda Ysen, Executive Director

Email: executivedirector@supportwithinreach.org

Hired as Victim Services Coordinator 05/01, promoted to Executive Director 05/08. Amanda has 14 years of experience working in the field of victimization.

Degree:

- Some work towards Master's in Legal Studies
- Bachelor's Degree, Criminal Justice—Forensic Psychology—2008
- MN Victim Assistance Leadership Academy—2010
- MN Victim Services Professional Certification—2007
- Itasca Community College, Associate of Arts Degree, December 2004

Community Affiliation: Board Member MN Coalition Against Sexual Assault, Co-Chair Itasca County Non-Violence Council, St. Joseph's Catholic Church—Child Protection Task Force, Itasca County Children's Justice Initiative Member, Domestic Abuse Criminal Justice Committee.

Summary: As the Executive Director, Amanda oversees all business affairs, including program development, grant writing and management, financial management, budgeting, human resources, etc. in our two-county service area.



Sarah Norton, Prevention Education & Awareness Coordinator

Email: education@supportwithinreach.org

Hired August 2008

Degree:

- Bachelor's Degree, Criminal Justice—Psychology & Sociology—2003
- MN Mental Health Practitioner—2007

Community Affiliation: Sexual Violence Prevention Network, MN Alliance Against Violence—Mapping State Services, and Cherish Our Children.

Summary: Sarah's responsibilities include overseeing the Prevention Education & Awareness Program in Itasca County—developing and presenting educational and awareness programs to the community. Sarah also coordinates our agencies efforts at Itasca Community College through our office. She works to engage students by recruiting them in volunteer positions for staffing our ICC office, conducting student activities related to sexual violence at least twice a year, and notifying them of intern positions. Sarah also assists with victim services, support group facilitation, volunteer training, as well as developing the agency newsletter and website.

2011 Staff Members

(Staff Name, Position Title & Explanation)



Leah Mornes-Kulcsar, Victim Services/ICSAIC Coordinator

Email: sane@supportwithinreach.org

Hired August 2009

Degree:

- Currently working on Master's Degree in Human Services
- Bachelor's Degree, Criminology and Sociology—2009
- MN Victim Services Professional Certification—2011

Community Affiliation: International Association of Forensic Nurses—Northern Region Representative, Itasca County Health and Human Services—Child Protection Taskforce, Housing Issues Advisory Committee, Leech Lake Reservation Sexual Assault Response Team.

Summary: Leah began working with SWR as a student intern in 2009. As coordinator of the Victim Services/SANE Program, her primary responsibilities include developing and overseeing the Sexual Assault Nurse Examiner Program (SANE). In addition to this work, Leah oversees the Victim Support and Advocacy Program and works primarily with victims at the beginning of the reporting process and support groups.



Kari Horbacz, Aitkin Sexual Violence Services Coordinator

Email: aitkin@supportwithinreach.org

Hired January 2011

Degree:

- Associate Degree—Criminal Justice—2009

Community Affiliation: Aitkin County Mega Meeting and Wellness Committee McGregor Schools.

Summary: As the coordinator for Aitkin County, Kari works to ensure that our core sexual violence services are provided in Aitkin County. This includes Victim Support and Advocacy Services, Coordinated Community Response Program (SMART Team), and Prevention Education and Awareness Program. In addition to this, Kari works in direct services. Kari has a good understanding of Aitkin County and worked for several years with the probation department.

2011 Staff Members

(Staff Name, Position Title & Explanation)



Shona Brohman, Victim Services/ICSAIC/Volunteer Coordinator

Email: sitecoordinator@supportwithinreach.org

Hired: October 2011

Degree: Associate Degree—Nursing

Community Affiliation: Domestic Violence Criminal Justice Meeting, Domestic & Sexual Violence Court Meeting, and Court Services Meeting.

Summary: Shona spent five years working at a treatment based youth correctional facility. As ICSAIC/Victim Services Coordinator, her responsibilities include overseeing the Itasca County Sexual Assault Interagency Council and the criminal justice support services provided by SWR. In addition, Shona coordinates our Sexual Violence Victim Witness Program—assisting victims to understand the criminal and juvenile court system. She works on keeping victims informed and also advocating for their crime victim rights. As Volunteer Coordinator, Shona works to manage SWR's volunteers, recruits new volunteers, hold a monthly volunteer meeting and sets up new trainings twice a year.

2011 Volunteers/Interns

- SWR volunteers provide after hours response to victims of sexual violence, in both Itasca and Aitkin Counties.
- SWR currently has 14 active volunteers at the end of the year. We offer our state mandated sexual violence advocacy training twice a year, in the spring and fall. In 2011, on-call volunteers gave 3,959 hours. At a professional rate of \$10.00 per hour this equates to \$39,590 hours of in-kind service to SWR! Thank you Volunteers!

Volunteer Name, Volunteer Dates of Service

Jenny Jerome-Alstad (03/2004-03/2011)

Sarah Bellefy (12/2011-Present)

Jessica Choy (10/2010-05/2011)

Abby Cox (12/2011-Present)

Robbin Del Nagro (10/2010-05/2011)

Kim Erickson (12/2011-Present)

Nathan Erickson (12/2011-Present)

Donna Flaherty (07/2007-Present)

Jessica Furey (10/2010-Present)

Lindsey Gorshuch (12/2011-Present)

Erin Hall (10/2007-Present)

Sue Kaprowski (04/1997-05/2011)

Pamela Lepinski (11/2004 - 03/2011)

Loie Meyer (08/2000-Present)

Becky Moore (12/2011-Present)

Deven Oothoudt (12/2011-Present)

Kelly Peet (10/2010-2011)

Abbey Pierce (10/2010-Present)

Laura Roy (07/2007-06/2011)

Rachel Voight (12/2011-Present)

Collette Warner (12/2011-Present)

Jessica Wold (10/2010-06/2011)

Kathleen Zorman (9/2009-01/2011)

Sexual Assault Nurse Examiner (SANE) Program of Itasca County

2011 SANE Nurses



Paula Dearholt-Winkler,
MSN, WHNP-BC
SANE Program Medical
Director



Heidi French, RN



Natalie Gustavson RN
CCRN



Darcy Abell, RN



Nancilyn Meyer, RN



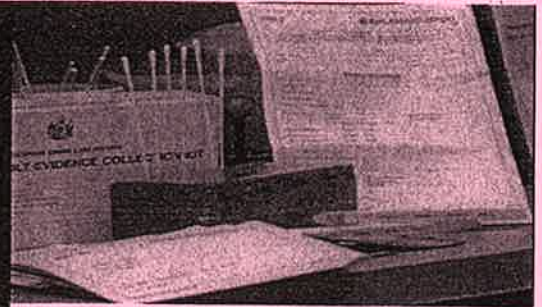
Heather Orhn, WHCNP



Sarah Julson, RN

Nurse Hours 2011

SWR SANE nurses were on-call a total of 3,744 hours in 2011. SANE nurses attended to 14 calls for sexual assault exams and worked a total of 66 hours during these exams. SWR continues to recruit new medical professionals for the SANE program.



Program Information

In collaboration with Grand Itasca Clinic & Hospital, Deer River Healthcare, and Bigfork Valley Hospital, SWR established the community based Sexual Assault Nurse Examiner Program (SANE) for Itasca County in August 2009. The SANE program is housed within SWR. Its purpose is to provide post assault care and evidence collection to victims of sexual assault age 13 and older.

A Sexual Assault Nurse Examiner (SANE) is a medical professional with a minimum of a registered nurse degree. SANE nurses are provided with comprehensive training in the forensic examination for victims of sexual assault. A trained nurse examiner conducts the examination, collects and preserves evidence, and can testify in legal proceedings. The benefits SANE nurses provide include:

- Quick, compassionate, & comprehensive medical care.
- Increases effectiveness of evidence collection, thereby increasing convictions due to better collection of evidence and case processing.
- Relieves the burden of emergency room staff who receive minimal yearly training in forensic evidence and care for victims.



Aitkin County SANE Work

Riverwood Healthcare in Aitkin has a hospital based SANE program. In 2011, SWR advocates attended to 4 calls for service during sexual assault evidence collection exams in Aitkin. SWR and Riverwood work closely together to ensure that their nurses (SANE and Non-SANE) are up to date on the best practices for victim service delivery, care, and evidence collection.



Aitkin Office

204 2nd Street NW

Aitkin, MN 56431

Office—218-927-6226



Itasca Office

1325 NW 4th Street

Grand Rapids, MN 55744

Office—218-326-5008

It's only a
moment not the
rest of your
life!

Thank you for taking time to learn more about our organization. If you have any questions, feel free to call us at 218-326-5008 (Itasca) and/or 218-927-6226 (Aitkin) (Aitkin)

Find out more about upcoming events, recent news, and volunteer opportunities at

www.supportwithinreach.org



Like us on Facebook
and follow our

organization at

[facebook/Support-Within-Reach](https://facebook.com/Support-Within-Reach)



our mission:

to reduce the
impact and harm
of sexual violence
for families and
individuals in
the communities
we serve



Serving & Collaborating in both
Aitkin and Itasca Counties



Itasca Office:
1325 NW 4th Street,
Grand Rapids, MN 55744
218-326-5008 | 1-866-747-5008

Aitkin Office:
204 2nd Street NW,
Aitkin, MN 56431
218-927-6226 | 1-866-747-5008

www.supportwithinreach.org

Funded by:



Blandin Foundation™
STRENGTHENING RURAL MINNESOTA

OTTO BREMER FOUNDATION

providing support
for survivors of
sexual violence
and prevention
education for
the community



Support Within Reach is a private, non-profit, sexual violence resource center that provides services to both Aitkin and Itasca Counties. Our existence is made possible by the dedicated work of a volunteer Board of Directors, staff, and volunteers.

Support Within Reach provides services to women, children, and men who have experienced sexual violence directly or indirectly. Services are available 24 hours a day. Sexual violence advocates are able to provide options and information related to your experience, provide a listening ear to what you are going through and offer emotional support. Our services are free and confidential.

Forms of Sexual Violence

- Child Sexual Abuse
- Sexual Assault (stranger/non-stranger)
- Date Acquaintance Rape
- Intimate Partner Sexual Violence
- Drug Facilitated Sexual Assault
- Sexual Harassment
- Exposing/Obscene Phone Calls
- Sexual Exploitation
- Internet Related Crimes/Child Pornography

Call for specific services provided in your area:

Itasca Office: 218-326-5008 | 1-866-747-5008

Aitkin Office: 218-927-6226 | 1-866-747-5008

Victim Support & Advocacy Services

- 24 hour Crisis Line
- Basic One to One Peer Counseling
- Follow-Up Support
- Medical Accompaniment to Sexual Assault Examinations
- Law Enforcement Advocacy through the reporting process
- Prosecution Advocacy through the lengthy court process
- Support Groups
- Outreach to Outlying Areas

Community Action Volunteer Program

- Accepts Volunteers/Interns

Systems Change Program

- Sexual Assault Nurse Examiner Program
- Sexual Assault Multi-Disciplinary Action Response Team

Prevention Education & Awareness Program

- Pre-school/Daycare-4th Grade
- Middle/High school
- Chemically Dependent, Developmentally Disabled, Youth At Risk
- Professional Development related to issues surrounding sexual violence
- Community Awareness
- Other programs available as requested

PLEASE VISIT US ON THE WEB AT WWW.SUPPORTWITHINREACH.ORG

Aitkin County Health & Human Services

204 First Street NW
AITKIN, MINNESOTA 56431
PHONE 1-800-328-3744 or 1-218-927-7200 - FAX # 218-927-7210

LETTER TO DHS LOCAL RECERTIFICATION PROCESS/ APPLICATION

Date: 4/25/12

Contact name: JP Whalen, PhD, LP Sup.
Family Support Services, Inc.: ARMHS provider entity applicant
13021 Evergreen Drive
Baxter, MN 56425

Dear Dr. Whalen:

This letter is to confirm that Family Support Services, Inc. has met Aitkin County Adult Rehabilitative Mental Health Services (ARMHS) provider criteria for service coordination and knowledge of local resources. Therefore, Family Support Services, Inc., is locally recertified by Aitkin County as of July 21, 2012.

A copy of this letter is being forwarded to the Minnesota Department of Human Services (DHS), Mental Health Division so that DHS can enroll Family Support Services, Inc., as a Medical Assistance ARMHS provider in Aitkin County. This assumes Family Support Services, Inc., has received primary recertification as an ARMHS provider.

If you have questions, please call Susan Cebelinski at 218-927-7215.

Sincerely,



Susan Cebelinski, LICSW
Supervisor, Adult and Disability Services

cc: Melinda Shamp, DHS/Mental Health Division
Susan Cebelinski; Chair of County Mental Health Initiative
Aitkin County Commissioners
Ronda Shaw; County Local Advisory Council Chair

Hello everyone,

Please feel free to pass this update on to your networks, including Principals, School Linked Mental Health Workers, Mental Health Centers, etc. A review of our activities from November 2011-March 2012 is attached.

We have many great accomplishments to be celebrating in our suicide prevention efforts! The following are some of the achievements we've had over the past few months:

- Between the dates of January 25th – May 8th, 21 additional schools received the information for TXT4Life which encompassed roughly 11,332 students! This new total for students put us at over 50% of our Regional student population who have heard the message! (13,867 of 22,000 students total since the grant began last fall)
- HSI Crisis Connection (Canvas Health) call center had an exponential growth in the number of texts for the month of March, and with a dedicated and skilled staff of volunteers, managed that growth beautifully – 483 texts came in, 172 of those were short texts meaning they did not amount to a conversation, and there were 4 emergency interventions.
- The March totals more than doubled from the 170 texts in February, 44 of those were short texts, and there were 4 emergency interventions.
- The April totals were down a bit from our heavy role out month of March at 355 texts, 88 of which were short texts.
- At the end of March, our first annual student training was held with 43 number of students in attendance and 11 adult facilitators attending with their student groups. QPR Trainings were given for both the students and the adult facilitators. There was also a facilitation training for the adults and a student leadership training for the youth. The student training was a huge success with many positive comments from the students and adults.
- Dave Lee, Donna LeKander, Meghann Condit, and Traci Chur traveled to Baltimore, Maryland for the Annual Garret Lee Smith Grant Meeting (April 16-18). Our group was asked to present at a break-out session about the innovative work we are doing. We were also able to provide many people with information about our program during the networking fair that they had. We had a great response, and the event was great overall for networking and learning.
- ASIST Trainings are now being offered. These trainings are two days in length and are definitely worth your time to attend. The training discusses the intervention piece of suicide. It is a \$250-300 training being offered to groups in our seven-county region for free because of our grant. We will have Cre Larson and Connie Ross (Itasca County) as additional ASIST trainers by this fall.
- We will have our first annual TXT4Life Conference on Tuesday, June 5th, from 5:30-8:30pm at Spirit Mountain in Duluth. Dinner will be provided. The event will feature two speakers: Jan Hovland (Associate Professor in the Department of Bio-Behavioral Health and Population Sciences) speaking on Rural Mental Health, and Alana Friedman (Olweus National Bullying Prevention Trainer and Mentor with Safe Harbor Duluth Inc.) speaking on Bullying and Suicide. We will also be providing QPR and Safety Planning Training. The SAVE THE DATE is attached. Please register at: <http://www.surveymonkey.com/s/RS2CWWC>
- Presentations: Meghann has been in contact with most of the schools who have not yet had presentations. A presentation at Cook County Schools has been set for 5/9/12. Paula Butler and Renee Cole from Itasca County are in the process of setting up presentations at Grand Rapids and Deer River, and Nancy Lee from Koochiching County is setting up presentations at International Falls, Little Fork Big Falls, Indus Secondary and Northome.

Resource: The Children's Safety Network, a national resource center for the prevention of childhood injuries and violence funded by the Maternal Child Health Bureau, recently released state-specific fact sheets that include color charts and figures on the major causes of injury and death for individuals up to 24 years of age, **including suicide death and attempt data compiled from various national sources.** We hope these data sheets will be helpful in your work with leaders and decision-makers to support suicide prevention in your state. Minnesota's fact sheet is attached. You can find all of the state factsheets at: <http://childrensafetynetwork.org/states>. If you have any questions or need assistance with these pages please contact the Children's Safety Network at csninfo@edc.org.

Meghann Condit

Health Educator, SHIP and TXT 4 Life Grant Coordinator
 Carlton County Public Health and Human Services
meghann.condit@co.carlton.mn.us

ADMINISTRATION AGREEMENT

For Purchase of Supplies and Equipment

Aitkin County Health and Human Services Department enters into an agreement with Aitkin Medical Supply, 12 2nd St NW, Aitkin, MN 56431 for the purpose of purchasing supplies and equipment for Alternative Care and Waivered Service Clients of Aitkin County.

This Contract will run yearly from July 1, 2012 to June 30, 2015

Federal ID # 0317870001

State ID # N/A

Provider # 590765900

Aitkin Medical Supply agrees to comply with all federal and state regulations governing medical supplies.

Indemnity: Aitkin Medical Supply does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency of Contractor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Contractor the equipment and services to be furnished by the Contractor under this agreement, or while on premises owned, leased, or operated by the Contractor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Contractor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Contractor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, Aitkin Medical Supply agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II.

This Contract may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

Aitkin Medical Supply, Director

Date

Aitkin County Health and Human Services, Director

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

PURCHASE OF SERVICE AGREEMENT

Aitkin County Health and Human Services Department, South Courthouse Annex, 204-1st Street NW, Aitkin, MN 56431, hereafter referred to as the "County" and Connections FSE Services, 15676 Fish Point Road, Prior Lake, MN 55372, referred to as "Provider", enter into this agreement for the period from July 1, 2012 to June 30, 2015, subject to the cancellation provisions herein.

WITNESSETH

WHEREAS, Connections FSE Services an independent contractor, organized and appropriately licensed to be a Fiscal Support Entity, and

WHEREAS, the Agency wishes to purchase such services from the Contractor;

NOW, THEREFORE, in consideration of the mutual understandings and agreements set forth, the Agency and Contractor agree as follows:

I. Description of Services

A. The Provider will provide services as described in Attachment A, hereinafter referred to as The Attachment. The Attachment is incorporated into and made part of this Agreement. These services shall be referred to as "Purchased Services".

B. The Purchased Services are briefly described in the following summary:

Purchased Services are the administrative services required to provide direct client services. Purchased Services can be either Waiver billing and payroll services for Eligible Recipients (as defined in Section 6 of this Agreement) who wish to act as direct employers of their support staff or Waiver billing and employer of record services for those eligible recipients who wish to select and direct support staff services but do not wish to act as the employer. Purchased Services are administrative supports to outcome-based services provided in response to the eligible recipient's identified needs as specified in the Community Support Plan (CSP), Consumer Directed Budget, and Health and Safety Plan, based upon the needs and preferences of the Eligible Recipient and the Eligible Recipient's personal goals, and are consistent with the principles of least restrictive environment, self-determination, and other rights of Eligible Recipients.

C. Purchased Services shall be provided at the Eligible Recipient's residence, at various locations in the community, and/or at sites specified in the Eligible Recipient's Community Support Plan and/or in the Attachment.

D. The County is committed to including outcomes as a critical part of defining and managing contracted services. The County and the Provider agree that this is a critical part of an effective service delivery system, and agree as follows:

1. The provider will diligently strive to attain outcomes included in the contract attachment, and will maintain records and submit reports showing actual results.
2. That management of services with the respect to outcomes is a continuing process requiring ongoing refinement and that the County and the Provider agree to maintain a commitment to that process.

II. Cost of the Agreement

A. Total payment under this Agreement will equal the number of administrative units of service provided to Eligible Recipients paid for at authorized rates.

B. Provider changes to authorized rates must be done in accordance with the following parameters:

1. Provider must give 60 days written notice of rate changes to Aitkin County Health and Human Services.
2. Rates that are reflected in the existing Consumer Directed Budget (Attachment C) are expected to be effective for the duration of the agreement. At the time of the service agreement renewal, as defined in MMIS Service Authorization, the current provider rates for that start date will be utilized for the for the following year's service agreement.
3. The rates used in establishing a Medicaid Management Information System (MMIS) Service Authorization are established with a start date during the effective period of the rate.
4. The Provider must give 60 days prior written notice to consumers of purchased services, their legal representative, and the county case manager on rate changes effecting service authorization/agreement renewal.

C. The County does not guarantee to purchase any minimum amount of services under this Agreement. The number of persons served will not exceed the number of Eligible Recipients authorized for service.

III. Payment for Services

- A. Purchased services shall be furnished and payment shall be made for those services in the following manner and as described in the Attachment:
1. Except as noted in the Attachment, no advance payments will be made under this Agreement.
 2. The applicable unit rates and/or reimbursement levels for the Eligible Recipient services provided under this Agreement are listed in the Attachment of this Agreement.
 3. The Provider will bill the State of Minnesota for actual Consumer Directed Community Support (CDCS) services and retain a portion of the funds collected based on administrative services provided and applicable unit rates and/or reimbursement levels as described in Consumer Directed Budget.
 4. The Provider shall not charge Eligible Recipients purchasing services a program service fee in any form.
 5. The parties agree that for Eligible Recipients under the age of 18, their parent(s) shall be liable for a parental contribution if the Eligible Recipients receives Medical Assistance (MA) services.
- B. If reviews by the County of the Provider's financial statement show that returns are being realized by the Provider which are higher than reasonable, the parties agree to review the reimbursement level. The Provider may submit requests to amend the contract to adjust the reimbursement level and the County agrees to consider such requests.
- C. If the County discovers through audit or other means that the Provider has supplied incorrect information to the County which has caused reimbursement levels either to be established or continued which are higher than reasonable and necessary for the Purchased Services, the County may adjust total payments to the Provider to an amount which is based on reimbursement levels which are reasonable as determined by the County.

IV. Method of Payment

- A. The Provider shall submit invoices to the State of Minnesota for all Home and Community-Based Waivered Services provided.
- B. The State of Minnesota shall pay the Provider following the policies and procedures established for payment of Medical Assistance services.

- C. In the event that services provided to Eligible Recipients may be reimbursed by third party payers, the Provider shall bill said third party payers before billing the State of Minnesota.
- D. The Provider agrees to notify the State if full or partial payment is received from any other source other than this Agreement for any Eligible Recipient also paid for by the State. In such cases, the Provider shall return to the State any duplicate payment by the State for such Eligible Recipients.
- E. The parties understand and agree that the Provider will have sole responsibility for the collection of other fees or revenue. Further, that the County shall accept no responsibility for the subsidization of bad debts related to other revenue for Purchased Services.

V. Eligibility for Service

- A. In all cases where Aitkin County is the county of financial responsibility:
 - 1. The County shall have the responsibility for determining eligibility in accordance with Minnesota Rules, Parts 9525.1820 and 9525.1830 now in force or as hereafter enacted or any other applicable Statute or Rule for all applicants to receive Purchased Services. Applicants authorized by the County are referred to as "Eligible Recipients".
 - 2. Purchased Services shall be provided only to those individuals who have been specifically approved by the County. The County's approval will reflect both programmatic and financial considerations. Purchased Services require prior written approval by the County. Waiver services approval will take the form of a MMIS service agreement.
- B. In all cases where Aitkin County is not the county of financial responsibility, the Provider is responsible to obtain approval for service and payment directly from the financially responsible county or from other payment sources. Aitkin County assumes no financial responsibility to the Provider for Purchased Services provided to any Eligible Recipient who is determined not to be the financial responsibility of Aitkin County. When applicable, the Provider will ensure that other counties have obtained Host County concurrence before starting service.

VI. Additional Understandings

- A. The Provider agrees to comply with all the State of Minnesota Continuing Care Administration Fiscal Support Entity Medical Assistance Enrollment Readiness Review requirements and to be certified by the Department of Human Services (DHS) as a Fiscal Support Entity. The Provider is to be an enrolled Medical Assistance provider and to comply with all other federal and state requirements.

- B. Any advances a provider makes in anticipation of reimbursement without an MMIS service authorization and an approved Consumer Directed Budget are made at the provider's risk and no guarantee from the County of reimbursement.
- C. The Provider is responsible for the payment of services within the amount authorized on MMIS and according to the Community Support Plan approved by Aitkin County Case Manager(s).
- D. The Provider is financially responsible for payments made in excess of the amount authorized in MMIS.
- E. The Provider agrees to provide the following reports in addition to the report requirements of Section 9 of the Agreement:
 - 1. The Provider shall submit, within fifteen (15) calendar days after the end of each month, the monthly client specific financial report, Client Monthly Report, to client/parents/legal representatives.
 - 2. The Provider shall submit a report to Aitkin County any time a client's actual year-to-date spending exceeds the client's year-to-date budget spend plan by fifteen percent (15%), under spending by fifty percent (50%) and any unauthorized overtime, within fifteen (15) calendar days, after the end of the month, in which the variance occurred. FSE Reporting CDCS Underspending, Overspending and Overtime (See Attachment D).
 - 3. The Provider shall submit to the county case manager, within thirty (30) calendar days after the end of each quarter the Provider Quarterly Report (Attachment B).
- F. Provider termination of client services. The Provider agrees to provide sixty (60) calendar days written notice to the client/parents/legal representatives and county whenever the Provider proposes to terminate service(s) to a client. The written notice must include the specific grounds for termination of services(s). The Provider agrees not to terminate the services(s) to a client prior to the proposed date unless delay would seriously endanger the health, safety, or well being of the client or others.

VII. Delivery of Services

- A. The Provider shall make every reasonable effort to maintain sufficient staff, facilities, equipment, etc. to deliver the Purchased Services. The Provider shall immediately notify the County in writing whenever it is unable to, or going to be unable to, provide the required quality or quantity of Purchased Services. Upon such notification, the County and the Provider shall determine whether such inability will require a modification or cancellation of this Agreement.

- B. Except as otherwise provided herein, the Provider shall maintain in all respects its present control over and autonomy with respect to:
1. The application of its intake procedures and requirements to Eligible Recipients;
 2. The methods, times, means, and personnel for furnishing Purchased Services to Eligible Recipients;
 3. The determination of when to terminate the furnishing of Purchased Services to Eligible Recipients.
- C. Nothing in this Agreement shall be construed as requiring the Provider to continue the provision of Purchased Services to or for any specific Eligible Recipient, subject to the requirements which may be applied in clauses in this Agreement pertaining to compliance with Licenses, Laws, Rules, and Regulations; Equal Employment Opportunity and Civil Rights; and Fair Hearing and Grievance Procedure.

VIII. Records, Report, Audit and Monitoring Procedures

A. Records:

1. The Provider agrees to maintain the following records:
 - a. Financial records through an accounting system which sufficiently and properly reflects all revenue received and all direct and indirect costs of any nature incurred in the performance of this Agreement.
 - b. Program and service delivery records, as required by the County and by the Minnesota Department of Human Services. Such records may include, but not be limited to: individual eligible recipient case files and program plans; demographic information; enrollment, attendance, and/or utilization information; and information about the type and amount of services provided, such as output and outcome information.
2. The Provider agrees to maintain all program and financial records for six (6) years for audit purposes. However, if the County furnishes written notice during this period requesting retention of records to allow completion of an audit by the County or its ultimate sources of funds, the Provider shall retain records for the period requested.

B. Report and Information Requirements

1. The Provider agrees to submit the following report:
 - a. Quarterly Line Item Expense and Revenue Reports and utilization reports must be submitted within thirty (30) days after the end of each quarter unless otherwise indicated in writing by the County.
 - b. Annual Revenue and Expense Statement and a Balance Sheet must be submitted within ninety (90) days of the end of the Provider's accounting year. These annual reports must reflect the accrual of all accounts as of the end of the period. If an independent audit is performed, the Provider agrees to submit a copy to the County.
 - c. Program/service reports as required by the County or the State. Such reports may include: demographic information; enrollment, attendance, and/or utilization information; and information about type and amount of services provided such as output and outcome information.
2. The Provider agrees to inform the County, in writing, of key staff, licensure, and Board of Directors membership changes within five (5) days after occurrence, or the sale of at least fifty percent (50%) of Providers assets to another entity.
3. The County may duplicate, use, and disclose in any manner consistent with applicable law, and have others do so, all data delivered under this Agreement.

C. Audit and Monitoring Procedures:

1. The Provider agrees that the County, the Minnesota Department of Human Service, and the U.S. Department of Health and Human Services, the State Auditor or Legislative Auditor, or any of their duly authorized representatives at any time during normal business hours, and as often as they may deem reasonably necessary, shall have access to and the right to audit, examine, copy, excerpt, and transcribe any program and fiscal books, documents, papers, records, etc., and accounting procedures and practices of the Provider which are relevant to this Agreement. Such access must be consistent with the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, now in force or as hereafter enacted and with the Minnesota Statutes Section 16C.05, Subdivision 5. Such materials shall be maintained and such access and rights shall be in force and effect during the period of this Agreement and for six (6) years after its termination or cancellation.

2. The Case Manager or other personnel of the County may conduct periodic site visits to determine compliance with this Agreement and evaluate the quality of services purchased under this Agreement. Such visits may be made with or without prior notice at any time within the hours of operation of the Provider.
 3. The County reserves the right to evaluate, and to authorize independent evaluations of the Purchased Services.
- D. The Provider agrees to include the requirements of this clause in all approved subcontracts and assignments.

IX. Compliance

- A. When required, the Provider shall remain licensed by the State during the term of this Agreement. The County will only pay for Purchased Services provided pursuant to such licensing provisions when required.
- B. When licensing is required, loss of the same shall be cause for cancellation of this Agreement effective as of receipt of notice of cancellation, other provisions for cancellation of this Agreement notwithstanding.
- C. The Provider shall comply with all applicable Federal, State, and local statutes, regulation, rules, ordinances, and Aitkin county policies, now in force or as hereafter enacted.
- D. The Provider certifies that their organization and their staff and their principals are not suspended or debarred, and therefore are not excluded from receiving government funds under Federal Office of Management and Budget Circular A-133 Compliance Supplement.
- E. The Provider and all of its subcontractors who furnish contracted mental health services further agree to comply with the provisions of the Minnesota Mental Health Act, and Children's Mental Health Act Minnesota Statutes, Sections 245.461 to 245.4888, and implementing rules, now in force or as hereafter enacted, as a condition of payment for services rendered under this Agreement.
- F. The Provider who furnishes contracted homemaker/chore services further agrees to comply with all applicable Federal and State Statutes, rules, and regulation, including but not limited to Minnesota Statutes 144A.43 to 144A.48, Minnesota Rules, Chapter 9565.1000-1300 now in force or as hereafter enacted.
- G. In the event that Purchased Services are funded through a grant or a funding source other than Aitkin county, Provider shall also comply with all applicable conditions of such grant or funding source.

H. The Provider agrees to comply with the applicable State of Minnesota Rules governing social service now in force or as hereafter enacted. Provider also agrees as follows:

1. Application and Eligibility Requirements – The Provider must obtain a written application for each individual and make a determination of eligibility prior to furnishing services to the individual. Exceptions to this requirement are for services which are limited and transitory in nature, and in cases where the County has obtained the client’s application.
2. Individual Service Plan – The amount, frequency, and duration of Purchased Services will be provided in accordance with the Eligible Recipient’s Individual Service Plan, and where applicable, the individual’s habilitation plan, and services shall be directed toward Eligible Recipient’s achievement of goals and outcomes.
3. Monitoring and Evaluation – The County will monitor and evaluate Eligible Recipients’ achievement of goals and outcomes identified in individual services plans.
4. Client Fees – In cases where the Provider is not prohibited by this Agreement from charging program fees to clients, fees must be based on the client’s ability to pay, fees must not be based on a minimum charge to all client, and fees may not be charged to recipients of public assistance maintenance grants.
5. Lead County Contract – It is understood and agreed that the terms and conditions of this contract constitute a host county agreement, and that such terms and conditions shall be binding upon all Minnesota counties purchasing services hereunder as well as the Provider.
6. Discharge and Termination Procedures – The Provider shall establish written procedures for discharge or termination of services to an individual client. Such procedures shall be in accordance with the applicable laws and regulations, and shall be deemed to be part of this Agreement. Exceptions to this requirement are for services which are limited and transitory in nature.
7. Staffing Information, including proof of applicable licensure or certification and an exposition of staffing, including job descriptions and professional qualifications of personnel, submitted by Provider and attached to this Agreement or maintained in County files, are deemed to be part of this Agreement.

X. Data Privacy

- A. The Provider agrees to abide by the provisions of the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, The Health Insurance Portability and Accountability Act and Rules (HIPAA), if applicable, and all other applicable state and federal laws, rules and regulations relating to data privacy or confidentiality, and as any of the same may be amended. Supplemental to any indemnification provision herein, Provider agrees to defend and hold harmless the County, its officers, agents and employees from any claims resulting from Provider's unlawful disclosure and/or use of such protected data.
- B. In accordance with the Minnesota Statutes, Section 13.46, Subdivision 10 now in force or as hereafter enacted, the Provider shall appoint the responsible authority who shall allow the responsible authorities in the Medicaid system access to data classified as restricted when access is necessary for the administration and management of programs or as authorized or required by State or Federal law. The Provider shall notify the County of the name of the responsible authority which shall be maintained in County files and deemed to be part of this Agreement.

XI. Equal Employment Opportunity and Civil Rights and Non-Discrimination Clause

- A. The Provider agrees to comply with the Civil Rights Act of 1964, Title VII (42 USC 2000E), including Executive Order No 11246 and Title VI (42 USC 2000D), and with the Rehabilitation Act of 1973, as amended by Section 504.

XII. Indemnification and Insurance

- A. Indemnification. The Provider agrees to defend, indemnify, and hold harmless the County, its officials, officers, agents, volunteers, and employees from any liability, claims, causes of action, judgments, damages, losses, costs, or expenses, including reasonable attorneys' fees, resulting directly or indirectly from any act or omission of the Provider, its subcontractors, anyone directly or indirectly employed by them, and/or anyone for whose acts and/or omissions they may be liable in the performance of the services required by this contract, and against all loss by reason of the failure of the Provider to perform fully, in any respect, all obligations under this contract. Acts or omissions include, but are not limited to, the following:
1. Any applicant or Eligible Recipient suffering bodily or personal injury, death, or property loss or damage either while participating in or receiving the care and services to be furnished under this Agreement, or while on premises owned, leased, or operated by the Provider, or while being transported to or from said premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for by the Provider or any officer, agent or employee thereof; or

2. Any applicant or Eligible Recipient causing injury to, or damage to, the property of another person during any time when the Provider or any officer, agent, or employee thereof has undertaken or is furnishing the care and services called for under this Agreement; or
3. Any person employed by the Provider or alleged to be employed by the Provider, for any claim or cause of action in equity or for damages arising out of the employment or alleged employment, or discrimination by the Provider; or
4. Any negligent act or omission or intentional act or omission of the Provider, its agents, officers, or employees which causes bodily injury, death, personal injury, property loss, or damage to another during the performance of Purchased Services under this Agreement.

B. Insurance. The Provider does further agree that, in order to protect itself as well as Aitkin County under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of the Agreement, have and keep in force the following insurance coverages:

1. Commercial General Liability on an occurrence basis with contractual liability coverage:

General Aggregate	\$1,500,000
Products-Completed Operations Aggregate	\$1,500,000
Personal and Advertising Injury	\$1,500,000
Each Occurrence-Combined Bodily Injury and Property Damage	\$1,500,000
2. Automobile Liability-Combined single limit \$1,500,000 each occurrence, or the equivalent, for bodily injury or property damage covering owned, non-owned, and hired automobiles
3. Workers' Compensation and Employer's Liability:
 - a. Workers' Compensation Statutory
If the contractor is based outside the state of Minnesota, coverage must apply to Minnesota laws
 - d. Employer's Liability Bodily injury by:

Each Accident	\$500,000
Disease-Policy Limit	\$500,000
Disease-Each Employee	\$500,000

4. The following insurance is required in cases where money has been advanced to the Provider or where money belonging to Eligible Recipients is in the custody and control of the provider.

Employee Dishonesty \$500,000

5. The following insurance is required in cases where the provider's staff or volunteers are performing counseling and/or health care services under this Agreement:

Professional Liability-Per Claim and Aggregate \$1,500,000

The insurance must be maintained continuously for a period of two (2) years after the termination of this Agreement.

- C. An umbrella or excess liability policy over primary liability insurance coverages is an acceptable method to provide the required insurance limits.
- D. The above establishes minimum insurance requirements. It is the sole responsibility of the Provider to determine the need for and to procure additional insurance that may be needed in connection with the Agreement. Copies of insurance policies shall be submitted to the County upon written request.
- E. The Provider shall not commence work until it has obtained required insurance and filed with the County a properly executed Certificate of Insurance that clearly evidences the required insurance coverages. The certificate shall name Aitkin County as the certificate holder and as an additional insured for the Commercial General Liability coverage with the respect to operations covered under the contract. The certificate should also show that Aitkin County will receive 30 days' prior written notice in the event of cancellation, nonrenewal, or material change in any described policies.
- F. The Provider shall furnish to the County updated certificates during the term of the Agreement as insurance policies expire. If the Provider fails to furnish proof of insurance coverages, the County may withhold payments and/or pursue any other right or remedy allowed under the contract, law, equity, and/or statute.
- G. If the Provider is unable to obtain a required insurance coverage, or if a coverage is not renewed or is cancelled during the term of this Agreement, the Provider shall make immediate good faith efforts to obtain or replace the coverage in the open market. If such efforts are unsuccessful, the Provider shall immediately apply to the Minnesota Joint Underwriting Association for the insurance coverage.

- H. The Provider shall require that each independent contractor rendering counseling, health care or other professional services to recipients under this agreement furnish proof to the Provider of Professional Liability and Commercial General Liability insurance coverages in the amounts of \$1,500,000, and provide updated certificates of insurance as insurance coverages expire.

XIII. Independent Contractor

The Provider shall select the means, method, and manner of performing the services herein. Nothing is intended or should be construed in any manner as creating or establishing the relationship of co-partners between the parties hereto or as constituting the Provider as the agent, representative, or employee of the County for any purpose or in any manner whatsoever. The Provider is to be and shall remain an independent contractor with respect to all services performed under this Agreement. The Provider represents that it has or will secure at its own expense all personnel required in performing services under this Agreement. Any and all personnel of the Provider or other persons while engaged in the performance of any work or services required by the Provider under this Agreement shall have no contractual relationship with the County, and shall not be considered employees of the County. Any and all claims that may or might arise under the Minnesota Economic Security Law or the Worker's Compensation Act of the State of Minnesota on behalf of said personnel, arising out of employment or alleged employment, including, without limitation, claims of discrimination against the Provider, its officers, agents, contractors, or employees shall in no way be the responsibility of the County. The Provider shall defend, indemnify, and hold harmless the County, its officials, officers, agents, volunteers, and employees from any and all such claims irrespective of any determination of any pertinent tribunal, agency, board, commission, or court. Such personnel or other persons shall neither require no be entitled to any compensation, rights, or benefits of any kind whatsoever for the County, including, without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Re-employment Compensation, disability, severance pay, and retirement benefits.

XIV. Conditions of the Parties' Obligations

- A. It is understood and agreed that if during the term of this Agreement reimbursement to the County from State and/or Federal sources is not obtained and continued at an aggregate level sufficient to allow for the purchase of the indicated quantity of Purchased Services, or if the County's final budget as approved by the County Board changes the amount budgeted for this particular program or this service area for any portion of the term if this Agreement, then the County may cancel or amend this Agreement; provided that any cancellation of this Agreement shall not relieve the parties of any obligations or liabilities already accrued prior to the effective date of such cancellation.

- B. When required, the Provider will assist the County with the proper documentation for completing forms and reports in compliance with the regulations of all State and Federal agencies, including but not limited to the Minnesota State Department of Human Services, Social Security Administration, National Institute on Mental Health, and any regulatory agency acting under aegis of the United States Department of Health and Human Services and other public sources of financial assistance.
- C. The Provider will comply with all of the provisions of:
1. The Maltreatment of Minors Reporting Act, Minnesota Statutes, beginning with Section 626.556, and all applicable Minnesota Rules, as promulgated by the Minnesota Department of Human Services implementing such Act now in force or as hereafter enacted.
 2. The Vulnerable adults Reporting Act, Minnesota Statutes, Beginning with Section 626.577, and all rules promulgated by the Minnesota Department of Human Services implementing such act now in force or as hereafter enacted.
- D. If the County has sufficient reason to believe that the safety or well-being of Eligible Recipients receiving service hereunder may be endangered by actions of the Provider, its agents, and/or employees, the County may require the immediate cessation of services to Eligible Recipients, as well as their removal from the facility, and may discontinue referrals to the Provider. This action may be taken forthwith and may continue for such period which is reasonably necessary for determination by the County that the safety and well-being of Eligible Recipients has been assured. Resumption of services by the Provider may be authorized upon such assurance. If it is determined that the safety or well-being of Eligible Recipients will remain in jeopardy by the further provision of services, the County may terminate this Agreement pursuant to clause 22 of this Agreement. No payments shall be made for the period during which services are suspended unless otherwise determined by the County.
- E. No claim for services furnished by the Provider, not specifically provided in the Agreement, will be allowed by the County, nor shall the Provider do any work or furnish any material not covered by the Agreement, unless this is approved in writing by the County. Such approval shall be considered to be a modification of this Agreement.
- F. In the event that there is a revision of federal regulations that might make this Agreement ineligible for federal or state financial participation, all parties will review the Agreement and renegotiate those items necessary to bring the Agreement into compliance with the new federal or state regulations.

XV. Subcontracting

All subcontracts shall be subject to the requirements of this contract and the Provider shall be responsible for the performance of any/all subcontractors.

XVI. Default

- A. If the Provider fails to perform any of the provisions of this Agreement or so fails to administer the work as to endanger the performance of the Agreement, this shall constitute a default. Unless the Provider default is excused by the County, the County may upon written notice immediately cancel this Agreement in its entirety. Additionally, failure to comply with the terms of this Agreement shall be just cause for the County to delay payment until the Provider complies. In the event of a decision to withhold payment, the County shall furnish prior written notice to the Provider.
- B. Notwithstanding any provision of this Agreement to the contrary, the Provider shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of this Agreement by the Provider. Upon notice to the Provider of the claimed breach and the amount of the claimed damage, the County may withhold any payments to the Provider for the purpose of set-off until such time as the exact amount of damages due the County from the Provider is determined. Following notice from the County of the claimed breach and damage, the Provider and the County shall attempt to resolve the dispute in good faith.
- C. The above remedies shall be in addition to any other right or remedy available to the County under this contract, law, statute, rule, and/or equity.
- D. The County's failure to insist upon strict performance of any provision or to exercise any right under this Agreement shall not be deemed a relinquishment or waiver of the same, unless consented to in writing. Such consent shall not constitute a general waiver or relinquishment throughout the entire term of the Agreement.

XVII. Cancellation and Finalization

- A. This Agreement or a portion thereof may be cancelled by either party at any time, with or without cause, upon thirty (30) days' written notice, delivered by certified mail or in person.
- B. after receipt of a notice of cancellation, and except as otherwise directed, the Provider shall:
 - 1. Discontinue provision of Purchased Services under this Agreement on the date, and to the extent specified, in the notice of cancellation.

2. Cancel all orders and subcontracts to the extent that they relate to the performance of Purchased Services cancelled by the notice of cancellation.
3. Settle all outstanding claims and liabilities for orders and subcontracts existing at the time of the notice of cancellation, provided, however, that the claims and liabilities for orders and subcontracts had been approved by the County
4. Complete performance of such Purchased Services as shall not have been cancelled by the notice of cancellation.
5. Submit a revenue and expense statement for the performance of Purchased Services prior to the effective date of cancellation within thirty (30) days of said date.
6. Maintain all records relating to performance of the cancelled portion of the Agreement as may be required by the County.
7. Notify all clients and any other counties of financial responsibility of the cancellation of this Agreement.

XVIII. Miscellaneous

- A. It is understood and agreed that the entire Agreement between the parties is contained herein and that this Agreement supercedes all oral agreements and negotiations between the parties relating to the subject matter hereof. All items referred to in this Agreement are incorporated or attached and are deemed to be part of this Agreement.
- B. Any material alterations, variations, modifications, or waivers of provisions of this Agreement shall only be valid when they have been reduced to writing as an Amendment or Ministerial Adjustment to this Agreement signed by the Provider and by the County Board or the County Department Director (or designee).

IN WITNESS WHEREOF, The County and the Provider have executed this Agreement as of the day and year first above written:

By: _____ Date _____
Director, Aitkin County Health and Human Services

By: _____ Date _____
Chairperson, Aitkin County Board of Commissioners

By: _____ Date _____
Administrator Connections FSE Services

APPROVED AS TO FORM AND EXECUTION:

By: _____ Date _____
Aitkin County Attorney

Provider Name: Cooperating Community Programs, Inc
Fiscal Support Entity (FSE)
Program Summary

Summary

The purpose of this program is to support individuals and families who want to establish a greater degree of control and authority over how services are delivered and who provides them. While most of the Fiscal Support Entity supports are to support individuals and families in obtaining and managing their own paid staff, a range of other support functions is available.

Target Population

Persons with waiver services (include the Alternative Care (AC) Program, the Community Alternative Care (CAC) Waiver, the Community Alternatives for Disabled Individuals (CADI) Waiver, the Elderly Waiver (EW), The Mental Retardation or Related Condition (MR/RC) Waiver, and the Traumatic Brain Injury (TBI) Waiver and their families or guardians who:

- Receive Home and Community Based Services, or have private funding sources.
- Desire to establish and exercise greater control and authority over supports provided them.
- Want administrative support to establish that control and authority.

Fiscal Support Entity (FSE) Continuum of Services

A CDCS Eligible Recipient is required to have an FSE in order to access CDCS. There is a range of services that the FSE can provide to a CDCS recipient, which vary in the amount of support provided. Every CDCS recipient must at least access the FSE as a fiscal conduit to pay providers. FSE's must provide, at a minimum, payroll assistance and must offer a range of services that allow the recipient to select how much autonomy they want in employing, managing, and paying for services, support, and goods.

CDCS recipients or their representative have the responsibility to hire, discharge, manage, and direct their support workers. The recipients or their representative may choose to purchase assistance with these functions through an (FSE). Whoever provides these services is considered the Employer of Record.

The employer of record must be identified and documented in the recipient's Community Support Plan (CSP). Fiscal Support Entities that act as the employer of record for a CDCS recipient may not also provide flexible case management to that same recipient.

The Eligible Recipient can select, and the FSE must accept, any Agency of Choice the Eligible Recipient wishes to choose.

The FSE may not in any way limit or restrict the recipient's choice of service or support providers. FSE's must have a written agreement with the recipient or their representative that identifies the duties and responsibilities to be performed and the related charges.

MA-enrolled Provider

The FSE must be an MA-enrolled provider. They are then able to pay for authorized CDCS services. CDCS claims are paid through the FSE, with the following exception. For EW all state plan home care services will continue to be billed directly by the home care provider. State plan services or the health plan responsibility for the equivalent service will be authorized on the Service Agreement and claim will decrement against the CDCS individual budget total.

Disclosure of Financial Interests

FSE's who have any direct or indirect financial interest in the delivery of personal assistance, treatment and training or environmental modifications and provisions provided to the recipient must disclose in writing the nature of that relationship and must not assist in the development of the recipient's Community Support Plan.

Fiscal Support Entity Provider Criteria

The FSE must meet or follow these criteria:

- Be knowledgeable of and comply with Internal Revenue Service requirements necessary to process employer and employee deductions and provide appropriate and timely submission of employer tax liabilities.
- Maintain documentation to support the MA claims
- Have current and adequate liability insurance and bonding
- Have sufficient cash flow
- Have on staff, or by contract, a certified public accountant or an individual with a baccalaureate degree in accounting.

(The State of Minnesota Department of Human Services determines if these criteria and the provider standards are met through a written readiness review submitted by the FSE.)

Provider Quarterly Financial Report

Community Base Long Term Care

Fiscal Support Entity

Quarter _____

Date form completed _____

FSE Provider _____

Person completing this form _____

Phone _____

E-mail address _____

Provider Revenue/Expense	This Quarter	Year to Date
Total FSE Revenue:	_____	_____
Total FSE Expensed:	_____	_____
Surplus or (Deficit):	_____	_____

Total Amount Paid For	This Quarter	Year to Date
Staff Related Costs:	_____	_____
Services (fees, activities, etc):	_____	_____
Consumer Goods:	_____	_____

Number Served	This Quarter	Year to Date
Children (<18 Years of Age):	_____	_____
Adults (>18 Years of Age):	_____	_____
Total Number Served:	_____	_____

Please e-mail quarterly data by the 30th of the following month
jphilipp@co.aitkin.mn.us
kryan@co.aitkin.mn.us

Consumer Directed Budget

County of Financial Resp.
County of Residence
FSE/FEA Agency
Service Provided
Provider Number
Date Completed

Waiver Type: MR/RC CAC CADI TBI EW AC

New Waiver	_____
Renewal	_____
Revision to plan (list date of revision & why):	_____

Client Name	_____	DOB	_____	PMI #	_____
-------------	-------	-----	-------	-------	-------

Managing Party _____

Phone: _____
 Fax: _____
 E-mail: _____

Other Key Party _____

Phone: _____
 Fax: _____
 E-mail: _____

County Case Manager: _____

Phone: _____
 Fax: _____
 Alternate Phone: _____
 E-mail: _____

Flexible Case Manager: _____

Phone: _____
 Fax: _____
 E-mail: _____

Completed by: _____

Phone: _____
 Fax: _____
 E-mail: _____

Resource Allocation Amount:	\$ _____
------------------------------------	----------

State Managed Programs:	
Provider A	\$ _____
Provider B	\$ _____
Provider C	\$ _____
Total of State Program Services	\$ _____

Balance Remaining:	\$ _____
---------------------------	----------

Consumer Directed Budget

Personal Assistance (inclusive of Respite, PCA, HHA, homemaking, Behavioral aide services)

Staffing Assistance	Rate of Pay	Hrs/Wk	Wks/Yr	Total Cost
Total Staffing				\$

Homemaker/Chore Services	Rate of Pay	Hrs/Wk	Wks/Yr	Total Cost
Total Homemaker/Chore Services				\$

Respite	Rate of Pay	Days/Yr	Total Cost
Total Respite			\$

Transportation	Mileage Rate	Miles/Month	Total Months	Total Cost
Total Transportation				\$

T2028 U1 Total Personal Assistance \$

Treatment and Training (inclusive of DT&H, In-Home Supports, Therapists, Physicians, nurses and dieticians)

Staffing Assistance	Rate of Pay	Hrs/Wk	Wks/Yr	Total Cost
Total Staffing				\$

Agency Therapy/Formal Supports	Rate of Pay	Hrs/Unit	Wks/Yr	Total Cost
Total Agency Therapy/Formal Supports				\$

Respite	Rate of Pay	Days/Yr	Total Cost
Total Respite			\$

Transportation	Mileage Rate	Miles/Month	Total Months	Total Cost
Total Transportation				\$

T2028 U2 Total Treatment and Training \$

Environmental Modifications and Provisions (Inclusive of home & vehicle mods, adaptations, supplies, and equipment, assistive technology, transportation, chore services, special diets, and adaptive clothing)

Item/Equipment/Service	Cost	Amount	Times/Yr	Total Cost
Total Environmental Modifications and Provisions				\$

T2028 U3 **Total Environment Modifications and Provisions** **\$**

Self Direction Support Activities (inclusive of PEA services and Flexible Case Management)

Fee Schedule	Cost	Hrs/Units	Wks/Yr	Total Cost
Employer Tax Expense %				
Total taxable gross: FICA, FUTA, & SUTA Worker's Comp	\$0			
Monthly Fee		\$0	12	
Total Scheduled Fees:				\$

Employee Benefits	Monthly Rate	Months	Total Cost
Medical Insurance			
Dental Insurance			
Other:			
Total Benefit Cost			\$

Flexible Case Management	Rate/Hr	Hrs/Month	Months	Total Cost
Total Flexible Case Management				\$

T2028 U4 **Total Self Direction Support Activities** **\$**

Resource Allocation Accounted For	
T2028 U1 – Personal Assistance	\$
T2028 U2 – Treatment & Training	\$
T2028 U3 – Environment Mods & Provisions	\$
T2028 U4 – Self Direction Support Activities	\$

Case Manager Use Only	
Start Date	End Date
Start Date	End Date
Start Date	End Date
Start Date	End Date

Total Allocation for SA \$

Authorization Dates:

Summary	
Resource Allocation	\$
State Managed Programs	\$
Total U1, U2, and U3	\$
Total Self Direction Allocations	\$

Resource Allocation Remaining \$

X5419 Modification/Adaptations outside of the Resource Allocation		
Item	Cost	Total Cost
		\$

Vendors Authorized for Payment (Name, address, phone, contact person and authorization dates)

1.)

2.)

3.)

4.)

> [Disabilities](#) > [Disability services](#)

Consumer Directed Community Supports Fiscal Support Entity Fee Schedules/Rates

Connections FSE Services

15676 Fish Point Rd

Prior Lake, MN 55372

(952) 897-3933 or (866) 603-3933

E-mail kristin.connections@juno.com

Connections Fiscal Support Entity Services website at

<http://connections.services.com/FSEServices>

Service Type	Fee Type and Amount	Transaction-Based Fees	Payroll costs (FICA, state and federal unemployment tax and workers' compensation)
Fiscal Conduit	\$70 per month	None	Consumer's employer rates apply for all payroll costs
Payroll Agent	\$130 per month	None	Consumer's employer rates apply for all payroll costs
Agency with Choice	\$130 per month	None	11.6%

For calendar year 2012, income up to \$28,000 is subject to unemployment insurance tax. Fiscal Support Entities cannot provide support planner and direct services to the same person. This includes agency with choice.

Fiscal Support Entities (FSE's) Reporting CDCS Underspending, Overspending and Overtime to Aitkin County

Report information electronically

All Fiscal Support Entity Agencies should report CDCS underspending, overspending and overtime information electronically to the person's primary contact and also cc: jphilipp@co.aitkin.mn.us and kryan@co.aitkin.mn.us.

This will enable the primary contact to be notified and the county to enter the information quickly in our data base, send notices to the person and help the county keep their data base updated. Paper reports are easily lost with the volume of information received.

Report data in similar format

Each report may be grouped by primary contact or sent individually. Please include the following information in each electronic entry:

- Client's full name and PMI number
- Date of overspending, underspending or overtime or payroll period it occurred
- Specific percent over or under the spend plan
- Specific amount of overtime
- Please include information on the following:
 - ✓ Is this a chronic situation?
 - ✓ Is there a reasonable explanation?
 - ✓ Does the FSE anticipate this will be an ongoing problem?

AITKIN COUNTY

Provider Name: Access Healthcare, Inc.
DBA: Same
Address: 400 Wittman Drive, Suite B.
City and Zip: Grand Rapids, MN 55744
Program Area: HCBS

Contract effective for the period beginning July 1, 2012 through June 30, 2015

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

The Aitkin County Board of Commissioners, located at 204 1st Street NW, Aitkin, MN 56431 acting through Health and Human Services, hereafter referred to as the "Lead County" and, Access Healthcare, Inc. doing business as Same at 400 Wittman Drive, Suite B, Grand Rapids, MN, 55744, hereafter referred to as the "Provider," enter into this Contract effective for the period beginning July 1, 2012 through June 30, 2015 regardless of the date of the signatures hereunder, unless sooner terminated or unless extended, as provided herein.

WHEREAS, pursuant to the Children and Community Services Act, Minnesota Statutes, Chapter 256.0112, now in force or as hereafter enacted or amended, the Lead County has identified certain populations within the County who are eligible for specific home and community-based waiver services or other services as identified in the attached Attachments A and B; and

WHEREAS, federal and state funds are available for the purchase of Title 19 home and community-based services through the State of Minnesota pursuant to U.S. Code, Title 42, sections 1396 through 1396P, and Minnesota Statutes, Chapters 245B and 256B now in force or as hereafter enacted or amended. Home and community-based waiver services include the Community Alternative Care (CAC) Waiver, the Community Alternatives for Disabled Individuals (CADI) Waiver, the Developmental Disabilities (DD) Waiver, the Traumatic Brain Injury (TBI) Waiver, the Elderly Waiver (EW), and Alternative Care (AC); and

WHEREAS, the Lead County wishes to purchase services from the Provider and the Provider agrees to furnish services to persons in accordance with Minnesota Statutes, Chapters 245A, 245B, 256B and 256.0112; Minnesota Rules, Chapter 9525, and in accordance with the type, amount, frequency and duration stated in each person's Community Support Plan (CSP) under this Contract; and

WHEREAS, the Provider represents that it is duly qualified and willing to perform such services; and has submitted the following identification numbers: Federal Tax ID# 41-1920271; NPI or UMPI number 1346272945; and

WHEREAS, the Lead County and the Provider, according to Minnesota Statutes, section 256B.092, subdivision 8a or section 256.0112, subdivision 6, understand that this Contract serves as a Lead County contract for services purchased by other Financially Responsible Agencies;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Provider and the Lead County agree as follows:

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

1. GENERAL PROVISIONS

- A) **Purpose.** The purpose of this Contract is to define the rights and obligations of the parties with respect to home and community-based waiver services.
- B) **Cooperation.** The Lead County and Provider shall cooperate and use their reasonable efforts to ensure the most expeditious implementation of the various provisions of this Contract. The parties agree to, in good faith, undertake resolution of any disputes hereunder in an equitable and timely manner.
- C) **Minimum Standards.** The provisions contained in this Contract establish the necessary and required minimum standards that the parties to this Contract shall follow when contracting for home and community-based waiver services.

2. DEFINITIONS

- A) For purposes of this Contract, the following terms are given the following meanings:
 - 1) **Addendum:** Additions to the original terms of the contract, which must be reduced to writing and agreed upon by both parties to be valid.
 - 2) **Alternative Care:** Provides state funding for home and community-based services necessary as an alternative to institutionalization that promote the optimal health, independence, and safety of adults who are 65 and older who would otherwise require the level of care provided in a nursing facility and would be eligible for medical assistance within 135 days of admission.
 - 3) **Amendment:** Change, alteration, or modification to the original terms of the contract, which must be reduced to writing and agreed upon by both parties to be valid.
 - 4) **Attachment:** Document(s) that covers any information, whether an addition or change, that is not covered in the original negotiated contract. An attachment may be either an addendum or amendment to the Contract.
 - 5) **Community Alternative Care (CAC) Waiver:** Provides funding for home and community-based services necessary as an alternative to institutionalization that promote the optimal health, independence, safety, and integration of children and adults who are chronically ill or medically fragile and meet the waiver eligibility criteria and who would otherwise require the level of care provided in a hospital.
 - 6) **Community Alternatives for Disabled Individuals (CADI) Waiver:** Provides funding for home and community-based services necessary as an alternative to institutionalization that promote the optimal health, independence, safety, and integration of children and adults who meet the waiver eligibility criteria and who would otherwise require the level of care provided in a nursing facility.
 - 7) **Community Support Plan (CSP), also referred to as Collaborative Care Plan (CCP) and Individual Service Plan (ISP):** The person-centered plan developed by the Financially Responsible Agency within ten (10) working days of the assessment and enrollment of the person into the waiver program; a plan that identifies the assessed needs of the individual and the services and support needed to meet those needs. CSPs must be developed in accordance with Minnesota Statutes, section 256B.49, subdivision 15 and Minnesota Statutes, section 256B.092, subdivision 1b. CSPs may also be referred to as Collaborative Care Plans or Individual Service Plans or ISPs. For Elderly Waiver and Alternative Care, the CSP must be completed within

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- twenty (20) calendar days of the assessment in accordance with Minnesota Statutes section 256B.0913 and 256B.0915.
- 8) **Contract:** Agreement that can include attachments, amendments and addenda incorporated into the agreement by reference between the Lead County and the Provider whereby the parties exchange promises that give a legal duty to the other and the right to seek a remedy for breach of these duties. May also be referred to as the "Home and Community-based Services (HCBS) Waiver Contract" or "Agreement."
 - 9) **Default:** Failure to perform one's own duties under the contract.
 - 10) **Department or DHS:** The Minnesota Department of Human Services.
 - 11) **Developmental Disabilities (DD) Waiver:** Provides funding for home and community-based services necessary as an alternative to institutionalization to promote the optimal health, independence, safety, and integration of children and adults with a developmental disability or a related condition who meet the waiver eligibility criteria and who require the level of care provided in an Intermediate Care Facility for persons with mental retardation or related conditions (ICF/MR). "Developmental disability" is given the meaning in Minnesota Rules, part 9525.0016, subpart 2, and "related condition" is given the meaning in Minnesota Statutes, section 252.27, subdivision 1a.
 - 12) **Elderly Waiver:** Provides funding for home and community-based services for people age 65 and older who are eligible for Medical Assistance and require the level of care provided in a nursing home but choose to reside in the community.
 - 13) **Fee for Service (FFS):** A service delivery system in which providers bill for each service they provide, and receive reimbursement for each covered service based on a predetermined rate.
 - 14) **Fidelity Bond:** Written instrument that reimburses employers, up to the amount of the bond, for losses stemming from dishonest and/or negligent actions of their employees.
 - 15) **Financially Responsible Agency:** The County, Tribe, or Managed Care Organization responsible to manage the costs of the contract services.
 - a. For CAC, CADI, TBI and DD waivers, Financially Responsible Agency means County of Financial Responsibility as defined in Minnesota Statutes, section 256G.02, subdivision 4.
 - b. For EW, AC, and MnDHO, the Financially Responsible Agency is
 - (i) For FFS, the county of service which is the county where the client lives and is defined in Minnesota Rules, part 9505.0015, subpart 11
 - (ii) For Managed Care, is the Managed Care Organization responsible to manage the costs of the services.
 - 16) **Incident:** Occurrence of a serious injury as defined in Minnesota Statutes, section 245.91, subdivision 6.
 - 17) **Indemnity:** Payment or compensation for damages or losses done; obligation of the provider to reimburse the Department and/or the Financially Responsible Agency for losses that have occurred.
 - 18) **Independent Contractor:** Person or company that provides goods or services to another entity under terms specified in a contract.
 - 19) **Lead County:** The County that negotiates and enters into the contract with the Provider, typically the county where the provider is located. Has the meaning given it in Minnesota Statutes, section 256.0112, subdivision 6.

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- 20) **Reimbursement for Overhead Expenses due to Residential Absence:** Days when a person is not receiving residential services. Examples of leave days include days when the person is absent from the residence due to hospitalization, crisis services, home visits, vacation days, and so on. Medicaid policy permits payment only for services actually provided to an eligible person, which does not include leave days. (See the Disability Services Program Manual on Reimbursement for overhead expenses due to residential absence for more information.)
- 21) **Managed Care Organization (MCO):** An entity that has, or is seeking to qualify for, a comprehensive risk contract that is, and that is: (1) a Federally Qualified HMO that meets the advance directives requirements of 42 CFR 489.100-104; or (2) any public or private entity that meets the advance directives requirements and is determined to also meet the following conditions; a) makes the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid Recipients within the area served by the entity, and b) meets the solvency standards of 42 CFR 438.116.
- 22) **Medicaid Management Information System (MMIS):** Claims payment, information management, and retrieval system administered by the Department in a computer format. In Minnesota, Medicaid services are authorized and billed through MMIS under FFS purchase and delivery or through arrangements with Managed Care Organizations under agreement with DHS.
- 23) **MMIS Service Agreement:** Online entry into MMIS that identifies services, provider, and payment information for a person receiving home care or waiver services in FFS purchase and delivery or in arrangements by Managed Care Organizations under agreement with DHS. The MMIS service agreement, completed by the Financially Responsible Agency, identifies and authorizes specific waiver services to be provided and includes for each service: the type of service unit, the cost of a service unit, and the number of units over a specific duration of time. Payments to approved providers will be made according to Minnesota Statutes and procedures. *Note: The MMIS service agreement is merely an integrated component of this contract. Service agreements are not binding contracts and do not carry the full rights and protections available in a Purchase of Service Contract.*
- 24) **Person:** Individual who meets eligibility requirements specific to federal and state-funded health care programs to participate in such programs; the person determined to be eligible and authorized to receive waiver or Alternative Care services.
- 25) **Provider:** Party from which services are purchased. May also be referred to as Contractor.
- 26) **Purchased Services:** Outcome-based services authorized on an MMIS Service Agreement or authorized by a Managed Care Organization that are provided in response to the eligible person's identified needs as specified in their individual plan, based upon the needs and preferences of the person and the person's personal goals, and which are consistent with the principles of most inclusive environment, self-determination, and other rights of the person.
- 27) **Spenddown:** The amount a Medicaid recipient is responsible to pay toward their Medicaid services on the first day that they are eligible for such services.
- 28) **State:** The State of Minnesota or an agency thereof, as determined by the context of the specific provision of this Contract to which it relates.
- 29) **Subcontractor:** Individual or a company that signs a contract to perform part or all of the obligations of the Provider's contract.

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- 30) **Third-Party Beneficiary:** Individual or entity recognized as having enforceable rights created in them under a contract to which they are not parties as addressed in Minnesota Rules, part 9525.1870, subpart 2.
- 31) **Traumatic Brain Injury (TBI) Waiver:** Provides funding for home and community-based services necessary as an alternative to institutionalization that promote the optimal health, independence, safety and integration of children and adults with an acquired or traumatic brain injury who meet the waiver eligibility criteria and who would otherwise require the level of care provided in a nursing facility or a neurobehavioral hospital.
- 32) **Units of Service:** Defined period of time, including the following: per day, per partial day, per hour, per month, per 30 minutes, per 15 minutes, per occurrence; or a flat rate; or as identified in the Minnesota Health Care Programs Provider Manual (HCBS Waiver Services).
- 33) **Waiver Obligation:** People with income equal to or less than the Special Income Standard (SIS) are eligible for EW without a Medical Assistance spenddown. They must contribute any income over the Maintenance Needs Allowance and other applicable deductions to the cost of services received under EW.

3. PURCHASE OF SERVICE(S)

- A) **Description of Services:** The Provider shall provide services detailed in Attachment A, entitled "Purchased Services," which is attached and incorporated into this Contract by reference. All Purchased Services must be specified in the person's community support plan and authorized by the Financially Responsible Agency.
 - 1) All parties to this Contract agree to provide Purchased Services as specified in the person's Community Support Plan and as authorized by the Financially Responsible Agency. Purchased Services must comply with applicable Minnesota Statutes, Minnesota Rules, and federally approved Minnesota waiver plans. The Community Support Plan is incorporated by reference into this Contract.
 - 2) This Contract may serve as a Lead County contract for services purchased by other Financially Responsible Agencies, including Managed Care Organizations and Tribes.
 - 3) This Contract may be accessed as a Lead County Contract under applicable Minnesota law, rules and/or at the Lead County's discretion. If accessed as a Lead County contract, the Provider shall abide by the terms of this Contract. Such Financially Responsible Agencies that access the Lead County contract shall be financially responsible under the terms of this Contract for those persons they authorize for and are subject to statutory or other restrictions in the lead county contract.
 - 4) The Lead County shall monitor the terms of this Contract and shall make available copies of this Contract upon request of Financially Responsible Agencies. Financially Responsible Agencies may complete an addendum or amendment to this contract with the permission of all parties involved.

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- 5) Nothing in this Contract shall be construed as requiring the Provider to continue to provide services for any eligible person upon cessation of the contract, or as requiring the Financially Responsible Agency to continue to purchase services for any eligible person upon cessation of the contract.
- 6) Waiver funds may not be used for room and board costs except when provided as part of respite care furnished in certain licensed facilities as identified in the federally approved waiver plan.
- 7) Incident reports will be submitted to the Lead County as well as the Financially Responsible Agency as specified in the person's community support plan as requested by the Financially Responsible Agency. Reports will be in a format approved by the Lead County. License holders must follow Minnesota Statutes, section 245B.05, subdivision 7 when incidents occur.
- 8) The Provider agrees to participate in team meetings related to the person as initiated or as requested by the team or the individual.

4. ELIGIBILITY FOR SERVICES

- A) The parties understand and agree that the Financially Responsible Agency shall have the responsibility of determining the eligibility of the person to receive Purchased Services in accordance with the eligibility criteria established by applicable Minnesota Rules and federally approved state waiver plan requirements, and under MN Statute 256B.0913.
- B) When the Financially Responsible Agency has determined the person is no longer eligible to receive services or that services are no longer needed or appropriate, the Financially Responsible Agency shall notify the person or the person's legal representative in writing of the proposed termination, denial or reduction of services within ten (10) business days prior to the Financially Responsible Agency's proposed date of action. The Financially Responsible Agency shall also notify the Provider within ten (10) business days of the determination.
- C) The Financially Responsible Agency shall also provide information regarding the person's right to appeal the proposed Financially Responsible Agency's action as provided under Minnesota Statutes, section 256.045.

5. PAYMENT RATES FOR PURCHASED SERVICES

- A) **Total Cost of the Contract.** The total amount to be paid pursuant to this Contract shall not exceed the compensation due for the amount of services authorized and actually delivered. The Lead County or any other Financially Responsible Agency does not guarantee to purchase any minimum amount of services under this Contract.
- B) **Payment Rates.** The Provider shall be paid for authorized and delivered services as agreed to by the parties of this Contract. Rate setting authority originates from this Contract and not from MMIS Service Agreements. Rates as agreed to in this Contract must agree and be accurately reflected in MMIS. Rate schedules attached to this

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agreement via Attachment(s) C are incorporated into this Contract by reference herein and are deemed part of this Contract.

1. No advance payments will be made under this Contract.
2. Payment for leave days is not permitted through the AC Program, EW, CAC, CADI, DD or TBI waivers. The Provider's payment rate in 5.B may, however, include overhead expenses of days when a person is away from a residence. (See the Disability Program Services Manual on Reimbursement for overhead expenses due to a residential absence for a list of affected waiver services and for acceptable ways to include absences in overhead expenses.)
3. If the Minnesota Legislature approves a rate increase, requires a rate decrease, or makes any other changes to the reimbursement rates for any service included in this Contract, the new rate shall be in effect under this Contract.
 - a. The Lead County will send the Provider a written confirmation of the new rate. If the Financially Responsible Agency has accessed the Lead County contract and amended the rates, it will send the provider notices.
 - b. The Provider agrees to abide by any conditions imposed upon the use of increased funds that may be established by law or direction from the State of Minnesota, Department of Human Services.
 - c. Any interpretation pertaining to eligibility for a rate change as well as the exact amount of the rate change shall be subject to applicable law, rule, or regulation and shall be consistent with guidelines developed by the State of Minnesota and the Lead County.
4. The Lead County may allow the Provider to negotiate the rate it will charge for some services, subject to MMIS rate limits. The Provider must provide sixty (60) calendar days written notice to the Lead County, eligible persons, and responsible parties to change rates as required by individual service needs. Existing eligible person's service authorizations continue at the previous rate for the duration of the authorization unless the Lead County agrees otherwise. Rate changes must be approved by the Lead County prior to being implemented.
 - a. The 60-day written notice, as described in 5B (4), will be waived in cases of emergency or extenuating circumstances. In such cases, the Provider must provide the Lead County with reasonable notice in order to change rates. Timeliness of the notice will be determined by the Lead County.

6. METHODS OF BILLING

A) Billing MMIS for Purchased Services

- 1) The Provider shall submit invoices to the State of Minnesota following the policies and procedures established for payment of Minnesota Health Care Program services, as set forth in Minnesota Statutes, section 256B.064; Minnesota Rules, chapter 9505, and the Minnesota Health Care Program Provider Manual.
- 2) In the event that services provided to eligible persons may be reimbursed by private health insurance, Long Term Care Insurance, Medical Assistance State Plan services,

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or Medicare, the Provider shall bill such third parties before billing home and community-based services and the State of Minnesota.

- 3) The Provider agrees to notify the State of Minnesota if full or partial payment is received from any source other than this Contract for any eligible person also paid by the State. In such cases, the Provider shall return to the State any duplicate payment made by the State for such eligible persons.
- 4) The parties understand and agree that the Provider will have sole responsibility for the collection of other fees or revenues, with the exception of Alternative Care fees. Further, the parties agree that the Lead County or other Financially Responsible Agency shall accept no responsibility for the collection or subsidization of bad debts related to other revenue for Purchased Services.
- 5) The Provider shall bill consistent with applicable Minnesota Rules in effect at the time the service was performed.
- 6) The Provider will bill only for services actually delivered and only for days when services were actually delivered. Providers may not bill for leave days.

B) Billing the Financially Responsible Agency for Authorized and Purchased Services

- 1) The Provider shall submit billing invoices within thirty (30) calendar days after Purchased Services have been delivered to eligible persons. Invoices shall be submitted to the Financially Responsible Agency in a format and according to a process communicated by the Financially Responsible Agency.
- 2) The Financially Responsible Agency will make payment within thirty (30) calendar days from the receipt of the invoice. If the invoice is incorrect, defective or otherwise improper, the Financially Responsible Agency will notify the Provider within ten (10) working days of receiving the incorrect invoice. Upon receiving the corrected invoice, the Financially Responsible Agency will make payment within thirty (30) calendar days.
- 3) The Provider shall prepare an invoice for any other Financially Responsible Agency paying for an eligible person in cases where the Lead County under this contract is not the Financially Responsible Agency for an individual.
- 4) In the event that services provided to eligible persons may be reimbursed by private health insurance, Long Term Care Insurance, Title XIX Medical Assistance, or Medicare, the Provider shall bill such third parties before billing home and community-based services and the State of Minnesota.
- 5) The Provider agrees to notify the Financially Responsible Agency if full or partial payment for Purchased Services is received from any other source for any eligible person when those Purchased Services were also paid for by the Financially Responsible Agency. In such cases, the Provider shall return to the Financially Responsible Agency any duplicate payment made by the Financially Responsible Agency for such eligible persons.
- 6) The parties understand and agree that the Provider will have sole responsibility for the collection of other fees or revenues, with the exception of Alternative Care fees. Further, the parties agree that the neither the Lead County nor any other Financially Responsible Agency shall have responsibility for the collection or subsidization of bad debts related to other revenue for Purchased Services.
- 7) The Provider will bill consistent with Minnesota Rules, part 9525.0950, subpart 1, or in effect at the time the service was performed.

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- 8) The Provider agrees not to include in the charges for services any administrative or program cost assignable to private pay or third-party pay service recipients.
- 9) The Provider will bill only for services actually delivered.

7. DISCONTINUATION/TERMINATION OF SERVICES FOR INDIVIDUALS

- A) **Provider Inability to Provide Services.** The Provider shall, within no more than ten (10) business days of its determination, notify the Financially Responsible Agency of its determination that it is unable to, or will be unable to, provide the required quality or quantity of Purchased Services for an individual person.
- 1) A transition plan must be developed with the person's case manager/care coordinator. The Financially Responsible Agency will implement the transition plan within the subsequent twenty (20) calendar days of notification of inability to provide services.
- B) **Safety of the Person.** If the Lead County or other Financially Responsible Agency has sufficient reason to believe that the safety or well-being of a person receiving services may be endangered by actions of the Provider, its agent and/or employees, the Lead County or other Financially Responsible Agency may require that the Provider immediately terminate providing services to the person. The Lead County or other Financially Responsible Agency may also remove the person from the care of the Provider. These actions may be taken forthwith and may continue for such a period as is reasonably necessary for the Lead County or other Financially Responsible Agency to determine that the safety and well-being of the person has been assured. If it is determined that the safety and well-being of the person will remain in jeopardy, the Financially Responsible Agency may terminate the MMIS Service Agreement for a specific individual. No payments shall be made for the period during which services are suspended or terminated. In the event of such suspension or termination, the Provider shall be entitled to payment, determined on a pro rata basis, for the work or services satisfactorily performed.
- C) **Notice of Discharge/Termination.** The Provider agrees to give at least a 30-day written notice to the Financially Responsible Agency, the person to be discharged, and the person's responsible party or legal representative whenever the Provider proposes to discharge or terminate service(s) to a person who has received services, unless other legal requirements impose a longer notice period, in which case the longer notice period applies. This notice of action must include the specific grounds for termination and document attempts to address those reasons with the Financially Responsible Agency. The Provider shall not terminate services or discharge a person before giving such notice or before the proposed date unless delay would seriously endanger the health, safety, or well-being of the person or others. This includes the provider terminating service(s) to a person because of non-payment of an EW Waiver Obligation or Medical Assistance Spenddown.
- D) **Written Procedures.** The Provider agrees to establish and provide to the Lead County and Financially Responsible Agencies written procedures for terminating services to a person. The written procedures shall include provision for notification of the case manager, the person to be discharged, and the person's responsible party or legal representative. The written procedures shall state that the Provider will assist the

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Financially Responsible Agency to ensure a smooth transition to other services. A written summary of information and transfer of records will be included in the procedures.

8. PROVIDER QUALIFICATIONS AND TRAINING

- A) The Provider agrees to use only qualified personnel to provide any Purchased Services. If licensing or certification is a necessary prerequisite for provision of services, the Provider shall ensure that personnel are properly licensed or certified and meet standards described in the applicable federally-approved state waiver plans.
- B) The Provider agrees to provide or arrange for staff training as required in Minnesota Statutes and Minnesota Rules, in compliance with training requirements under Minnesota waiver plans and as specified in the respective individual plan of each person served under this Contract, or if the Financially Responsible Agency has additional training requirements as per the individual support plan. A copy of the staff-training plan shall be provided to the Lead County and to other persons as requested. Upon Lead County or Financially Responsible Agency's request, the Provider shall provide a copy of records that show that the training plan has been implemented.
- C) The Provider agrees to maintain at all times during the term of this Contract a process whereby its current and prospective employees and volunteers, who will have direct contact with persons served by the program or its services, will consent to a background study under Minnesota Statutes, Chapter 245C. The Provider agrees to ensure that employees and volunteers who have direct contact with persons served by its program or services are supervised or removed from direct contact to access to persons receiving its services as required under Minnesota Statutes, Chapter 245C.13.
- D) All persons 18 years and older under this current contract categorically fall under the definition of Vulnerable Adults as defined in Minnesota Statutes, section 626.5572. Providers must follow all reporting requirements as defined in Minnesota Statutes, section 626.557. Providers must also show that staff training is completed in the areas that must be reported, local common entry point contacts, and follow-up within the Provider agency.
- E) Providers who provide services to persons under the age of 18 must comply with the Maltreatment of Minors reporting requirements as defined in Minnesota Statutes, section 626.556.

9. STANDARDS AND LICENSES

- A) The Provider represents that it is and will remain qualified and licensed to provide the Purchased Services in accordance with the applicable provisions of Minnesota Rules, Minnesota Statutes, federally-approved Minnesota state waiver plans, and during the term of this Contract.
- B) The Provider agrees to inform the Lead County or other Financially Responsible Agency who has authorized services under this contract of the following within five (5) business days after occurrence:

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- 1) Any changes in licensure status and/or any reported warning to suspend or revoke licensure status.
 - 2) Any allegations and/or investigation by a government agency of fraud or criminal wrongdoing.
 - 3) Any federal exclusion of an individual or entity as described in Section 11 of this Contract or any conviction that could result in a federal exclusion.
- C) The Provider agrees to comply with all federal, state, county and local laws, regulations, ordinances, rules, and certifications as pertaining to the facilities, programs, and staff for which the Provider in the performance of its obligations under the Contract is responsible during the term of this Contract. This will include, but will not be limited to, current health, fire marshal, and program licenses, zoning standards, licensing and certification of staff when required under state or federal authority, insurance coverage, and all other applicable laws, regulations, ordinances, rules, and certifications that are effective, or will become effective, during the period of this Contract.
- D) During the term of this Contract, the Provider agrees to comply with all applicable state licensing standards, all applicable accreditation standards, and any other standards or criteria established by the State to ensure quality service.
- 1) Failure to meet such standards may be cause for termination of this Contract. Notwithstanding any other provision of this Contract, such termination may be effective as of the date of such failure.
 - 2) Loss of any applicable license by the Provider shall be cause for termination of this Contract. Notwithstanding any other provision of this Contract, such termination shall be effective as of the date of such loss.
- E) The Provider agrees to provide the Lead County or other Financially Responsible Agency, upon written request, copies of program review surveys or summaries, which may include reports from the Minnesota Department of Human Services or the Minnesota Department of Health, and/or Medicare surveys or summaries, when complete.
- F) The Provider agrees to comply with the U.S. Department of Health and Human Services' Policy Guidance Document entitled "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons". For Medical Assistance-funded services, interpreter costs shall be billed to Medical Assistance. Interpreter costs for non-Medical Assistance services shall be the financial responsibility of the Provider.
- G) In the event that there is a revision of federal regulations, which make services provided under the terms of this Contract or any portion thereof ineligible for federal financial participation, all parties will review the Contract and renegotiate those items necessary to bring the Contract into compliance with the new federal regulations. Refusal to review the Contract within seven (7) calendar days of receipt of a written request to bring the Contract into compliance, or failure to cooperate in good faith, shall be cause for termination of this Contract as of the date when the Contract is out of compliance for purposes of federal financial participation.

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- H) In the event that there is a revision of federal, state, or local statutes, rules or other laws, or the federally-approved state waiver language, which make the performance of this Contract or any portion thereof unlawful, all parties will review the Contract and renegotiate those items necessary to bring the Contract into compliance with the law. Refusal to review the Contract within seven (7) calendar days of receipt of a written request to bring the Contract into compliance, or failure to cooperate in good faith, shall be cause for termination of this Contract as of the date when the Contract is out of compliance.

10. RECORD DISCLOSURES

The Provider shall:

- A) Allow personnel of the Lead County or other Financially Responsible Agency accessing the contract, the Minnesota Department of Human Services and/or the Minnesota Department of Health, the Minnesota Medicaid Fraud Control Unit of the Attorney General's Office, the State Auditor's Office, and the U.S. Department of Health and Human Services access to the Provider's facility and records and permit any of the foregoing agencies or entities to copy the Provider's program and fiscal records at reasonable hours to exercise their responsibility to monitor Purchased Services.
- B) Maintain all records pertaining to this Contract at **Access Healthcare, Inc., 400 Wittman Drive, Suite B, Grand Rapids, MN 55744** for six (6) years for audit purposes in accordance with Minnesota Statutes, section 16C.05, subdivision 5. All books, records, documents and accounting procedures and practices of the Provider that are relevant to this Contract are subject to examination by the Lead County or the Financially Responsible Agency accessing the contract, the Department, the U.S. Department of Health and Human Services, and either the Legislative Auditor or State Auditor, as appropriate, for a minimum of six (6) years. The Provider shall promptly notify the Lead County in writing of any changes in the location where its records related to this Contract are stored or maintained.
- C) Comply with policies of the Minnesota Department of Human Services regarding social services recording and monitoring procedures, and maintenance of health service records for services rendered to persons.

11. AUDIT, REPORTS AND EVALUATIONS

- A) The Lead County shall establish procedures and timelines to monitor and evaluate the Provider's performance under this Contract. Lead County procedures for monitoring and evaluating may include, but are not limited to, on-site visits to the Provider's facility; review of personnel files; review of the Provider's financial, statistical and program records; review of reports and data supplied by the Provider at the Lead County's request; and expense budgets.
- B) The Provider shall provide the Lead County with reports as the Lead County may from time to time reasonably require, including but not limited to, the following: *[Please*

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check the applicable box(es) below and have both parties mark their initials next to those that apply.]

- 1) **Audit:** While no independent audit is required, if the Provider has had an independent audit or audit review done, the Provider will make available to the Lead County, within thirty (30) calendar days of the Lead County's written request, a copy of any completed independent audit and auditor's management letter or completed audit review.
 - 2) **Physician Orders** that include orders for the types of services provided, as required in the Disability Services Program Manual (DSPM) and the Minnesota Health Care Programs (MHCP) Provider Manual, as applicable.
 - 3) A written **Program and Statistical Report** in a form approved or provided by the Lead County within thirty (30) calendar days of the end of each quarter.
 - 4) **Revenue and Expense Report** (also known as an Income Statement or Profit and Loss Statement) to be submitted Quarterly or Monthly or Annually or Upon contract renewal, within thirty (30) calendar days after the end of each period, unless otherwise indicated by the Lead County.
 - 5) **Balance Sheet** to be submitted Quarterly or Monthly or Annually or Upon contract renewal, within thirty (30) calendar days after the end of each period, unless otherwise indicated by the Lead County.
 - 6) **Expense Budget** Site-specific Program-specific, to be submitted Quarterly or Monthly or Annually or Upon contract renewal, within thirty (30) calendar days after the end of each period, unless otherwise indicated by the Lead County.
 - 7) Other: Business records only upon special request
- C) If the collection of fees is delegated to the Provider, the Provider agrees to provide the Lead County or other Financially Responsible Agency with information about the fees collected and the fee source.
- D) The Provider shall, upon reasonable notice, meet with Lead County personnel to assist the Lead County in evaluating Purchased Services outcomes.
- E) The Provider shall develop procedures for monitoring and evaluating the achievement of goals and objectives identified in the community support plan and shall submit progress reports at least annually for each person or as identified in the community support plan. The Provider agrees to develop reports that will contain sufficient specificity to enable the Lead County or Financially Responsible Agency to monitor and evaluate the person's achievement of goals and objectives stated in the person's community support plan.
- F) If applicable, the Provider shall provide quarterly incident reports for persons under public guardianship to the Financially Responsible Agency case manager, the person, and the person's legal representative.
- G) The Provider shall provide the Lead County or other Financially Responsible Agency authorizing services under this contract, with such information regarding the qualifications of its staff, including professionals, volunteers, and others, as requested by the Lead County or other Financially Responsible Agency, to verify that the present and

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subsequent services are being rendered by competent, trained, qualified, and properly licensed or certified personnel as described in the Disability Services Program Manual (DSPM) and the Minnesota Health Care Programs (MHCP) Provider Manual, as applicable.

- H) The Provider shall ensure that neither it nor any of its owners, managers, or employees or its subcontractors; nor the owners, managers, or employees of the subcontractors assigned to provide services pursuant to this Contract have been debarred or excluded from Medicaid or any other federally-funded health care program under the provisions of the Social Security Act, 42 USC 1320a-7. If the Provider learns of any such debarment or exclusion, the Provider shall immediately notify the Lead County and Financially Responsible Agency authorizing services under this contract in writing and immediately take steps to stop the debarred or excluded individual from performing further services under this Contract

12. SAFEGUARD OF INFORMATION

- A) The Provider agrees to comply with the terms of Minnesota Statutes, Chapter 13, the Minnesota Government Data Practices Act, and all other applicable Minnesota laws, in handling all data related to this Contract. In addition, the Provider agrees to comply with all applicable federal privacy laws.
- B) The business director/owner **Darlene Collins** shall be the designated authority in charge of all data collected, used, or disseminated by the Provider in connection with the performance of this Contract in compliance with the Minnesota Government Data Practices Act, Chapter 13.
- C) The Financially Responsible Agency shall ensure that a joint Release of Information document is completed prior to providing private information to the Provider in accordance with Minnesota Rules, Parts 1205.0100 to 1205.2000.
- D) The Lead County and other Financially Responsible Agencies are covered entities under the Health Insurance Portability and Accountability Act (HIPAA). To the extent that the Provider performs a function or activity involving the use of "protected health information" (Code of Federal Regulations, Title 45, section 164.501), on behalf of the Lead County and other Financially Responsible Agencies, including, but not limited to, providing health care services; health care claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; repricing; or otherwise provided by 45 CFR, section 160.103, the Provider shall comply with the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 CFR, parts 160-164), (collectively referred to as "HIPAA"), and all applicable requirements.

INSERT DESIGNEE'S NAME

Darlene Collins

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- E) The Provider agrees to defend, indemnify, and hold harmless the Lead County and other Financially Responsible Agencies authorizing services under this contract, its agents, officers, and employees from all claims arising out of, resulting from, or in any manner attributable to any violation of any provision of the Minnesota Government Data Practices Act or HIPAA, including any legal fees or disbursements paid or incurred to enforce the provision of this article of the Contract.

13. EQUAL EMPLOYMENT OPPORTUNITY, CIVIL RIGHTS AND NON-DISCRIMINATION

- A) The Provider agrees to comply with the Civil Rights Act of 1964, Title VII (42 USC 2000e); including Executive Order No. 11246, and Title VI (42 USC 2000d); and the Rehabilitation Act of 1973 as amended by Section 504; Minnesota Statutes, section 363A.02; and all applicable federal and state laws, rules, regulations and orders prohibiting discrimination in employment, facilities and services. The Provider shall not discriminate in employment, facilities, and in the rendering of Purchased Services hereunder on the basis of race, color, religion, age, gender, sexual orientation, disability, marital status, public assistance status, creed, or national origin.
- B) To the extent applicable, the Provider certifies that it has received a certificate of compliance from the Commissioner of Human Rights pursuant to Minnesota Statutes, section 363A.36. This section applies only if the Contract is for more than \$100,000 and the Provider has employed 40 or more employees within the State of Minnesota on a single working day during the previous 12 months.
- C) It is the Financially Responsible Agency accessing services under this contract or Lead County's policy that all Providers desiring to do business with the Financially Responsible Agency or Lead County adhere to the principles of Equal Employment Opportunity and Affirmative Action. This requires not only that Providers do not unlawfully discriminate in any condition of employment on the basis of race, color, gender, sexual orientation, religion, national origin, age or disability, but that they also take affirmative action to ensure positive progress in Equal Opportunity Employment.

14. FAIR HEARING AND GRIEVANCE PROCEDURES

- A) The Financially Responsible Agency is responsible to refer a person's request for a fair hearing and grievance procedure to the Department in conformance with Minnesota Statutes, section 256.045 and in conjunction with the Fair Hearing and Grievance Procedures established by the administrative rules of the Department.
- B) The Financially Responsible Agency will advise applicants and eligible persons of their rights to a fair hearing in the appeal process, including, but not limited to, their right to appeal a denial or exclusion from the program or failure to recognize an eligible person's choice of service and of his or her rights to a fair hearing in these respects.

15. BONDING, INDEMNITY, INSURANCE AND AUDIT CLAUSE

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- A) **Bonding:** The Provider will be required to maintain at all times, during the term of this Contract, a fidelity bond or insurance coverage for employee dishonesty with a minimum amount of \$50,000 covering the activity of each person authorized to receive or distribute monies under the term of this Contract. A copy of the Provider's bond or insurance certificate shall be delivered to the Lead County at the beginning of this Contract term and on an annual basis thereafter.
- B) **Indemnity:** The Provider agrees that it will at all times defend, indemnify, and hold harmless, the Department of Human Services and the Lead County or Financially Responsible Agency against any and all liability, loss, damages, costs and expenses which the Department, Financially Responsible Agency, or Lead County may hereafter sustain, incur, or be required to pay:
- 1) By reason of any applicant or eligible person suffering bodily or personal injury, death, or property loss or damage either while participating in or receiving the care and services to be furnished under this Contract, or while on premises owned, leased, or operated by the Provider, or while being transported to or from said premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for by the Provider or any officer, agent, or employee thereof; or
 - 2) By reason of any applicant or eligible person causing injury to, or damage to, the property of another person, during any time when the Provider or any officer, agent, or employee thereof has undertaken or is furnishing the care and services called for under this Contract; or
 - 3) By reason of any negligent act or omission or intentional act of the Provider, its agents, officers, or employees which causes bodily injury, death, personal injury, property loss, or damage to another during the performance of Purchased Services under this Contract.
- C) **Insurance:** The Provider further agrees, in order to protect itself as well as the Department, the Lead County, and other Financially Responsible Agencies under the indemnity contract provision set forth above, it will at all times during the term of the Contract, and beyond such term when so required, have and keep in force a general liability insurance policy. Adult family foster care providers and child family foster care providers who are covered by the DHS-purchased liability policy for these providers are exempt from this insurance requirement as long as the DHS-purchased insurance is in force.
- D) The Provider will make a good-faith effort to purchase occurrence-based liability insurance. If the Provider cannot afford or find an occurrence-based liability policy, the Provider may substitute a claims-made liability policy at the same coverage levels required in Paragraph 15.E and with extended reporting-period coverage for at least one full year following the end of the term of the claims-made policy.
- E) This liability insurance policy will meet the limits as shown below or be equal to the tort liability limits under Minnesota Statutes, section 3.736, subdivision 4, whichever is greater:
1. Effective July 1, 2009: Five Hundred Thousand Dollars (\$500,000) for bodily injury or property damage to any one person and One Million Five Hundred

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

Thousand Dollars (\$1,500,000) for total injuries or damages arising from any one occurrence.

- F) The Department of Human Services, Lead County, and Financially Responsible Agency must all be listed as additional insured, and the Lead County shall be sent a current certificate of insurance on an annual basis. The certificate must show that the Lead County will receive thirty (30) calendar days' prior written notice in the event of cancellation, nonrenewal, or material change in the described policy.
- G) If the Provider is unable to obtain the required insurance coverage, or if the coverage is cancelled during the term of this Agreement, the Provider must notify the Lead County contract manager (or the contract manager's designee) by telephone or e-mail the same business day as the Provider receives notice of cancellation or inability to obtain coverage. The Provider shall also provide written notice to the Lead County contract manager within five (5) business days. The Provider shall make immediate good faith efforts to obtain or replace the coverage in the open market. If such efforts are unsuccessful, the Provider shall apply to the Minnesota Joint Underwriting Association for the insurance coverage. Failure to maintain required insurance coverage shall be considered an event of default pursuant to this Agreement.
- H) The Provider must also maintain worker's compensation insurance per Minnesota statutory requirements. If applicable, the Provider must also maintain professional liability insurance with a minimum aggregate amount of \$1,000,000.

16. CONDITIONS OF THE PARTIES' OBLIGATIONS

- A) The Provider agrees to inform the Lead County within ten (10) business days of changes in its address, ownership, organizational structure, board of director membership, and/or chief operating officers.
- B) The Provider will also inform the Financially Responsible Agency within ten (10) business days of any reductions in staffing levels or in staff qualifications that affect the person's health and safety, result in loss of needed expertise to meet the person's care requirements, or result in overpayment for Purchased Services; or such instances where the Provider is no longer able to deliver the agreed services prior to the effective date or during the term of this Contract.
- C) It is understood and agreed that in the event funding to the Financially Responsible Agency from state and federal sources is not obtained and continued at a level sufficient to allow for the purchase of the indicated quantity of Purchased Service for an individual, the obligations of each party hereunder shall be terminated.
- D) Before the end date of the Contract period, as specified in the recitals to this Contract, the Lead County may evaluate the contract performance of the Provider and determine whether such performance merits renewal of this Contract. No automatic renewals are permitted. Any agreement to renew this Contract shall be in writing and must be signed by authorized representatives of the parties.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- E) The Financially Responsible Agency will reimburse the Provider only for services specified in this Contract that have been authorized and delivered.
- F) If the Financially Responsible Agency or Lead County determines that funds are not being administered in accordance with the approved service plan and budget or that services are not being properly provided according to the terms of this Contract, the Lead County may terminate this Contract for cause after notice has been provided to the Provider or the Provider's designated representative, according to Section 21 of this Contract.

17. SUBCONTRACTING

- A) The Provider shall not enter into subcontracts for performance of any of the services contemplated under this Contract nor assign any interest in the Contract without the prior written approval of the Lead County and subject to such provisions as the Lead County may, in its sole discretion, deem necessary.
- B) All subcontracts must contain provisions that make all Subcontractors subject to all of the requirements of this Contract.
- C) The Provider must ensure that any and all subcontracts to provide services under this Contract contain the same language appearing in under Section 26 below, "Department of Human Services as Third-Party Beneficiary."
- D) Notwithstanding the Lead County's approval of any subcontract, the Provider agrees that it will be responsible for ensuring that the performance of any Subcontractor is in compliance with the subcontract, this Contract, and Minnesota Rules, part 9525.1870, subpart 3.

18. INDEPENDENT CONTRACTOR

- A) Nothing contained in this Contract is intended or should be construed as creating the relationship of copartners or joint ventures with the Lead County or other Financially Responsible Agency or the Department. The Provider is to be and shall remain an independent contractor with respect to all services performed under this Contract.
- B) The Provider represents that it has, or will secure at its own expense, all personnel required in performing services under this Contract.
 - 1) Any and all personnel of the Provider or other individuals, while engaged in the performance of any work or services required by the Provider under this Contract shall have no contractual relationship with the Lead County or other Financially Responsible Agency and shall not be considered employees of the Lead County or other Financially Responsible Agency.
 - 2) All claims that may or might arise under the Minnesota Unemployment Insurance Law in Minnesota Statutes, Chapter 268 or the Workers' Compensation Act in Minnesota Statutes, Chapter 176 on behalf of said personnel arising out of employment or alleged employment, including without limitation, claims of discrimination against the Provider, its officers, agents, contractors, or employees, shall in no way be the responsibility of the Lead County or other Financially Responsible Agency.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- 3) The Provider shall defend, indemnify, and hold the Lead County and other Financially Responsible Agencies, their officers, agents, and employees harmless from any and all such claims irrespective of any determination of any pertinent tribunal, agency, board, commission, or court.
- 4) Such personnel or other persons shall neither require nor be entitled to any compensation, rights, or benefits of any kind whatsoever from the Lead County or other Financially Responsible Agency, including without limitation tenure rights, medical and hospital care, sick and vacation leave, workers' compensation, unemployment insurance, disability, severance pay, and Public Employees' Retirement Association.

19. DISCLOSURE

- A) The Provider agrees to make such disclosures of ownership and control information to the Lead County as is required by 42 CFR, sections 455.100 to 455.106.

20. DEFAULT

- A) **Unforeseeable Acts or Events (Force Majeure):** Neither party shall be liable to the other party for any loss or damage resulting from a delay nor failure to perform due to unforeseeable acts or events outside the defaulting party's reasonable control, providing the defaulting party gives notice to the other party as soon as possible. Acts and events may include acts of God, acts of terrorism, war, fire, flood, epidemic, acts of civil or military authority, and natural disasters.
- B) **Changes in Policy or Staff:** The Lead County reserves the right to terminate this Contract on ten (10) business days' written notice if the following changes are proposed or have been implemented:
 - 1) Reductions in staffing levels that affect the health or safety of the person or that result in loss of needed expertise, or
 - 2) Such instances where the Provider, in the Lead County's sole discretion, is no longer able to deliver the services agreed to prior to the effective date or during the term of this Contract.
- C) **Default by Provider:** Unless cured or excused under paragraph 20 (A) or Lead County or other Financially Responsible Agency default, each of the following shall constitute default on the part of the Provider:
 - 1) A written admission by the Provider that it is bankrupt; the filing by the Provider of a voluntary petition under the Federal Bankruptcy Act; or the filing of an involuntary petition under the Federal Bankruptcy Act against the Provider unless dismissed within ninety (90) calendar days. The Notice of Default and cure provisions of this Contract do not apply to this paragraph.
 - 2) The making of any arrangement with or for the benefit of the Provider's creditors involving an assignment to a trustee, receiver, or similar fiduciary. The Notice of Default and cure provisions do not apply to this paragraph.
 - 3) Making material misrepresentations either in the documents attached to this Contract or in any other material provision or condition relied upon in the making of this Contract.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- 4) The Provider disregards laws, ordinances, rules, regulations or orders of any public authority.
 - 5) Failure to perform any other material provision of this Contract.
- D) **Default by Lead County or Other Financially Responsible Agency:** Unless cured or excused by the provision in paragraph 20(A) on Provider default, each of the following shall constitute default on the part of the Lead County or other Financially Responsible Agency:
- 1) Making material misrepresentation either in the attached attachments and documents or in any material provision or condition relied upon in making of this Contract.
 - 2) Failure to perform any other material provision of this Contract.
- E) **Written Notice of Default:** Unless a different procedure and/or effective date is provided within the specific article or paragraph of this Contract under which the default, failure, or breach occurs, no event shall constitute a default giving rise to the right to terminate unless and until written Notice of Default is given to the defaulting party, specifying the particular event, series of events, or failure constituting the default and cure period.
- F) **Cure Period:** If the party in default fails to cure the specified circumstances as described by the Notice of Default within ten (10) business days, or such additional times as may be specified under the terms of this Contract, then the whole or any part of this Contract may be terminated by the non-defaulting party by giving written Notice of Termination to the defaulting party as provided in Section 21 of this Contract.

21. TERMINATION OF CONTRACT

- A) **With or Without Cause:** This Contract may be terminated without cause by either party upon thirty (30) calendar days written notice to the other party. Either party may terminate this Contract for cause by giving ten (10) business days written notice of its intent to terminate to the other party unless the other party cures the default within the 10-day period. Notwithstanding the foregoing, termination based on noncompliance with Section 16, Conditions of the Parties' Obligations, shall occur on the date provided in the written Notice of Termination.
- B) **Termination by Lead County - Lack of Funding:** Notwithstanding any provision of this Contract to the contrary, the Lead County may **immediately terminate** this Contract if it does not obtain funding from the Minnesota Legislature, Minnesota agencies, or other funding sources, or if its funding cannot be continued at a level sufficient to allow payment of the amounts due under this Contract. The Lead County or other Financially Responsible Agency is not obligated to pay for any services performed by Provider after written Notice of Termination for lack of funding is sent to the Provider. The Lead County or other Financially Responsible Agency will not be assessed any penalty or damages if the Contract is terminated due to lack of funding.
- C) **Written Notice of Termination:** Notice of Termination shall be made by certified mail or personal delivery to the authorized agent of the party. Notice is deemed effective upon deposit of written notice in the United States Mail, postage pre-paid and addressed to the party authorized to receive notice, as provided in Section 28 of this Contract.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- D) **Duties of Provider Upon Termination:** Upon receipt of a Notice of Termination, and except as otherwise provided, the Provider shall:
- 1) Discontinue performance of this Contract on the date and to the extent specified in the Notice of Termination.
 - 2) Immediately notify all persons who are receiving services pursuant to this Contract.
 - 3) Cancel all orders and subcontracts to the extent that they relate to the performances canceled by the Notice of Termination.
 - 4) Complete performance of such terms as shall not have been canceled by the Notice of Termination.
 - 5) Submit a final invoice for services provided prior to termination, within thirty (30) calendar days of the date of termination.
 - 6) Retain the records of the person for at least five years following the termination of services (Minnesota Statutes, section 245B.07, subdivision 3 and Minnesota Rules, part 9505.2190.)
 - 7) Transfer the person's records to the new Provider of services and work cooperatively with the new Provider until a smooth transition is made.
- E) **Duties of Lead County or Other Financially Responsible Agency Upon Termination:** Upon receipt of a Notice of Termination, and except as otherwise provided, the Lead County or other Financially Responsible Agency:
- 1) Shall not be liable for any services provided after the date of the Notice of Termination, except as stated above or as authorized by the Lead County or other Financially Responsible Agency in writing.
 - 2) Shall, within thirty (30) calendar days of receipt of a final invoice, make final payment for any services satisfactorily provided up through the date of termination in accordance with the terms of this Contract.
- F) **Effect of Termination:** Termination of this Contract shall not discharge any liability, responsibility or right of any party that arises from the performance of or failure to perform the terms of this Contract adequately prior to the effective date of termination.

22. CONTRACT RIGHTS & REMEDIES

- A) **Cumulative Rights:** All remedies available to either party under the terms of this Contract or by law are cumulative and may be exercised concurrently or separately, and the exercise of any one remedy shall not be deemed an election of such remedy to the exclusion of other remedies.
- B) **Waiver:** Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this Contract shall not be construed to be a modification of the terms of this Contract unless stated to be such in writing and signed by authorized representatives of the Lead County and the Provider.
- C) **Damages**
- 1) **Duty to Mitigate:** Both parties shall use their best efforts to mitigate any damages that might be suffered by reason of any event giving rise to a remedy hereunder.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- 2) **Breach:** Notwithstanding any other provision of this Contract to the contrary, upon breach of this Contract by the Provider, the Lead County or other Financially Responsible Agency may withhold final payment due the Provider until such time as the exact amount of damages due is determined.

23. CONTRACT ADDITIONS OR MODIFICATIONS

- A) **Addendum:** Any addition(s) made to the terms of this Contract must be in writing and will not be effective until it has been either (1) executed or approved by the same parties, or their successors in office, who executed and approved the original Contract, or (2) executed and approved by persons designated by the parties to this contract.
- 1) Any additional provisions that limit or restrict a person's choice or access to services shall be considered invalid.
- B) **Amendments:** Any amendment(s) or change(s) made to the terms of this Contract must be in writing and will not be effective until it has been either (1) executed or approved by the same parties, or their successors in office, who executed and approved the original Contract, or (2) executed and approved by persons designated by the parties to this contract.
- C) **Assigned Designees:** The designees allowed to execute and approve addendums and/or amendments are identified as:

Thomas Burke, Director and Darlene Collins
Lead County Designee Provider Designee

- D) **Contract Complete:** This Contract contains all negotiations and agreements between the Lead County and the Provider. No other understanding regarding this Contract, whether written or oral, may be used to bind either party.

24. SEVERABILITY

- A) The provisions of this Contract shall be deemed severable. If any part of this Contract is rendered void, invalid, or unenforceable, such rendering shall not affect the validity and enforceability of the remainder of this Contract unless the part or parts that are void, invalid or otherwise unenforceable shall substantially impair the value of the entire Contract with respect to either party.

25. EXTENSION CLAUSE

- A) The parties further understand and agree that this Contract shall be automatically extended for an additional period up to ninety (90) calendar days from the end date of this Contract in the event that a new contract between the parties is desired but not entered into prior to the expiration date contained in this Contract. The purpose of this extension is to ensure the existence of an uninterrupted contract in the event that a new contract is desired but is unable to be signed by the parties prior to the expiration date of this Contract. In the event that this Contract is extended pursuant to this clause, any change in fees contained in the subsequent contract may be made retroactive to the expiration date of this Contract, by mutual agreement of the parties.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

26. DEPARTMENT OF HUMAN SERVICES AS THIRD-PARTY BENEFICIARY

- A) The Provider acknowledges and agrees that the Minnesota Department of Human Services is a third-party beneficiary, and as a third-party beneficiary, is an affected party under this contract. The Provider specifically acknowledges and agrees that the Minnesota Department of Human Services has standing to take any appropriate administrative action or sue the Provider for any appropriate relief in law or equity, including but not limited to, rescission, damages, or specific performance, of all or any part of the contract between the Lead County board and the Provider. The Provider specifically acknowledges that the Lead County board and the Minnesota Department of Human Services are entitled to and may recover from the Provider reasonable attorney's fees, costs, and disbursements associated with any action taken under this paragraph that is successfully maintained. This provision shall not be construed to limit the rights of any party to the contract or any other third-party beneficiary, nor shall it be construed as a waiver of immunity under the Eleventh Amendment to the United States Constitution or any other waiver of immunity. Minnesota Rules, part 9525.1870, subpart 2.

27. MERGER

- A) **Entire Contract:** It is understood and agreed that the entire contract of the parties is contained herein and that this Contract supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous contracts presently in effect between the Provider and any Lead County relating to the subject matter hereof.

28. NOTICE

Notice Given Under this Contract: All notices given by either party to the other party under this Contract shall be delivered to the following representative of the other party, or his/her successor:

- 1) To the Lead County: Notices shall be addressed to AITKIN COUNTY HEALTH AND HUMAN SERVICES, 204 1ST STREET NW, AITKIN, 56431.
- 2) To the Provider: Notices shall be addressed to Darlene Collins, ACCESS HEALTHCARE, INC., 400 WHITTMAN DRIVE, SUITE B, GRAND RAPIDS, MN, 55744.
- 3) Each party shall promptly notify the other party in writing of any changes in its designation of the person and location listed in this Section.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

IN WITNESS WHEREOF, Aitkin County and the Provider have executed this Contract as of the day and year first written above:

The Provider, having signed this contract, and the Aitkin County Board of Commissioners having duly approved this Contract on _____, and pursuant to such approval and the proper County officials having signed this Contract, the parties hereto agree to be bound by the provisions herein set forth. Minnesota Statutes 256.0112.

COUNTY OF AITKIN
STATE OF MINNESOTA

ACCESS HEALTHCARE

Aitkin
County Board of Commissioners

BY:

Director

BY:

Chairperson of the County Board

Signer's name printed or typed

DATED:

DATED:

ATTESTED TO:

BY:

Director of Aitkin County Health and Human Services

DATED:

APPROVED AS TO LEGALITY AND
FORM:

BY:

Aitkin County Attorney

DATED:

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

ATTACHMENTS

- A) The following list of documents herein referred to as "Attachments." There may be amendments that address changes or addenda that address additions to the terms of this Contract. All properly executed attachments are incorporated by reference and are deemed a part of this Contract:

<u>Attachment Number</u>	<u>Title of Document to be Attached</u>	<u>Number of Pages</u>
1)	Attachment A: "Purchased Services" for Disability Waivers	1
2)	Attachment B: "Purchased Services" for Elderly Waiver (EW) and Alternative_Care (AC)	1
3)	Attachment C: Rate Schedules	1
4)	Attachment D: Performance Expectations	1

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

Attachment A

Purchased Services

Home and community-based services administered under the following waivers: Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), Development Disabilities or Related Conditions (DD), and Traumatic Brain Injury (TBI).

The following are services that the Provider agrees to provide for eligible persons under contract. Descriptions for such services can be found in the Disability Services Program Manual (DSPM). *[Please check and have both parties mark their initials next to those that apply.]*

- | | |
|--|--|
| <input type="checkbox"/> 24-Hour Emergency Assistance | <input type="checkbox"/> In-Home Family Support Services |
| <input type="checkbox"/> Adult Companion Services | <input type="checkbox"/> Independent Living Skills Services |
| <input type="checkbox"/> Adult Day Care Services | <input type="checkbox"/> Independent Living Skills– TBI Therapies |
| <input type="checkbox"/> Adult Day Care Services Bath | <input type="checkbox"/> Live-in Personal Caregiver Expenses |
| <input checked="" type="checkbox"/> Assisted Living | <input type="checkbox"/> Modifications and Adaptations |
| <input checked="" type="checkbox"/> Assisted Living Plus | <input type="checkbox"/> Night Supervision Services |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Personal Support Services |
| <input type="checkbox"/> Behavioral Programming | <input checked="" type="checkbox"/> Personal Care Assistance Service |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input checked="" type="checkbox"/> Respite Care |
| <input type="checkbox"/> Consumer Training and Education | <input type="checkbox"/> Specialist Services |
| <input type="checkbox"/> Crisis Respite | <input type="checkbox"/> Specialized Supplies and Equipment |
| <input type="checkbox"/> Day Training and Habilitation (DT&H) | <input type="checkbox"/> Structured Day Program |
| <input type="checkbox"/> Extended Home Care Services | <input type="checkbox"/> Supportive Employment Services |
| <input type="checkbox"/> Family Training, Education and Counseling | <input type="checkbox"/> Supportive Living Services for Adults |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Supportive Living Services for Children |
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Transitional Services |
| <input checked="" type="checkbox"/> Homemaker Services | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Home Health Aide Service | |

[If there are other services to be provided that are not listed above, check and describe the services below.]

Other: Professional Nursing Services

Other: Physical Therapy

Other:

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

Attachment B

Purchased Services

Home and community-based services administered under the Elderly Waiver (EW) and Alternative Care (AC) program.

The following are services that the Provider agrees to provide for eligible persons under contract. Descriptions for such services can be found in the Minnesota Health Care Programs (MHCP) Provider Manual, Chapter 26A. *[Please check and have both parties mark their initials next to those that apply.]*

- | | |
|--|---|
| <input checked="" type="checkbox"/> 24-Hour Customized Living | <input checked="" type="checkbox"/> Home Health Aide Services |
| <input type="checkbox"/> Adult Day Services | <input checked="" type="checkbox"/> Home Health Services |
| <input type="checkbox"/> Adult Day Services Bath | <input type="checkbox"/> Homemaker Services |
| <input type="checkbox"/> Adult Companion Services | <input type="checkbox"/> Nutrition Services (AC Program Only) |
| <input type="checkbox"/> Adult Foster Care | <input checked="" type="checkbox"/> Personal Care Assistance Services |
| <input type="checkbox"/> Chore Services | <input checked="" type="checkbox"/> Professional Nursing Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input type="checkbox"/> Residential Care Services |
| <input checked="" type="checkbox"/> Customized Living | <input checked="" type="checkbox"/> Respite Care |
| <input type="checkbox"/> Environmental Accessibility Adaptations | <input type="checkbox"/> Specialized Supplies and Equipment |
| <input type="checkbox"/> Family Adult Day Services (FADS) | <input type="checkbox"/> Transitional Services |
| <input type="checkbox"/> Family and Caregiver Training and Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home Delivered Meals | |

[If there are other services to be provided that are not listed above, check and describe the services below.]

Other:

Other:

Other:

Other:

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

Attachment C

RATE SCHEDULES

Service	CAC/CADI, TBI & DD Waiver Rate	Elderly Waiver Rate	Alternate Care Rate
Skilled Nursing	\$69.69/visit	\$69.69/visit	\$69.69/visit \$8.49/15 min unit
Telehomecare Nursing	\$69.69/visit	\$69.69/visit	\$69.69/visit
Home Health Aide	\$53.48/visit \$7.44/15 min unit	\$53.48/visit \$7.44/15 min unit	\$53.48/visit \$7.44/15 min unit
Home Health Aide, Extended	\$5.10/15 min unit	\$5.10/15 min unit	N/A
Homemaker	\$4.28/15 min unit	\$4.28/15 min unit	\$4.28/15 min unit
Respite	\$5.03/15 min unit	\$5.03/15 min unit	\$5.03/15 min unit
PCA	\$3.90/15 min unit	\$3.90/15 min unit	\$3.90/15 min unit
Extended PCA	\$3.90/15 min unit	\$3.90/15 min unit	N/A
RN Supervision of PCA	\$6.86/15 min unit	\$6.86/15 min unit	\$6.86/15 min unit

Customized Living Rates:

See Customized Living Workbook on the DHS website: www.dhs.state.mn.us. Under advanced search type “customized living”.

Attachment D

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

PERFORMANCE EXPECTATIONS

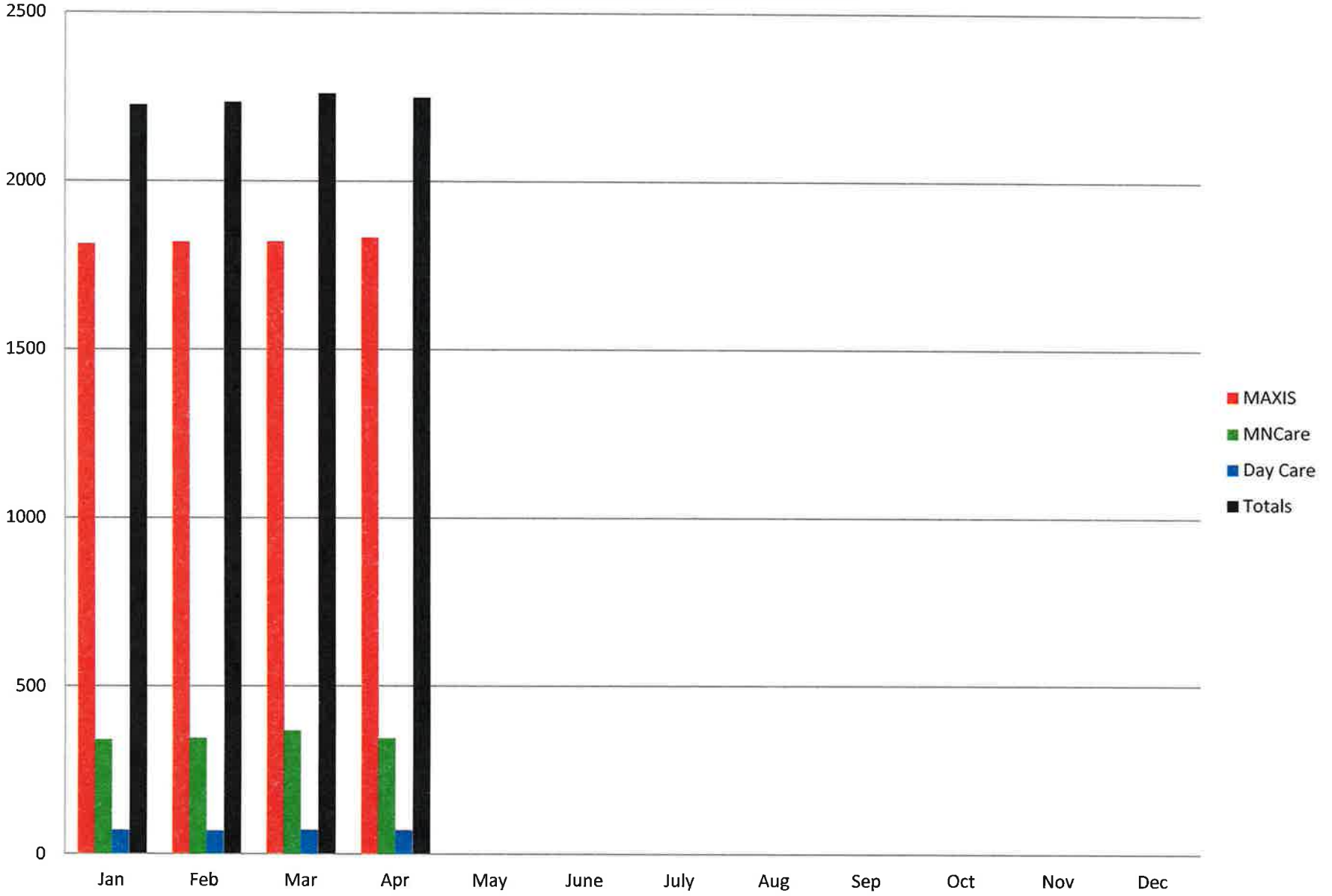
1. The Provider will immediately notify the Agency when a client is not receiving services, such as when absent for hospitalizations, vacations, etc. Should the client have frequent and/or scheduled home visits, that schedule will be provided to the Agency.
2. The Provider will not charge a program or service fee to clients eligible for services through the Agency except those established by the Agency
3. The Provider will have a supervisory nurse on call to handle problems anytime a Home Health Aide or PCA is on duty.
4. On site supervision of Home Health Aides, PCA's and Homemakers will include observation of skills and care provided by the aide or homemaker, as well as assessment of client status. Initial onsite supervision of home health aides and PCA's will include observation of skills necessary to meet client needs. The Provider will list and document all observations in the Provider's chart.
5. The Provider will provide a written progress report to the Agency on clients receiving services every sixty- (60) days. Such reports will include information about the client's health and/or physical problems, report any noted changes toward improvement or deterioration, the type of service provided by the Provider, the frequency of client contact and any other observation the Provider may deem pertinent to report.
6. The Provider will maintain a current plan of care in the client's home and in the Provider's client record and send a copy of the plan to the Agency Case Manager.
7. The Provider will notify the Agency within two (2) working days of receiving a referral if unable to provide services for a particular client. The Agency may reduce this period in the case of emergency referrals. The Provider will begin services within five (5) working days of receipt of a referral or as deemed necessary by the Agency Case Manager. The Provider will call the client prior to the initiation of services. Failure to provide service might necessitate the immediate reassignment of a particular client to another provider.
8. The Provider will serve clients in the areas specified in the provider application. The Provider will provide a thirty- (30) day notice of termination of services and/or continue to provide services until a new Provider is established.

INCOME MAINTENANCE CASELOAD HISTORY

2012	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
MAXIS	1813	1819	1820	1832								
MNCare	341	346	368	345								
Day Care	72	70	73	72								
Totals	2226	2235	2261	2249								
Applications-MAXIS	91	62	77	71								
2011	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
MAXIS	1727	1748	1784	1827	1848	1847	1837	1843	1802	1823	1822	1827
MNCare	521	532	442	381	354	354	336	346	350	343	347	347
Day Care	72	71	71	80	72	80	87	82	84	81	80	74
Totals	2320	2351	2297	2288	2274	2281	2260	2271	2236	2247	2249	2248
Applications-MAXIS	84	79	115	100	84	92	73	100	62	96	84	65
2010	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
MAXIS	1686	1675	1705	1694	1686	1668	1676	1664	1665	1671	1695	1703
MNCare	408	417	419	442	439	439	451	477	490	502	522	513
Day Care	77	74	68	67	67	67	67	63	62	62	67	72
Totals	2171	2166	2192	2203	2192	2174	2194	2204	2217	2235	2284	2288
Applications-MAXIS	76	52	75	90	68	64	73	82	68	88	85	73
2009	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
MAXIS	1556	1578	1611	1628	1627	1620	1636	1629	1638	1644	1658	1687
MNCare	308	318	322	343	349	356	374	398	400	403	402	399
Day Care	80	81	82	85	83	83	80	84	82	80	81	78
Totals	1944	1977	2015	2056	2059	2059	2090	2111	2120	2127	2141	2164
Applications-MAXIS	93	93	98	91	66	78	89	72	81	84	67	91
2008	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
MAXIS	1451	1474	1472	1469	1488	1492	1477	1465	1482	1496	1509	1532
MNCare	238	241	245	256	265	270	286	289	292	295	301	307
Day Care	52	53	54	58	65	67	69	70	72	77	78	78
Totals	1741	1768	1771	1783	1818	1829	1832	1824	1846	1868	1891	1917
Applications-MAXIS	113	68	75	69	86	62	71	79	78	109	62	109

MAXIS Cases: Number of unduplicated cases open for all programs except MNCare & Child Care can be open on multiple programs per case.
MNCare: Number of cases open on MNCare that Aitkin County manages. Residents do have the option of having their MNCare cases managed at the State Level.
Day Care: Number of day care cases open.
Total: Total cases open.
Applications – MAXIS: New applications taken during month for MAXIS programs only. Does not include MN Care or Day Care.

2012 Caseload Information



Aitkin County Health & Human Services

Financial Statement

	Actual Jan-12	Actual Feb-12	Actual Mar-12	Actual Apr-12	Actual May-12	Actual Jun-12	Actual Jul-12
Income:							
Tax Levy							
CPA and In Lieu							
State Revenue	37,736.43	21,444.68	84,969.04	2,560.19			
Federal Revenue	73,953.74	291,098.08	190,428.89	67,463.70			
Revenue From Third Party	11,551.83	11,760.42	12,775.59	13,857.34			
Misc. Revenue	43,294.72	44,024.17	48,669.06	25,717.24	988.53		
Total:	166,536.72	368,327.35	336,842.58	109,598.47	988.53	-	-
Expenditures:							
Payments to Recipients	151,909.53	123,684.35	160,821.95	177,680.73	120,480.17		
Salaries and Fringes	299,542.87	265,354.84	265,483.59	279,680.75	270,854.95		
Services and Charges	21,637.87	25,137.47	29,900.95	24,731.64	19,327.43		
Travel and Insurance	46,667.28	3,467.94	4,765.15	3,981.74	2,882.42		
Office Supplies	1,672.83	3,523.06	1,881.28	1,705.78	3,196.63		
Capital Outlay	447.25	5,029.08	30.59	1,375.07	94.53		
Misc Expense & Pass Thru	10,576.43	14,848.42	5,716.47	46,061.68	4,003.14		
Total:	532,454.06	441,045.16	468,599.98	535,217.39	420,839.27	-	-
Final Totals:	(365,917.34)	(72,717.81)	(131,757.40)	(425,618.92)	(419,850.74)	-	-

Cash Balance as of 05/2011
3,408,100.96

Cash Balance as of 05/22/2012
3,045,620.28

	Actual Aug-12	Actual Sep-12	Actual Oct-12	Actual Nov-12	Actual Dec-12
Income:					
Tax Levy					
CPA and In Lieu					
State Revenue					
Federal Revenue					
Revenue From Third Party					
Misc. Revenue					
Total:	-	-	-	-	-
Expenditures:					
Payments to Recipients					
Salaries and Fringes					
Services and Charges					
Travel and Insurance					
Office Supplies					
Capital Outlay					
Misc Expense & Pass Thru					
Total:	-	-	-	-	-
Final Totals:	-	-	-	-	-

	YTD 2012	ACTUAL 2011	ACTUAL 2010	ACTUAL 2009	ACTUAL 2008	ACTUAL 2007	ACTUAL 2006	ACTUAL 2005
Income:								
Tax Levy	-	2,345,969.16	2,333,865.63	2,340,935.73	2,409,856.71	2,303,196.53	1,817,723.90	1,821,945.15
CPA and In Lieu	-	236,240.57	235,223.92	321,690.72	303,462.53	389,866.09	312,877.69	454,674.85
State Revenue	146,710.34	736,864.33	611,120.93	632,506.88	936,661.64	790,366.43	905,921.06	938,238.57
Federal Revenue	622,944.41	2,120,681.67	2,225,918.50	2,266,036.42	2,031,189.00	2,013,560.50	1,993,226.16	2,011,677.42
Revenue From Third Party	49,945.18	163,265.77	126,077.60	-	-	-	-	-
Misc. Revenue	162,693.72	446,320.68	541,300.99	575,677.90	608,372.74	568,060.27	484,763.05	367,679.15
Total:	982,293.65	6,049,342.18	6,073,507.57	6,136,847.65	6,289,542.62	6,065,049.82	5,514,511.86	5,594,215.14
Expenditures:								
Payments to Recipients	734,576.73	1,729,427.71	1,862,889.86	1,818,277.01	1,729,049.89	1,827,333.49	1,858,630.93	2,044,180.37
Salaries and Fringes	1,380,917.00	3,602,677.75	3,585,784.86	3,658,299.47	3,300,291.25	3,091,358.49	2,911,440.42	2,804,023.07
Services and Charges	120,735.36	271,548.15	305,453.93	295,501.81	327,685.72	271,589.87	281,345.91	284,829.34
Travel and Insurance	61,764.53	96,969.42	107,221.46	125,924.90	125,736.88	91,625.96	96,293.29	144,092.83
Office Supplies	11,979.58	61,209.60	56,501.21	52,262.98	79,742.17	63,677.05	65,267.30	59,081.39
Capital Outlay	6,976.52	23,482.25	33,649.79	68,997.74	35,484.07	24,380.79	40,048.96	83,382.08
Misc Expense & Pass Thru	81,206.14	96,521.72	123,123.15	142,355.79	133,526.22	148,157.71	145,866.15	129,998.55
Total:	2,398,155.86	5,881,836.60	6,074,624.26	6,161,619.70	5,731,516.20	5,518,123.36	5,398,892.96	5,549,587.63
Final Totals:	(1,415,862.21)	167,505.58	(1,116.69)	(24,772.05)	558,026.42	546,926.46	115,618.90	44,627.51

AITKIN COUNTY FOSTER CARE

1995	\$479,058.88	71		1998	\$470,228.76	61		2001	\$840,674.02	116
1996	\$309,224.35	55		1999	\$619,842.48	68		2002	\$927,493.49	94
1997	\$385,075.19	52		2000	\$663,637.48	85		2003	\$1,210,524.55	81

	2004	2005	2006	2007	2008	2009	2010	2011	2012
JAN	\$85,870.11	\$91,859.24	\$51,726.58	\$57,760.29	\$51,397.99	\$71,257.41	\$73,496.04	\$78,312.32	\$59,278.73
FEB	\$106,979.42	\$109,304.41	\$68,866.00	\$94,242.30	\$62,605.01	\$78,980.18	\$82,467.05	\$82,982.51	\$78,783.86
MARCH	\$103,213.96	\$81,902.93	\$76,104.53	\$67,724.29	\$62,918.27	\$75,728.59	\$75,000.60	\$61,384.45	\$89,386.88
APRIL	\$76,029.53	\$60,264.65	\$79,550.97	\$74,285.29	\$62,865.11	\$91,603.72	\$79,548.43	\$69,570.36	\$101,195.78
MAY	\$96,975.97	\$109,412.53	\$98,465.86	\$74,048.44	\$71,824.48	\$74,777.50	\$77,811.48	\$73,398.62	\$70,140.91
JUNE	\$137,016.87	\$71,264.95	\$65,097.81	\$85,395.63	\$79,633.26	\$78,255.63	\$99,039.56	\$92,735.90	
JULY	\$44,323.09	\$26,670.38	\$80,537.52	\$59,397.74	\$76,076.59	\$84,874.52	\$74,466.67	\$63,530.39	
AUG	\$100,544.43	\$66,181.94	\$87,956.95	\$66,770.76	\$74,550.01	\$74,213.76	\$97,571.86	\$77,971.22	
SEPT	\$79,903.85	\$61,895.20	\$65,385.62	\$68,837.51	\$67,930.63	\$74,599.74	\$70,427.32	\$65,924.31	
OCT	\$84,958.85	\$65,919.95	\$45,768.32	\$52,226.54	\$66,331.65	\$73,431.32	\$89,100.75	\$83,971.03	
NOV	\$71,376.08	\$89,988.14	\$62,024.64	\$66,203.74	\$77,776.03	\$91,038.51	\$76,359.06	\$78,148.23	
DEC	\$66,841.89	\$76,710.59	\$66,338.45	\$51,560.49	\$80,602.70	\$81,512.33	\$75,599.03	\$58,313.77	
TOTAL CHILDREN	\$1,054,034.05	\$911,374.91	\$847,823.25	\$818,453.02	\$834,511.73	\$950,273.21	\$970,887.85	\$886,243.11	\$398,786.16
	76	69	73	75	63	64	57	56	
	\$156,490.50	\$138,180.22	\$63,551.66	\$29,370.23	\$16,058.71	\$115,761.48	\$20,614.64	(\$84,644.74)	(\$487,456.95)
	Decrease	Decrease	Decrease	Decrease	Increase	Increase	Change	Change	Change
	from 2003	from 2004	from 2005	from 2006	from 2007	from 2008	from 2009	from 2010	from 2011

2010 Foster Care Breakdown

Child Shelter	\$9,488.00
Treatment Foster	\$56,083.53
Child Foster Care	\$476,817.55
Rule 8 FC	\$76,179.08
Corrections	\$170,224.47
Elec Mon./SE	\$1,201.39
Rule 5	\$140,169.52
Respite	\$34,850.93
Child Care	\$1,579.00
Health Services	\$81.56
Transportation	<u>\$9,584.21</u>

Total \$976,259.24

2009 Foster Care Reimbursement

IV-E	\$80,672.00
Rule 5	\$42,553.42
Recoveries	\$82,673.14

Total \$205,898.56

Recoveries include IV-E recoveries from IV-D and Admin recoveries from SSI.
Recoveries may be collected long after child has left placement.
IV-E and Rule 5 equals what has been paid to the county for 2009 expenses.

2011 Foster Care Breakdown

Child Shelter	\$2,832.90
Treatment Foster	\$101,130.13
Child Foster Care	\$317,597.09
Rule 8 FC	\$79,291.48
Corrections	\$316,273.71
18-21	\$1,228.00
Rule 5	\$70,889.29
Respite	\$8,645.32
Child Care	\$1,166.65
Health Services	\$193.65
Transportation	<u>\$10,267.87</u>

Total \$909,516.09

2010 Foster Care Reimbursement

IV-E	\$81,539.76
Rule 5	\$37,364.89
Recoveries	\$130,255.98

Total \$249,160.63

Recoveries include IV-E recoveries from IV-D and Admin recoveries from SSI.
Recoveries may be collected long after child has left placement.
IV-E and Rule 5 equals what has been paid to the county for 2010 expenses.

2012 Foster Care Breakdown Year to Date

Child Shelter	\$1,335.20
Treatment Foster	\$33,348.55
Child Foster Care	\$109,852.90
Rule 8 FC	\$58,736.80
Corrections	\$120,822.97
18-21	
Rule 5	\$69,909.25
Respite	\$3,895.38
Child Care	
Health Services	
Transportation	<u>\$3,069.04</u>

Total \$400,970.09

2011 Foster Care Reimbursement

IV-E	\$75,838.00
Rule 5	\$103,505.70
Recoveries	\$127,343.92

Total \$306,687.62

Recoveries include IV-E recoveries from IV-D and Admin recoveries from SSI.
Recoveries may be collected long after child has left placement.
IV-E and Rule 5 equals what has been paid to the county for 2011 expenses.

2009 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$5,786.00	\$850.44	\$4,226.66	\$708.90
Treatment Foster	\$33,811.16	\$0.00	\$33,811.16	\$0.00
Child Foster Care	\$495,964.60	\$396,551.82	\$0.00	\$99,412.78
Rule 8 FC	\$75,567.15	\$19,937.80	\$44,677.35	\$10,952.00
Corrections	\$189,502.10	\$0.00	\$120,750.96	\$68,751.14
Home Monitoring	\$1,504.00	\$0.00	\$1,504.00	\$0.00
Rule 5	\$138,250.40	\$95,414.70	\$0.00	\$42,835.70
Respite	\$7,861.70	\$7,861.70	\$0.00	\$0.00
Child Care	\$670.50	\$670.50	\$0.00	\$0.00
Health Services	\$455.36	\$455.36	\$0.00	\$0.00
Transportation	\$10,803.21	\$10,803.21	\$0.00	\$0.00
Total	\$960,176.18	\$532,545.53	\$204,970.13	\$222,660.52
Total	\$960,176.18			

2010 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$9,488.00	\$0.00	\$9,488.00	\$0.00
Treatment Foster	\$56,083.53	\$33,226.63	\$22,856.90	\$0.00
Child Foster Care	\$476,817.55	\$346,845.36	\$18,694.69	\$111,277.50
Rule 8 FC	\$76,179.08	\$14,709.60	\$13,372.90	\$48,096.58
Corrections	\$170,224.47	\$0.00	\$66,820.90	\$103,403.57
Home Monitoring/Spec. Equip	\$1,201.39	\$721.39	\$480.00	\$0.00
Rule 5	\$140,169.52	\$103,209.65	\$0.00	\$36,959.87
Respite	\$34,850.93	\$34,065.68	\$0.00	\$785.25
Child Care	\$1,579.00	\$1,579.00	\$0.00	\$0.00
Health Services	\$81.56	\$81.56	\$0.00	\$0.00
Transportation	\$9,584.21	\$9,584.21	\$0.00	\$0.00
Total	\$976,259.24	\$544,023.08	\$131,713.39	\$300,522.77
Total	\$976,259.24			

2011 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$2,832.90	\$177.00	\$2,655.90	\$0.00
Treatment Foster	\$101,130.13	\$101,130.13	\$0.00	\$0.00
Child Foster Care	\$317,597.09	\$167,153.57	\$11,627.25	\$138,816.27
Rule 8 FC	\$79,291.48	\$45,321.48	\$17,569.80	\$16,400.20
Corrections	\$316,273.71	\$0.00	\$208,352.80	\$107,920.91
18-21	\$1,228.00	\$1,228.00	\$0.00	\$0.00
Rule 5	\$70,889.29	\$70,889.29	\$0.00	\$0.00
Respite	\$8,645.32	\$7,336.52	\$0.00	\$1,308.80
Child Care	\$1,166.65	\$1,166.65	\$0.00	\$0.00
Health Services	\$193.65	\$193.65	\$0.00	\$0.00
Transportation	\$10,267.87	\$10,267.87	\$0.00	\$0.00
Total	\$909,516.09	\$404,864.16	\$240,205.75	\$264,446.18
Total	\$909,516.09			

2012 Foster Care Breakdown Year to Date

	Total	Social Service	Corrections	ICWA
Child Shelter	\$1,335.20	\$0.00	\$1,335.20	\$0.00
Treatment Foster	\$33,348.55	\$33,348.55	\$0.00	\$0.00
Child Foster Care	\$109,852.90	\$60,721.65	\$9,783.11	\$39,348.14
Rule 8 FC	\$58,736.80	\$204.30	\$38,602.60	\$19,929.90
Corrections	\$120,822.97	\$0.00	\$69,743.37	\$51,079.60
18-21	\$0.00	\$0.00	\$0.00	\$0.00
Rule 5	\$69,909.25	\$69,909.25	\$0.00	\$0.00
Respite	\$3,895.38	\$3,895.38	\$0.00	\$0.00
Child Care	\$0.00	\$0.00	\$0.00	\$0.00
Health Services	\$0.00	\$0.00	\$0.00	\$0.00
Transportation	\$3,069.04	\$3,069.04	\$0.00	\$0.00
Total	\$400,970.09	\$171,148.17	\$119,464.28	\$110,357.64
Total	\$400,970.09			

AITKIN COUNTY VOLUNTEER DRIVER TRANSPORTATION

MONTH	MEDICAL TRANSPORTS COMPLETED	OTHER TRANSPORTS COMPLETED*	TRANSPORTS CANCELED OR NO SHOWS	TOTAL TRANSPORTS ARRANGED	COUNTY EXPENSE FOR MEDICAL TRANSPORTS
MAY	51	3	10	64	\$574.03
JUNE	55	0	8	63	\$745.08
JULY	51	0	10	61	\$762.23
AUG	55	2	16	73	\$581.29
SEPT	66	2	12	80	\$512.54
OCT	64	2	7	73	\$1,255.12
NOV	59	2	16	77	\$517.31
DEC	65	0	17	82	\$791.49
JAN '12	79	2	16	97	\$702.78
FEB '12	70	1	29	100	\$671.32
MARCH	58	2	20	80	\$838.15
APRIL	81	2	14	97	\$1,211.38
MAY					\$764.25

***COURT, MEDICAL W/NO TRANSPORTATION (SUCH AS MN CARE), VISITATION, ETC.**

**The following are the
Statistical Reports
for the First Quarter of 2012
for Income Maintenance,
Social Services and
Public Health**

INCOME MAINTENANCE CASELOAD STATISTICS

2011 - 2012

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
Total MAXIS Cases Open - Does not include MNCare & Day Care - 2012	1813	1819	1820										
Total MAXIS Cases Open - Does not include MNCare & Day Care - 2011	1727	1748	1784	1827	1848	1847	1837	1843	1802	1823	1822	1827	1811
MinnesotaCare Cases - 2012	341	346	368										
MinnesotaCare Cases - 2011	521	532	442	381	354	354	336	346	350	343	347	347	388
Day Care Cases - 2012	72	70	73										
Day Care Cases - 2011	72	71	71	80	72	80	87	82	84	81	80	74	78
EA - Cases - 2012	5	0	5										
EA - Cases - 2011	5	2	1	2	5	8	1	5	4	5	3	8	4
EA - Payments - 2012	2694	0	2696										
EA - Payments - 2011	4548	1182	1063	1655	3864	3589	550	4011	1736	2376	1800	6065	2703
EGA - Cases - 2012	3	4	3										
EGA - Cases - 2011	5	2	4	0	4	1	0	3	3	3	6	1	3
EGA - Payments - 2012	1090	1412	1200										
EGA - Payments - 2011	1709	1008	1477	0	1228	231	0	908	884	1188	2178	125	911
EMSA - Cases - 2012	0	0	0										
EMSA - Cases - 2011	0	0	0	1	1	1	0	0	0	0	0	0	0
EMSA - Payments - 2012	0	0	0										
EMSA - Payments - 2011	0	0	0	292	400	344	0	0	0	0	0	0	86
MA - Persons - 2012	2802	2833	2814										
MA - Persons - 2011	2627	2647	2826	2887	2917	2898	2851	2867	2782	2809	2816	2824	2813
MFIP - Cases - 2012	62	60	63										
MFIP - Cases - 2011	93	86	88	90	90	84	74	69	68	65	66	66	68
GA - Cases - 2012	44	53	57										
GA - Cases - 2011	47	45	51	48	46	42	45	46	41	49	52	51	47
MSA - Cases - 2012	93	99	100										
MSA - Cases - 2011	90	89	90	91	91	94	94	90	89	90	94	93	91

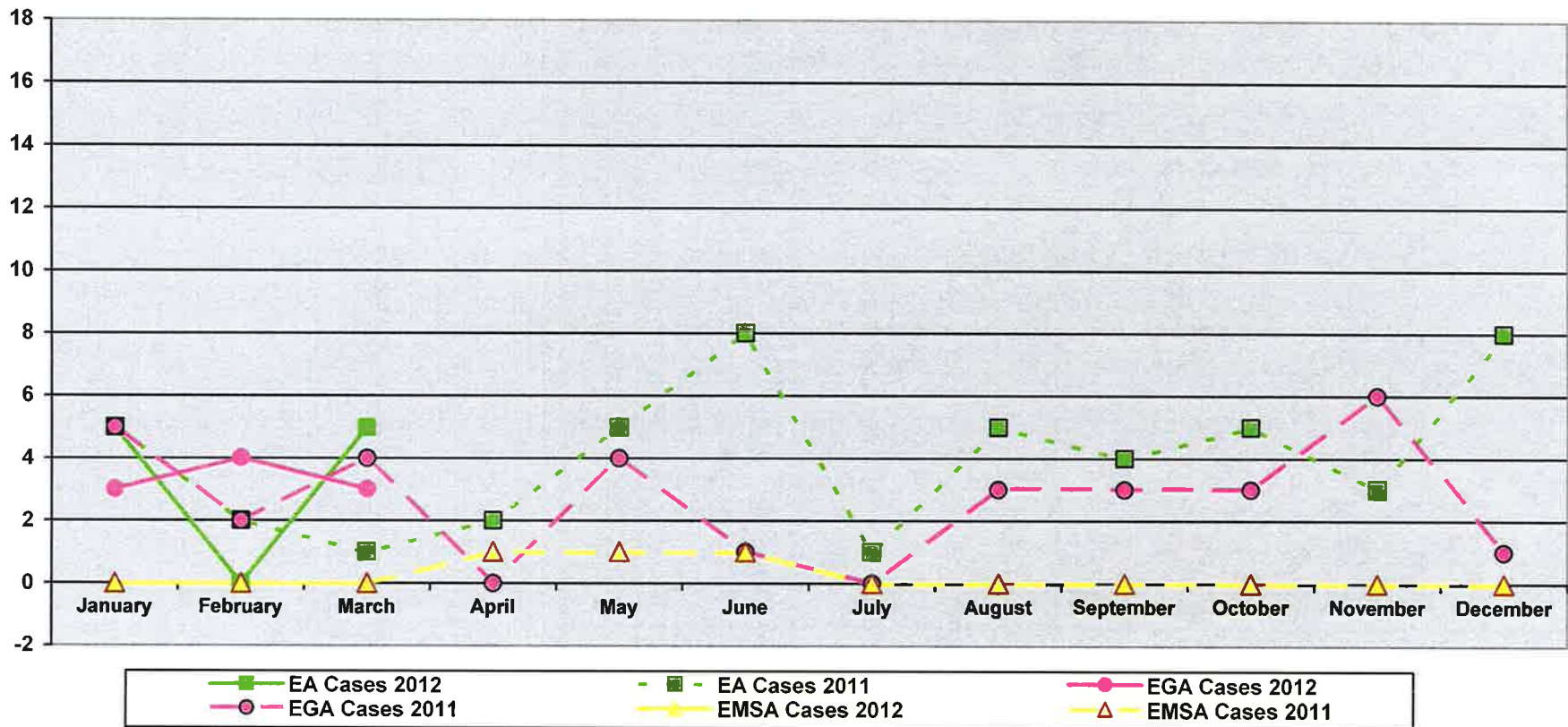
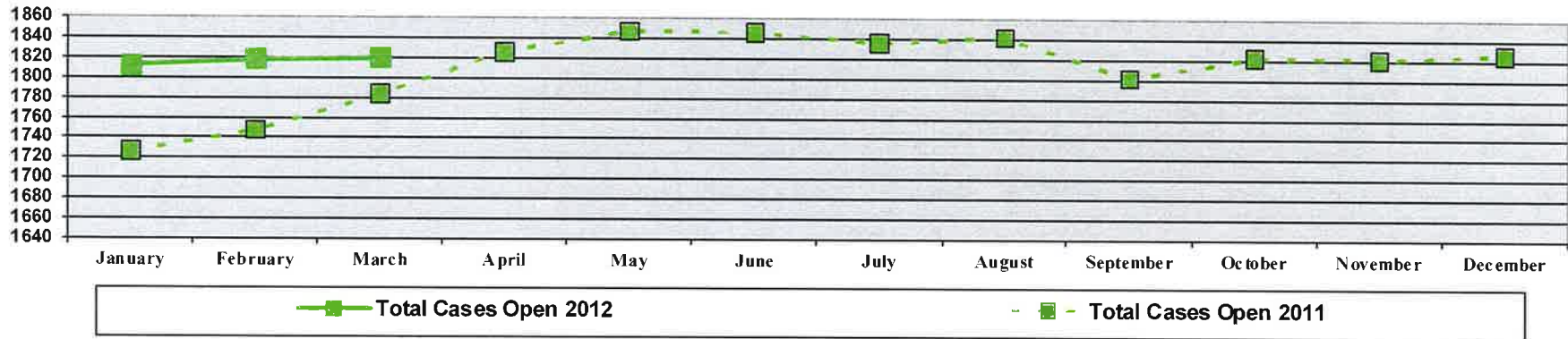
INCOME MAINTENANCE CASELOAD STATISTICS

2011 - 2012+A2 Page # 2

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
GR - Cases - 2012	56	57	57										
GR - Cases - 2011	58	60	65	64	64	65	65	63	59	61	61	60	62
Food Support - Cases - 2012	917	923	930										
Food Support - Cases - 2011	834	861	868	881	891	889	894	920	865	887	891	911	883
DWP - 2012	16	10	12										
DWP - 2011	21	19	15	13	12	13	16	11	11	13	13	16	14
WB (Work Benefit) - 2012	27	25	36										
WB (Work Benefit) - 2011	27	22	31	19	20	23	30	32	36	41	41	32	30

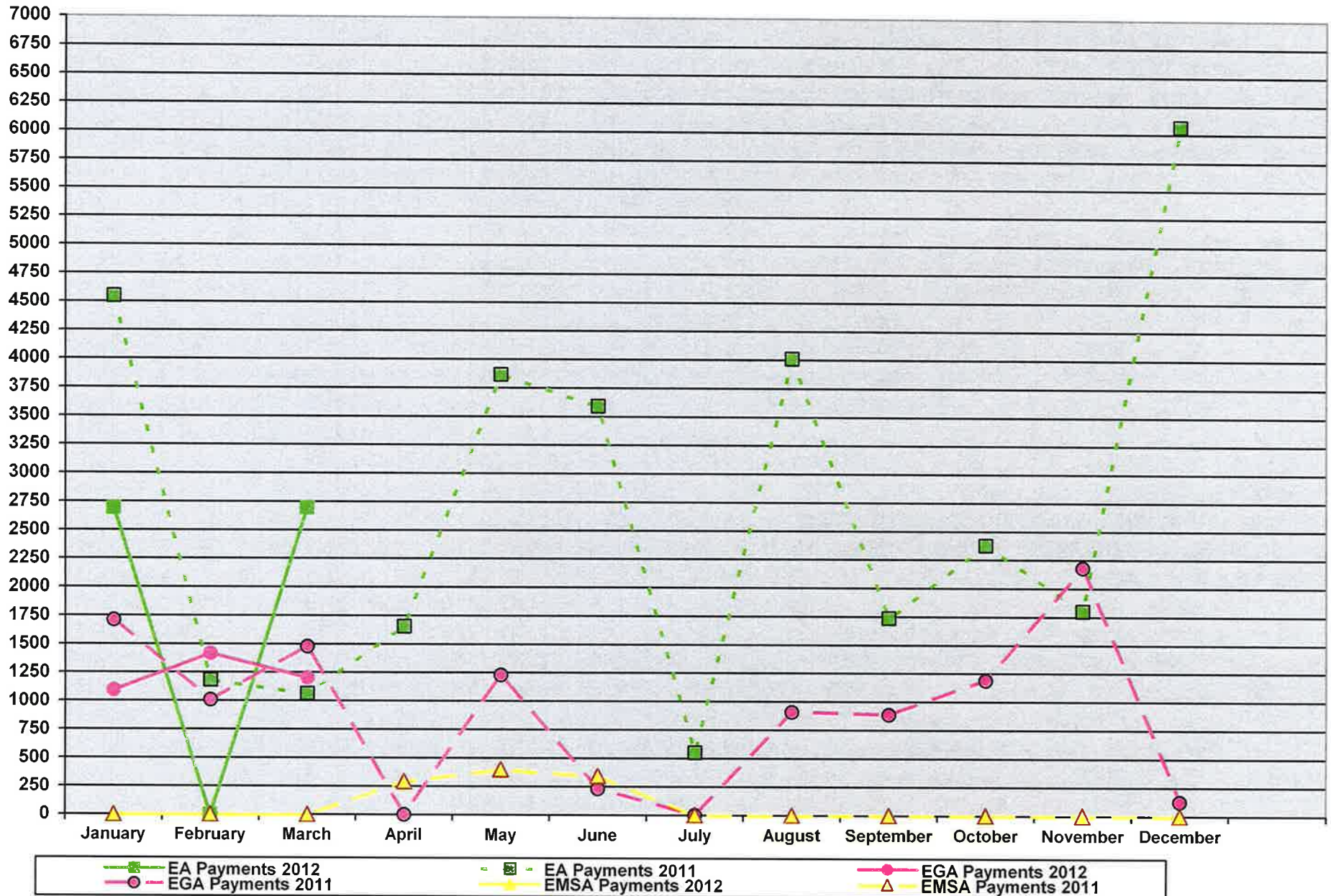
INCOME MAINTENANCE CASELOAD STATISTICS

Chart 1



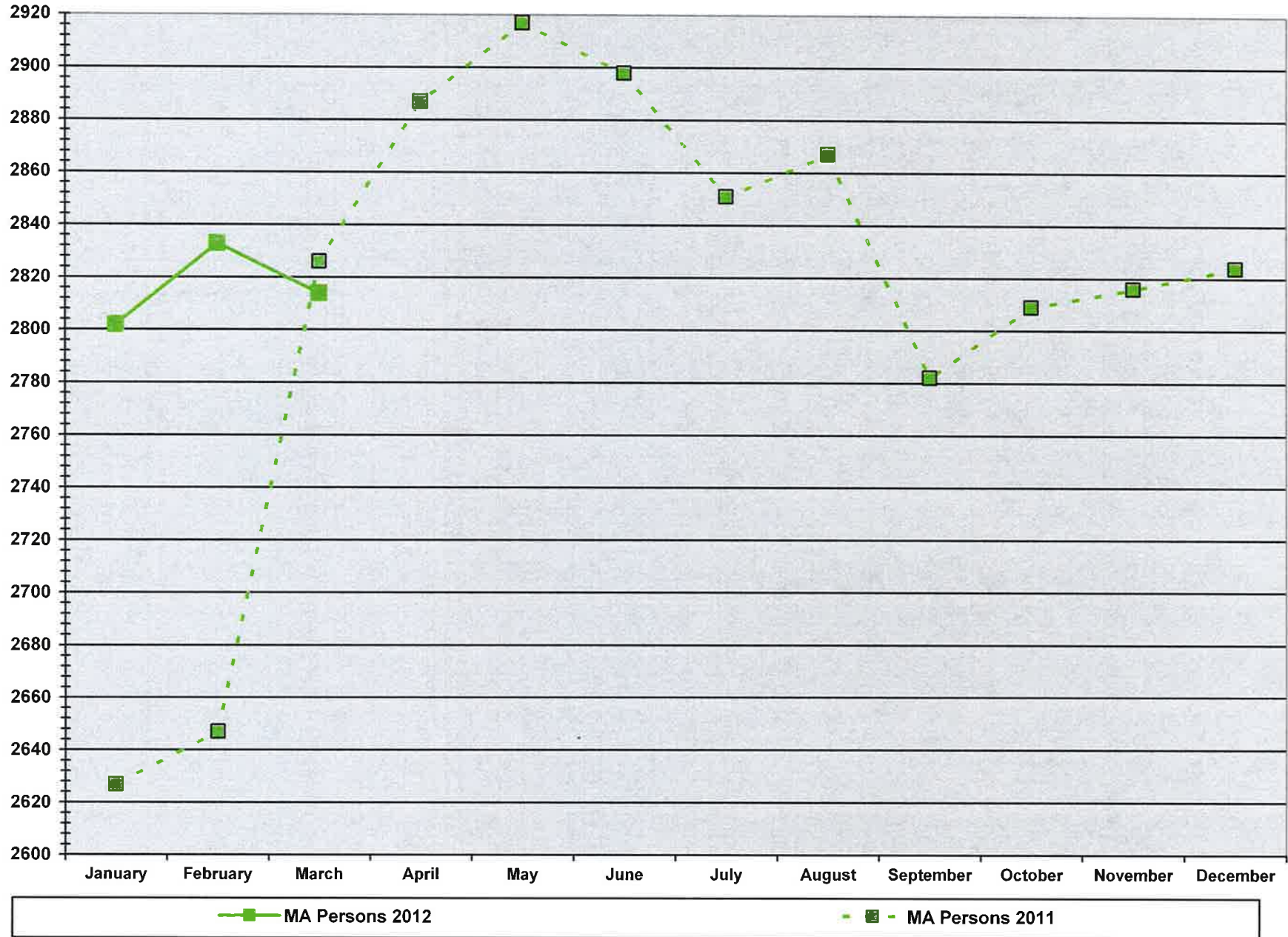
INCOME MAINTENANCE CASELOAD STATISTICS

Chart 2



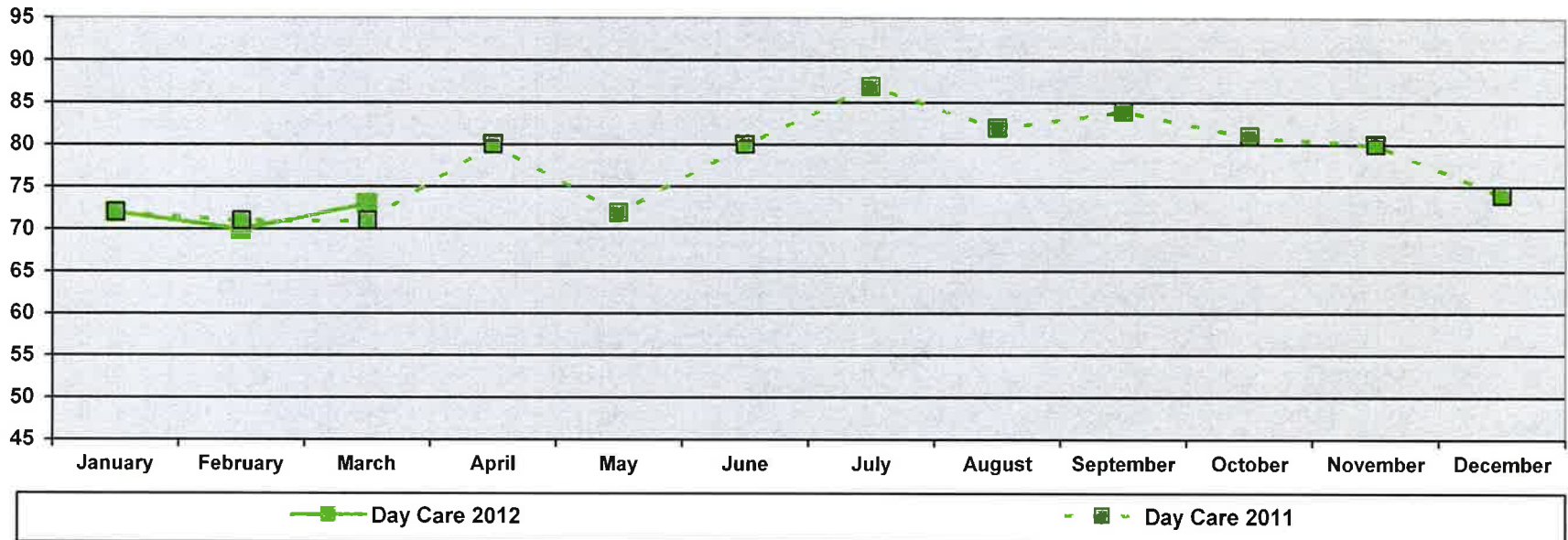
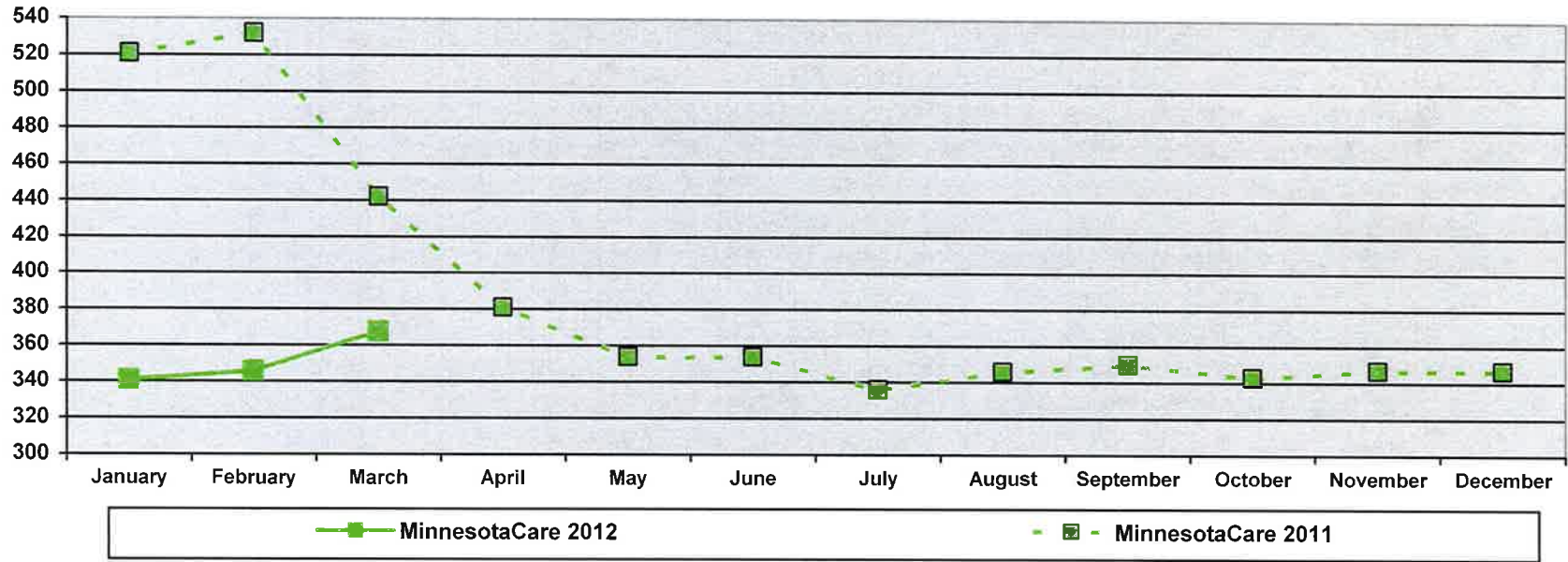
INCOME MAINTENANCE CASELOAD STATISTICS

Chart 3



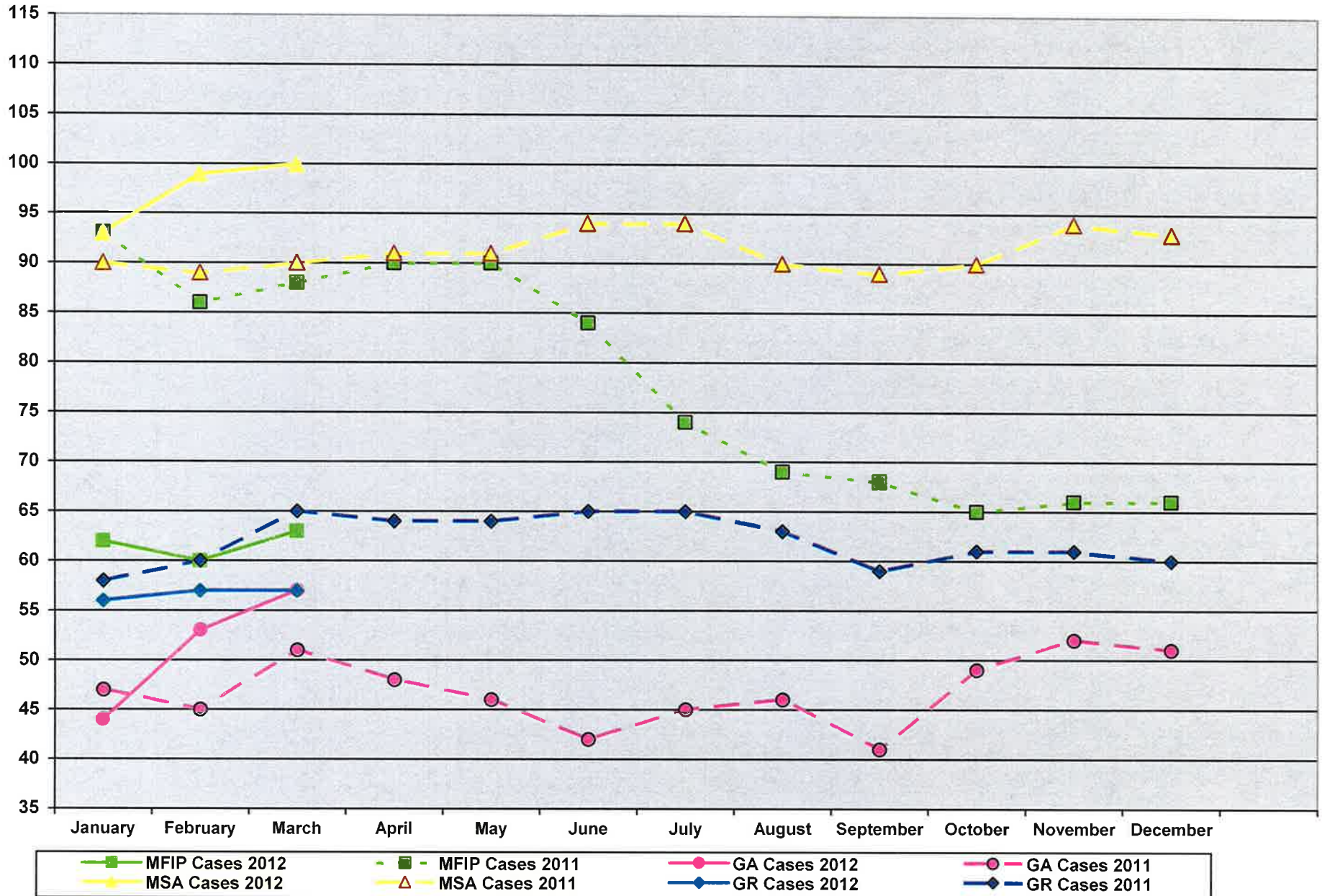
INCOME MAINTENANCE CASELOAD STATISTICS

Chart 4



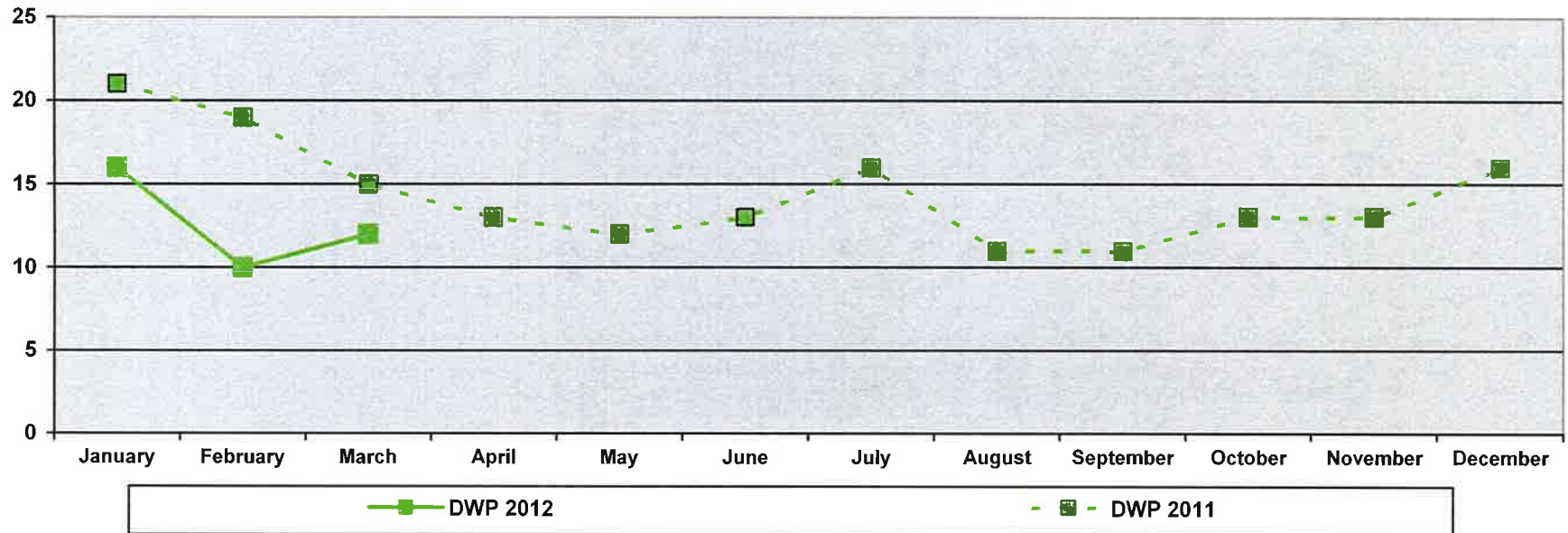
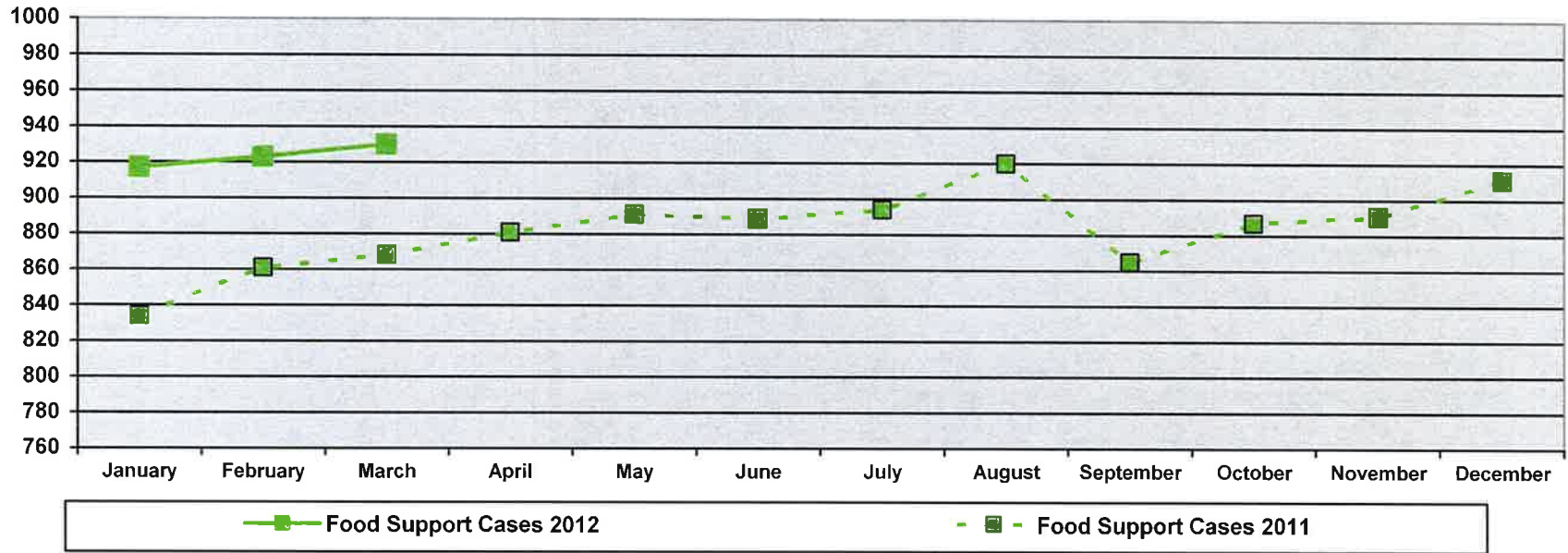
INCOME MAINTENANCE CASELOAD STATISTICS

Chart 5



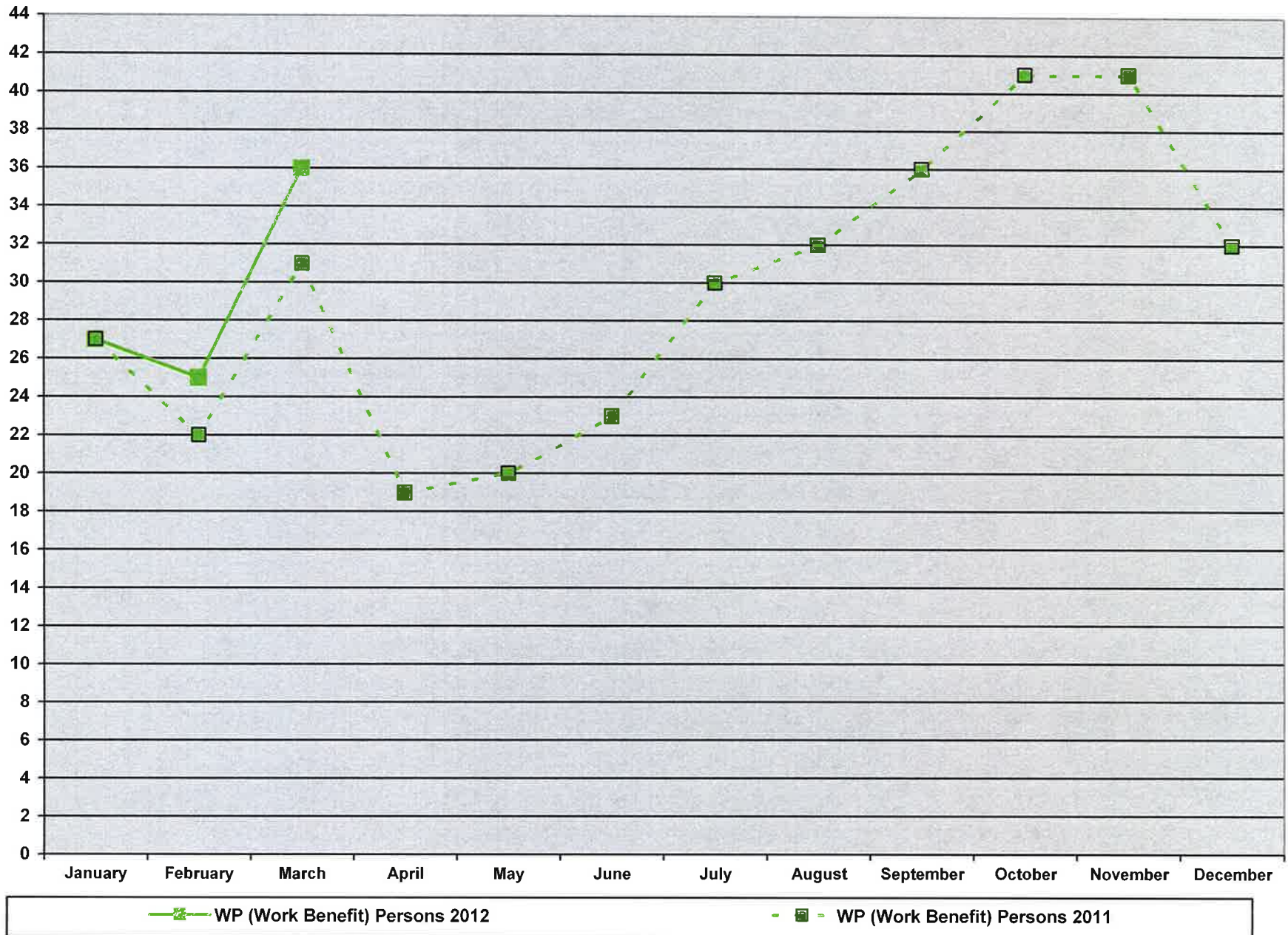
INCOME MAINTENANCE CASELOAD STATISTICS

Chart 6



INCOME MAINTENANCE CASELOAD STATISTICS

Chart 7



PUBLIC HEALTH CASELOAD STATISTICS

Monthly Essential Local Activities Report

2011 - 2012 - Page # 2

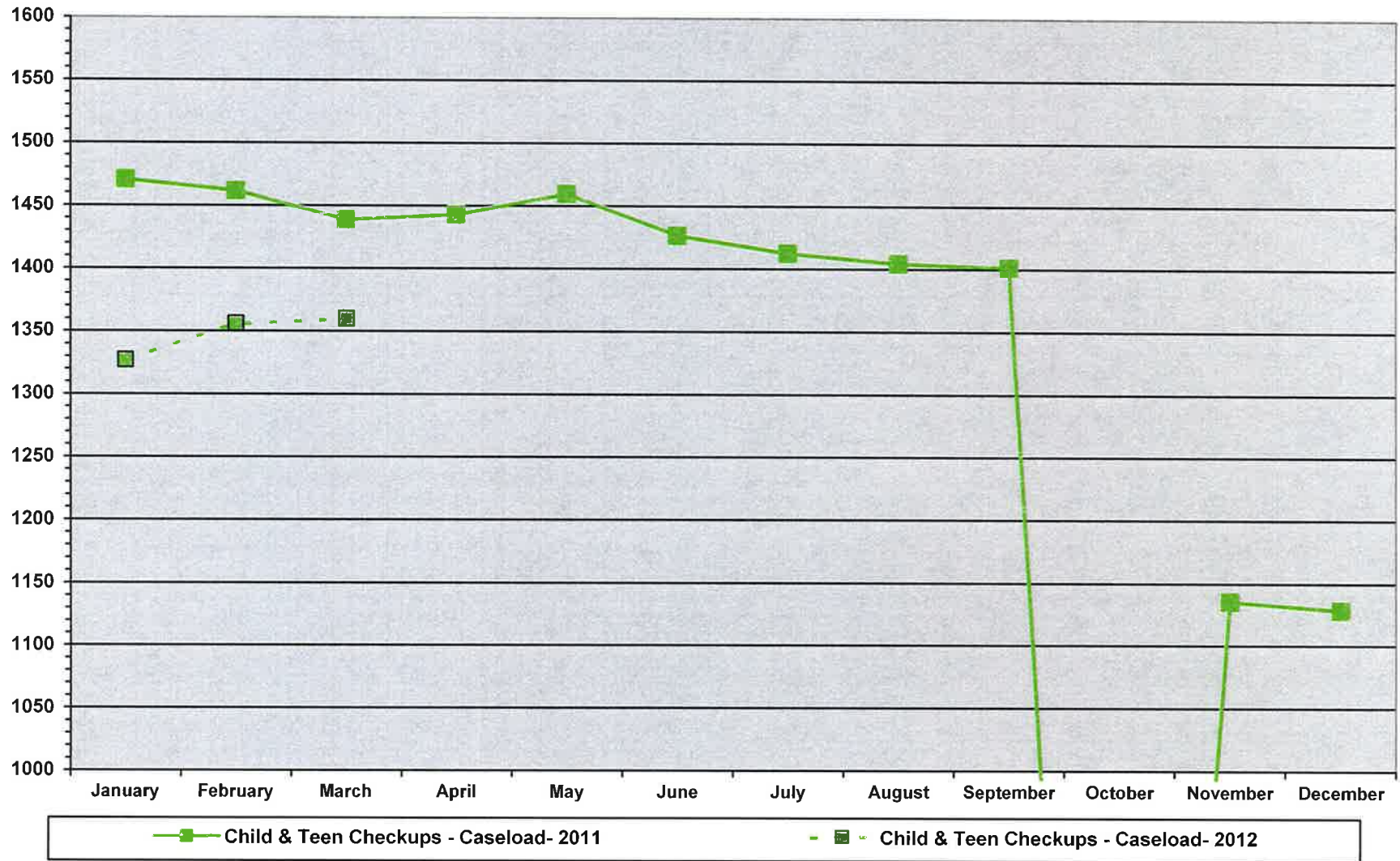
	Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg	Totals
Injury Prevention															
Car Seats Distributed - 2012	NL/EM	2	4	5											
Car Seats Distributed - 2011	NL/EM	3	1	6	9	0	4	4	1	3	4	0	2	3	37
PREVENT THE SPREAD OF INFECTIOUS DISEASE															
Disease Prevetion & Control (DP&C)															
Office Visits (Blood Pressure Checks, Lice Checks, Temperature Checks, Ear Checks, Weight Checks, Hearing or Vision Checks) - 2012	JW	70	79	74											
Office Visits (Blood Pressure Checks, Lice Checks, Temperature Checks, Ear Checks, Weight Checks, Hearing or Vision Checks) - 2011	JW	125	109	98	93	87	3	2	4	2	1	1	0	44	525
Immunizations															
Childhood, Adult, Flu, H1N1, etc. - 2012	JW	20	1	7											
Childhood, Adult, Flu, H1N1, etc. - 2011	JW	6	3	1	2	8	0	0	0	598	855	204	17	141	1694
PROTECT AGAINST ENVIRONMENTAL HEALTH HAZARDS															
Radon Kits Distributed - 2012	LP	0	0	0											
Radon Kits Distributed - 2011	LP	5	1	1	0	1	1	1	0	0	0	0	2	1	12
Lead Screenings - 2012	JW	1	1	0											
Lead Screenings - 2011	JW	0	0	0	0	0	0	0	0	4	0	0	0	0	4
PREPARE FOR AND RESPOND TO DISASTERS AND ASSIST COMMUNITIES IN RECOVERY															
Health Alerts - 2012	SR	0	1	0											
Health Alerts - 2011	SR	0	0	4	1	0	1	0	1	0	0	0	0	1	7
Health Advisories - 2012	SR	0	0	0											
Health Advisories - 2011	SR	1	3	0	0	1	2	1	2	0	0	0	0	1	10
Exercises - 2012	SR	0	3	0											
Exercises - 2011	SR	0	0	1	2	3	2	0	0	1	5	1	1	1	16
ASSURE THE QUALITY OF ACCESSIBLE HEALTH SERVICES															
Community Based Services (CBS) Caseload -2012	JP	175	176	176											
Community Based Services (CBS) Caseload -2011	JP	187	186	187	187	185	187	183	180	175	175	174	174	182	
CBS Billable Units - 2012	JP	1134	1087	1170											
CBS Billable Units - 2011	JP	1084	1174	1242	1326	1160	1304	1261	1004	1023	1036	954	1148	1143	

PUBLIC HEALTH STATISTICS

PROMOTE HEALTHY COMMUNITIES & HEALTHY BEHAVIORS

Chart 1

Child & Teen Checkups (C&TC) Outreach - Caseloads



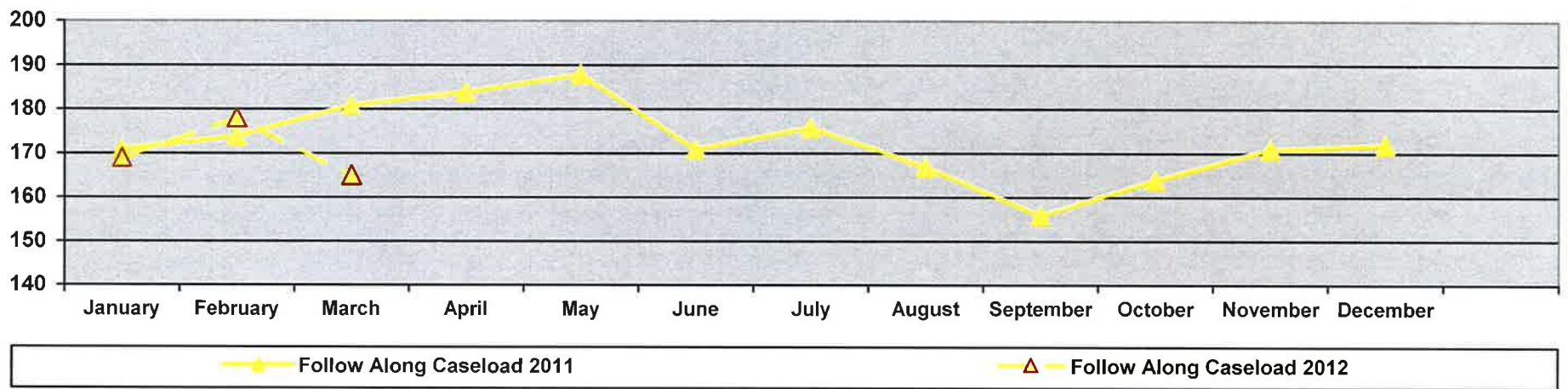
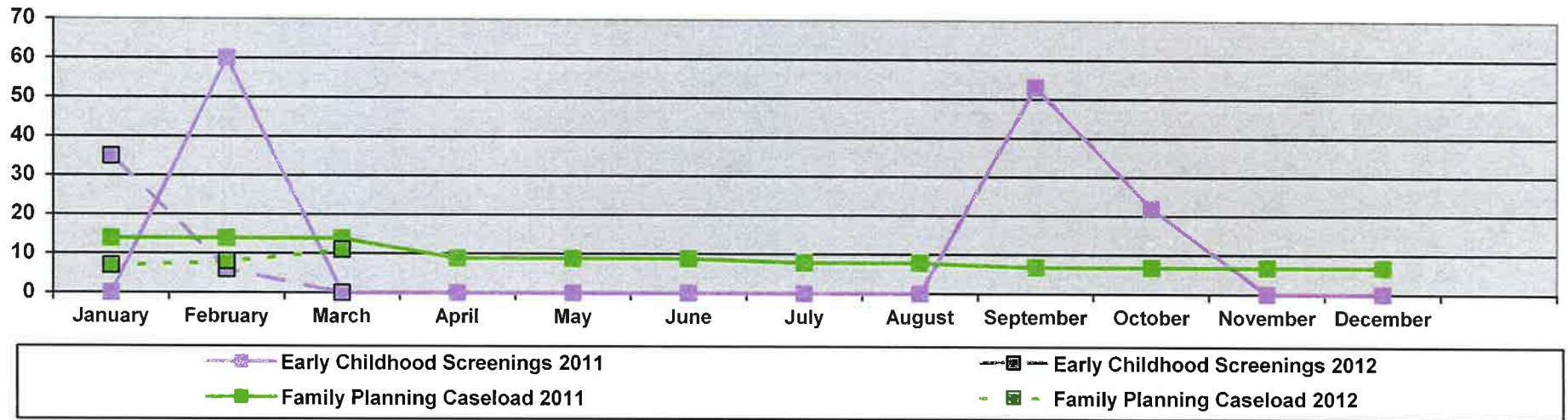
PUBLIC HEALTH STATISTICS

PROMOTE HEALTHY COMMUNITIES & HEALTHY BEHAVIORS

Chart 2

Family Health

Early Childhood Screening (ECS) / Family Planning / Follow Along



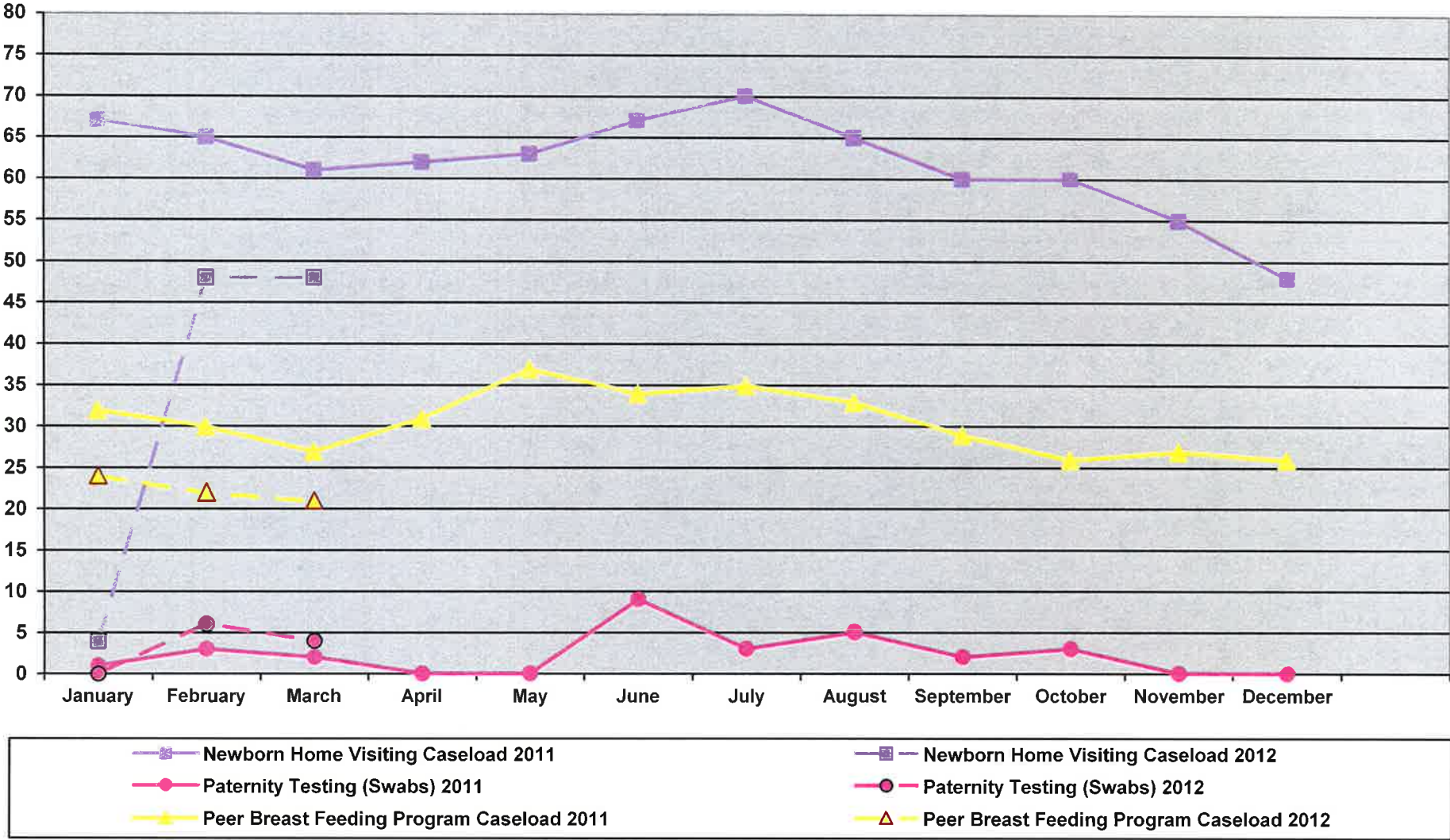
PUBLIC HEALTH STATISTICS

PROMOTE HEALTHY COMMUNITIES & HEALTHY BEHAVIORS

Chart 3

Family Health

Newborn Home Visiting / Paternity Testing / Peer Breast Feeding Program

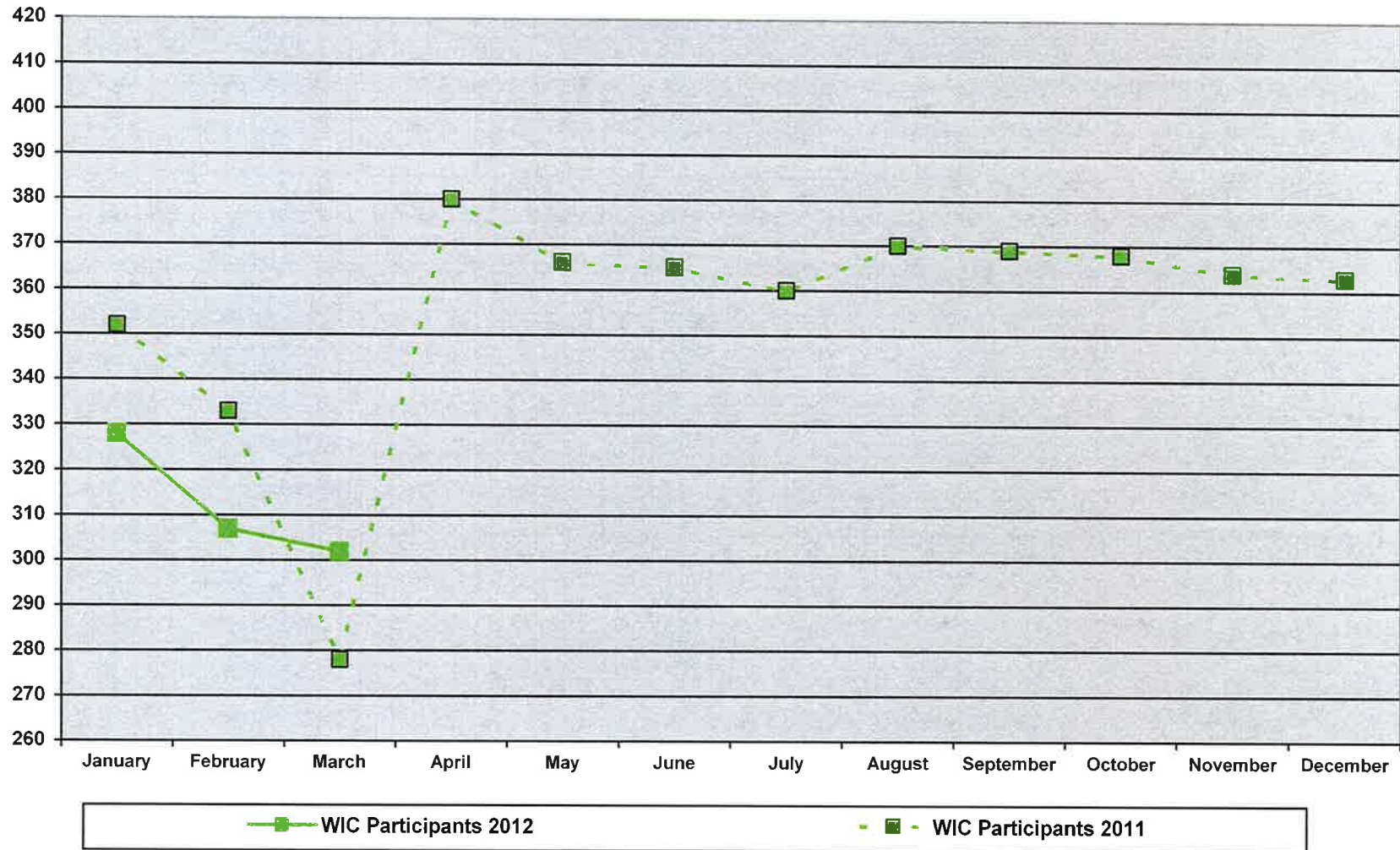


PUBLIC HEALTH STATISTICS

PROMOTE HEALTHY COMMUNITIES & HEALTHY BEHAVIORS

Chart 4

WIC (Women, Infants and Children) Participants



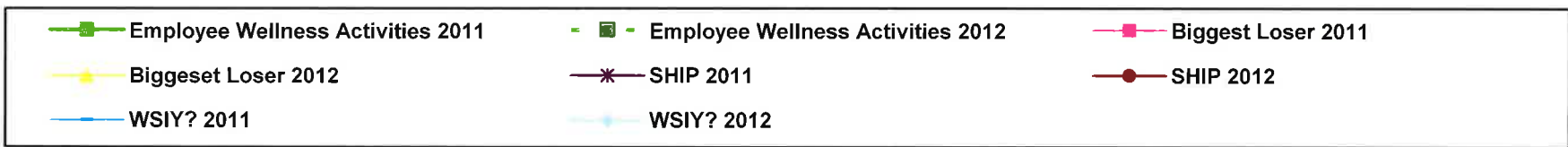
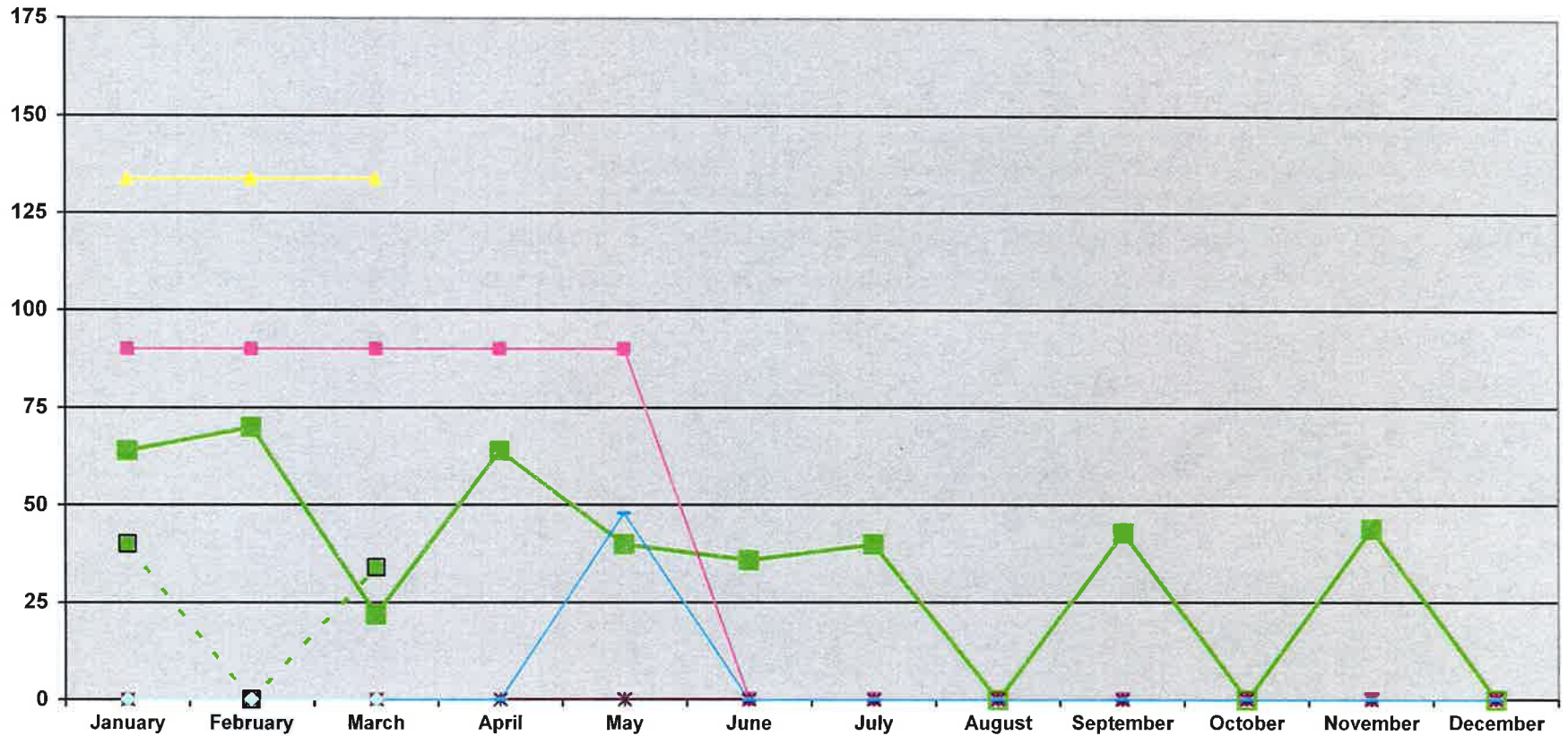
Conversion to a new system in March 2011 – Current Figures Not Available

PUBLIC HEALTH STATISTICS

PROMOTE HEALTHY COMMUNITIES & HEALTHY BEHAVIORS

Chart 5

General Health Promotion (Participants)
Aitkin County Health Promotion Team Employee Wellness Activities / Biggest Loser
SHIP / WSIY? (What Star Is Yours?)

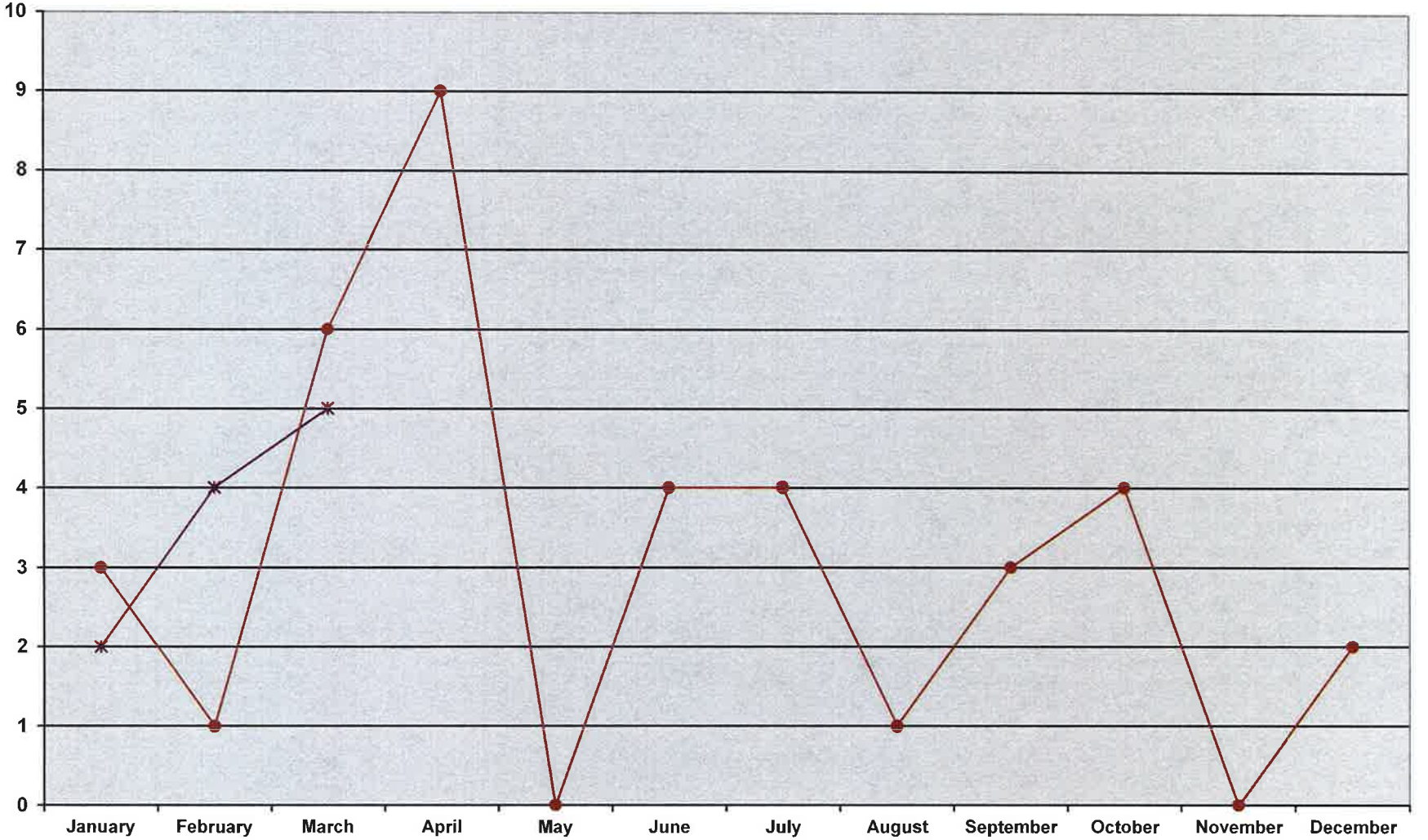


PUBLIC HEALTH STATISTICS

PROMOTE HEALTHY COMMUNITIES & HEALTHY BEHAVIORS

Chart 6

Injury Prevention – Car Seat Distribution



—*— Car Seats Distributed 2012

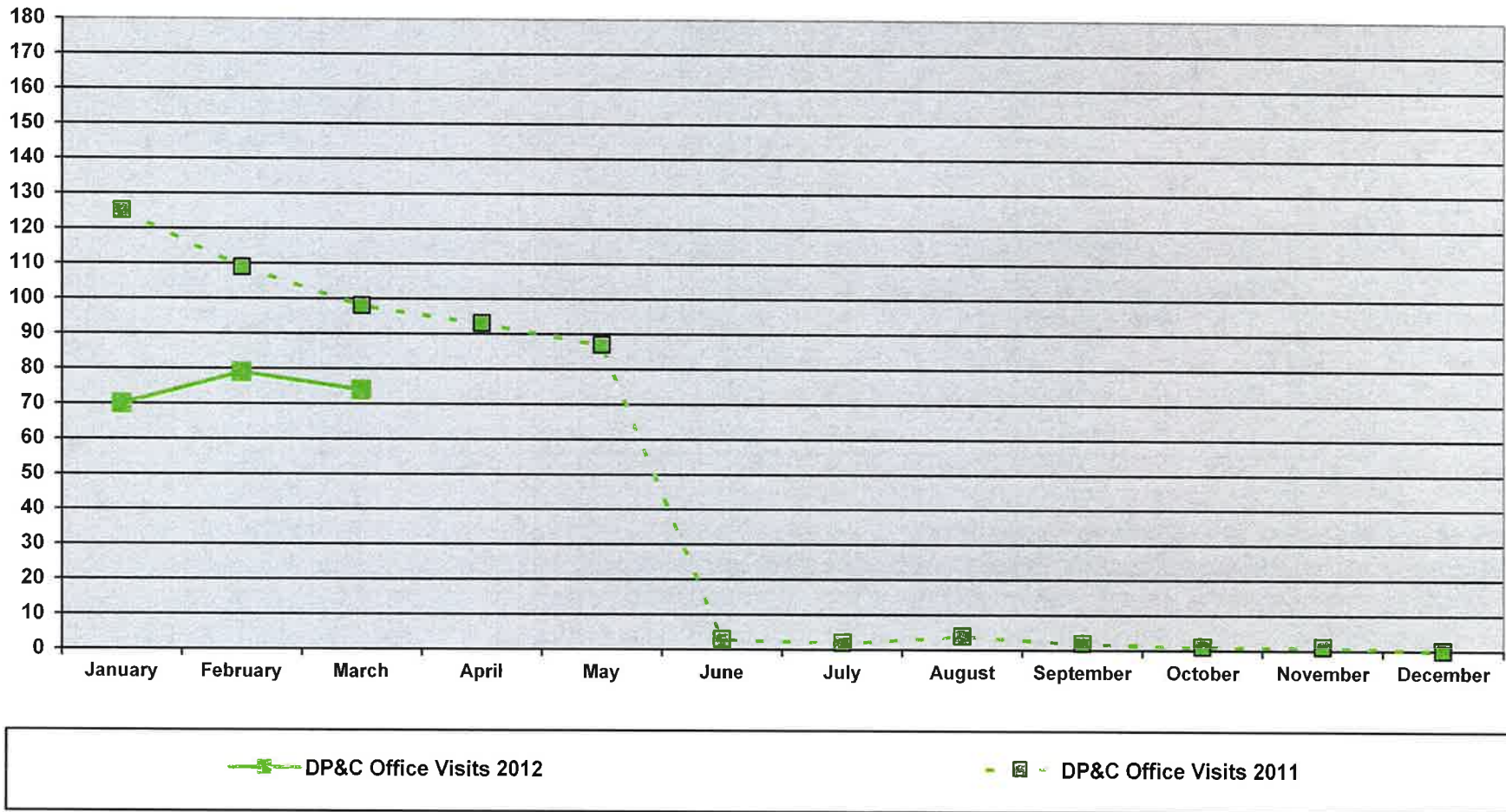
—●— Car Seats Distributed 2011

PUBLIC HEALTH STATISTICS

PROMOTE HEALTHY COMMUNITIES & HEALTHY BEHAVIORS

Chart 7

Disease Prevention & Control (DP&C) - Office Visits
Includes: Blood Pressure Checks, Lice Checks, Temperature Checks, Ear Checks, Weight Checks, Hearing or Vision Checks

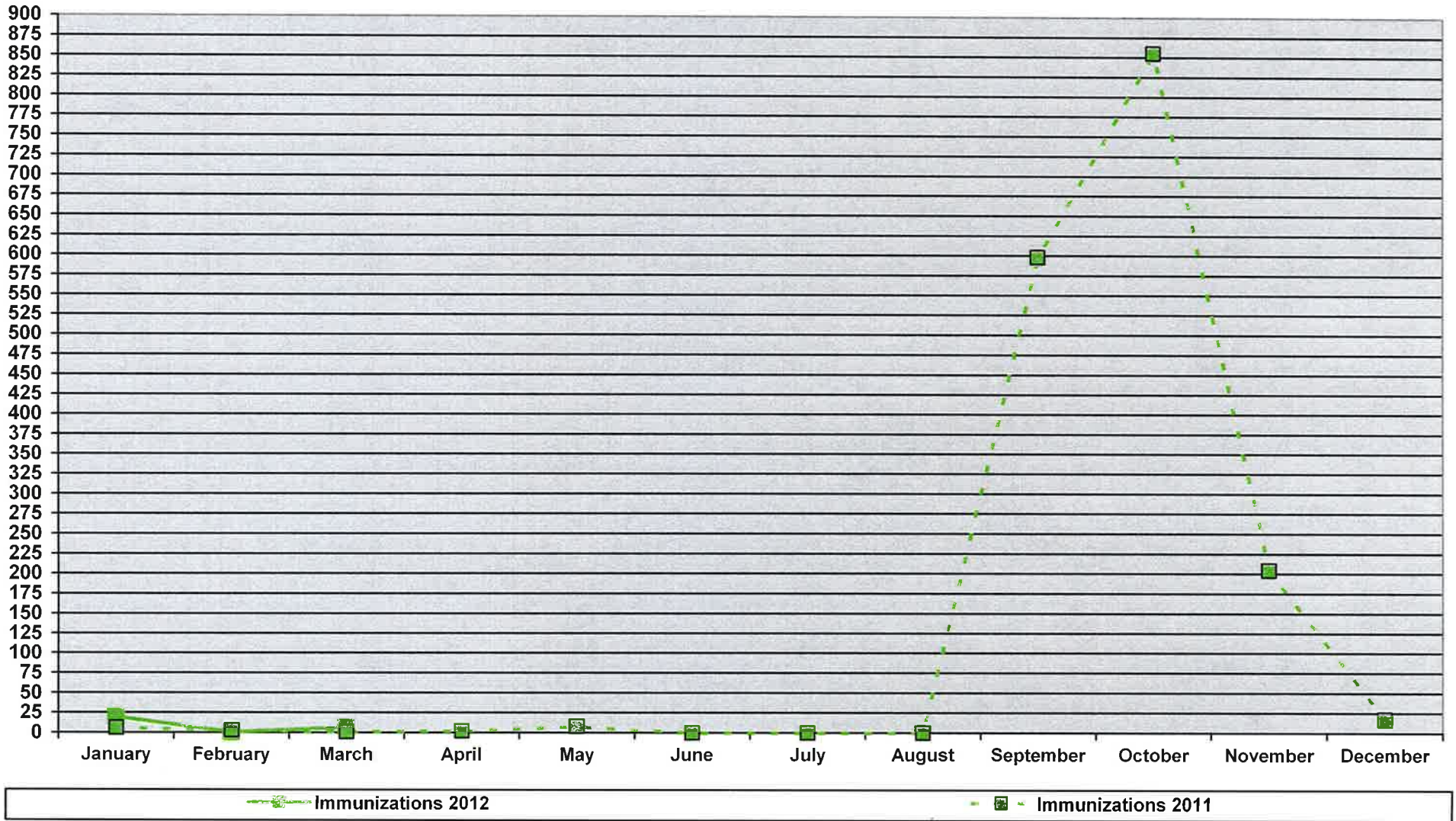


PUBLIC HEALTH STATISTICS

PREVENT THE SPREAD OF INFECTIOUS DISEASE

Chart 8

Immunizations – Childhood/Adult/Flu/TB
Trainings (Blood Borne Pathogens, Lyme Disease, Infection Control, Sexually Transmitted Disease/Infections)

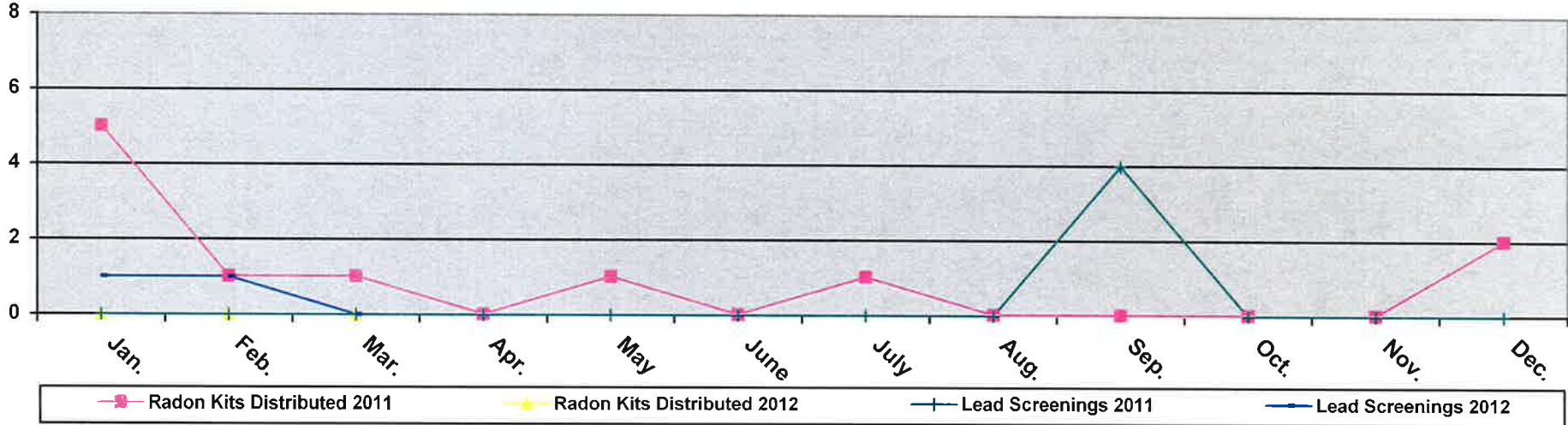


PUBLIC HEALTH STATISTICS

PROTECT AGAINST ENVIRONMENTAL HEALTH HAZARDS

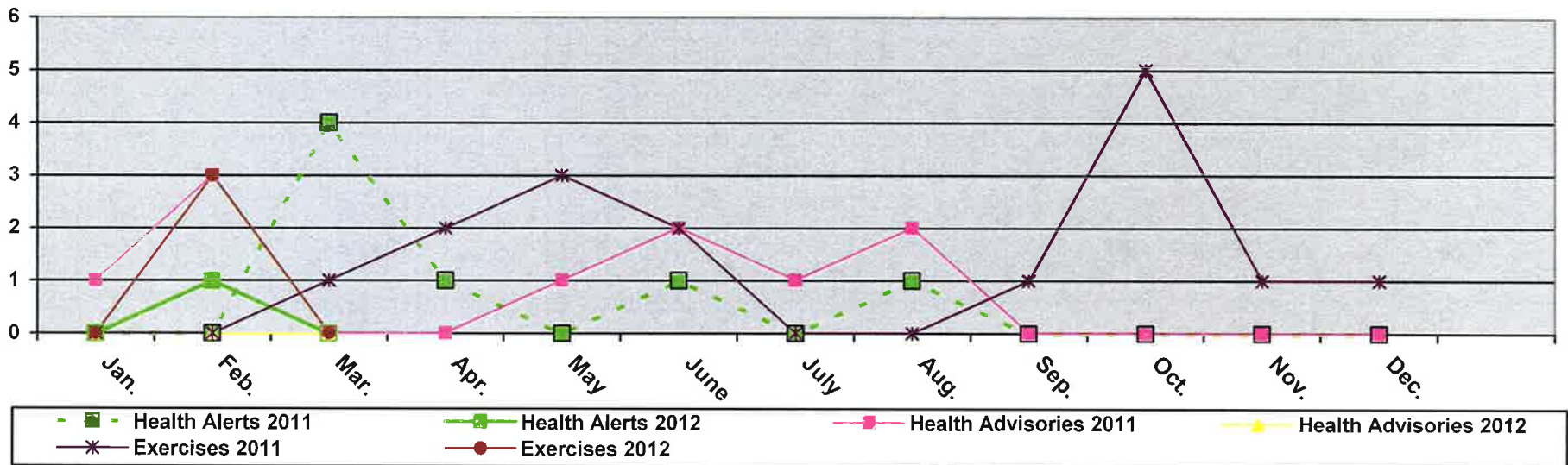
Chart 9

Includes: Radon Kits Distributed / Lead Screenings



PREPARE FOR AND RESPOND TO DISASTERS AND ASSIST COMMUNITIES IN RECOVERY

Includes: Health Alerts / Health Advisories / Exercises



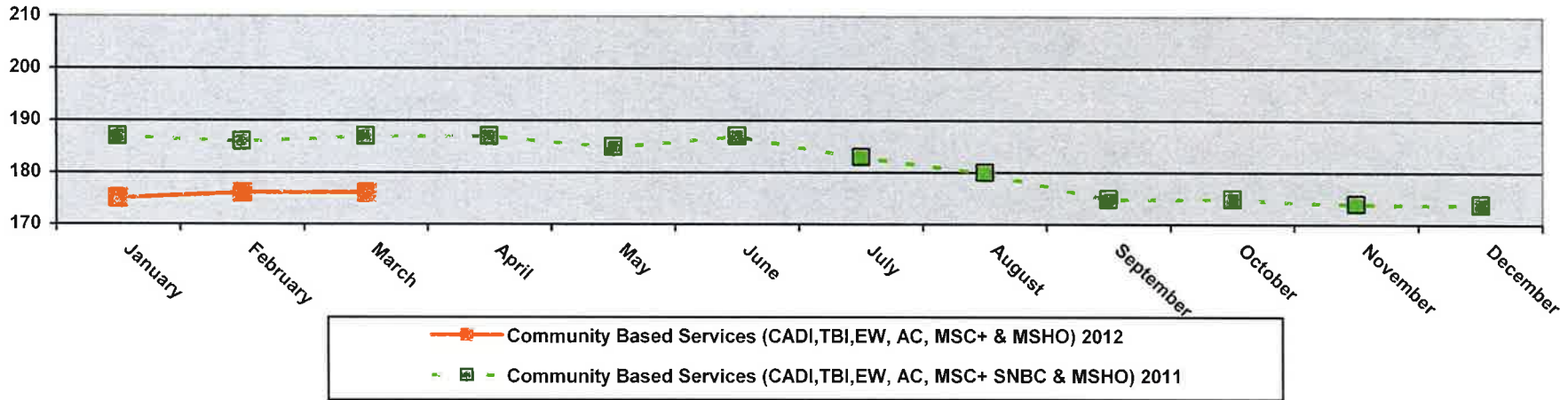
PUBLIC HEALTH STATISTICS

ASSURE THE QUALITY OF ACCESSIBLE HEALTH SERVICES

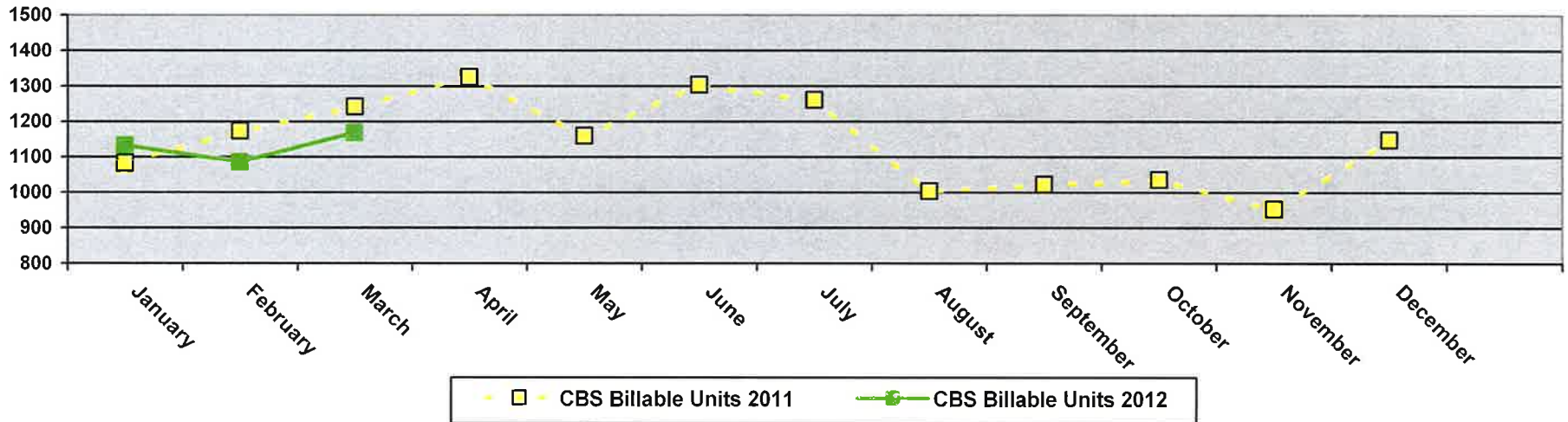
Chart 10

Community Based Services (CBS)

Includes: Community Alternative for Disabled Individuals (CADI), Traumatic Brain Injury (TBI), Elderly Waiver (EW), Alternative Care (AC), Minnesota Senior Care Plus (MSC+), Minnesota Senior Health Options (MSHO), Special Needs Basic Care (SNBC)



Community Based Services (CBS) - Billable Units



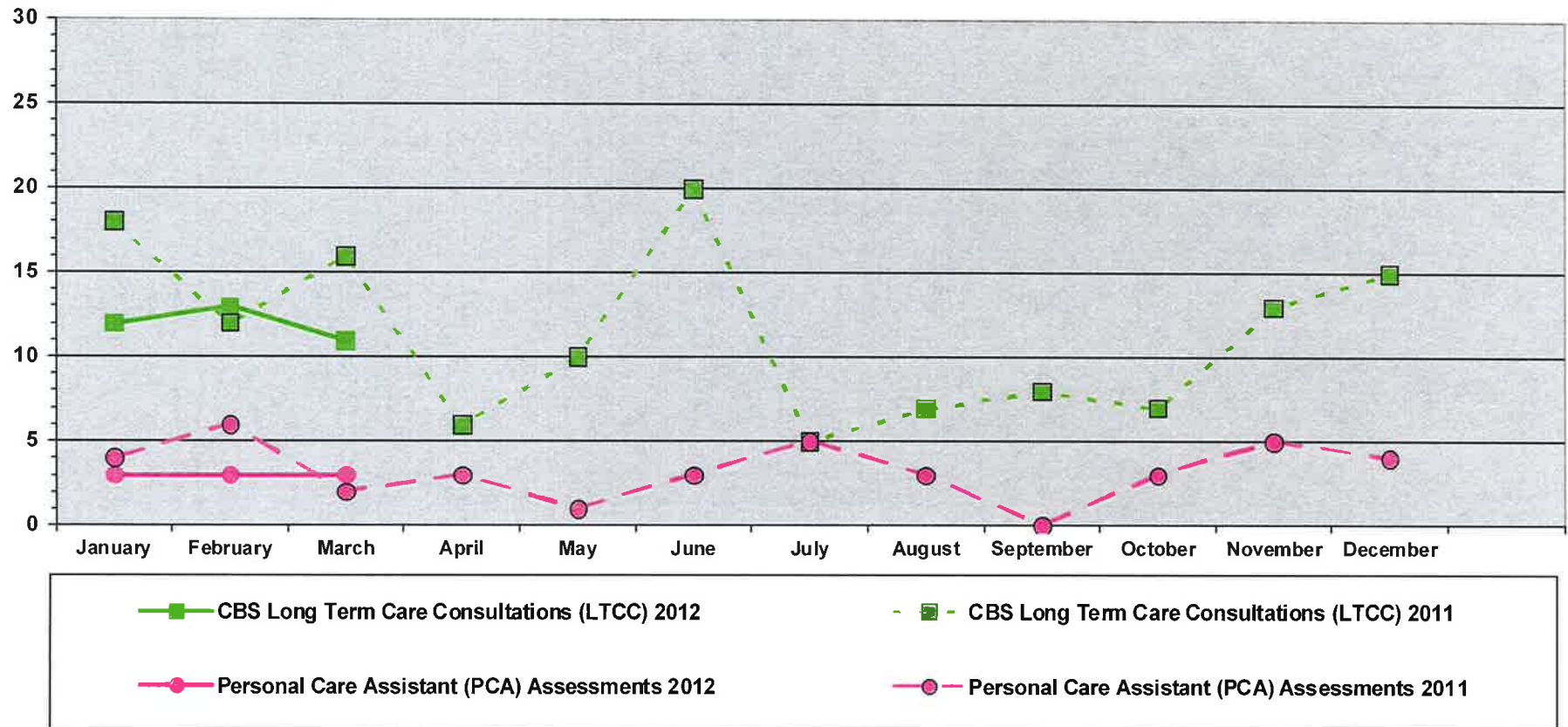
PUBLIC HEALTH STATISTICS

ASSURE THE QUALITY OF ACCESSIBLE HEALTH SERVICES

Chart 11

Community Based Services (CBS)

CBS Long Term Care Consultations (LTCC) Personal Care Assistant (PCA) Assessments

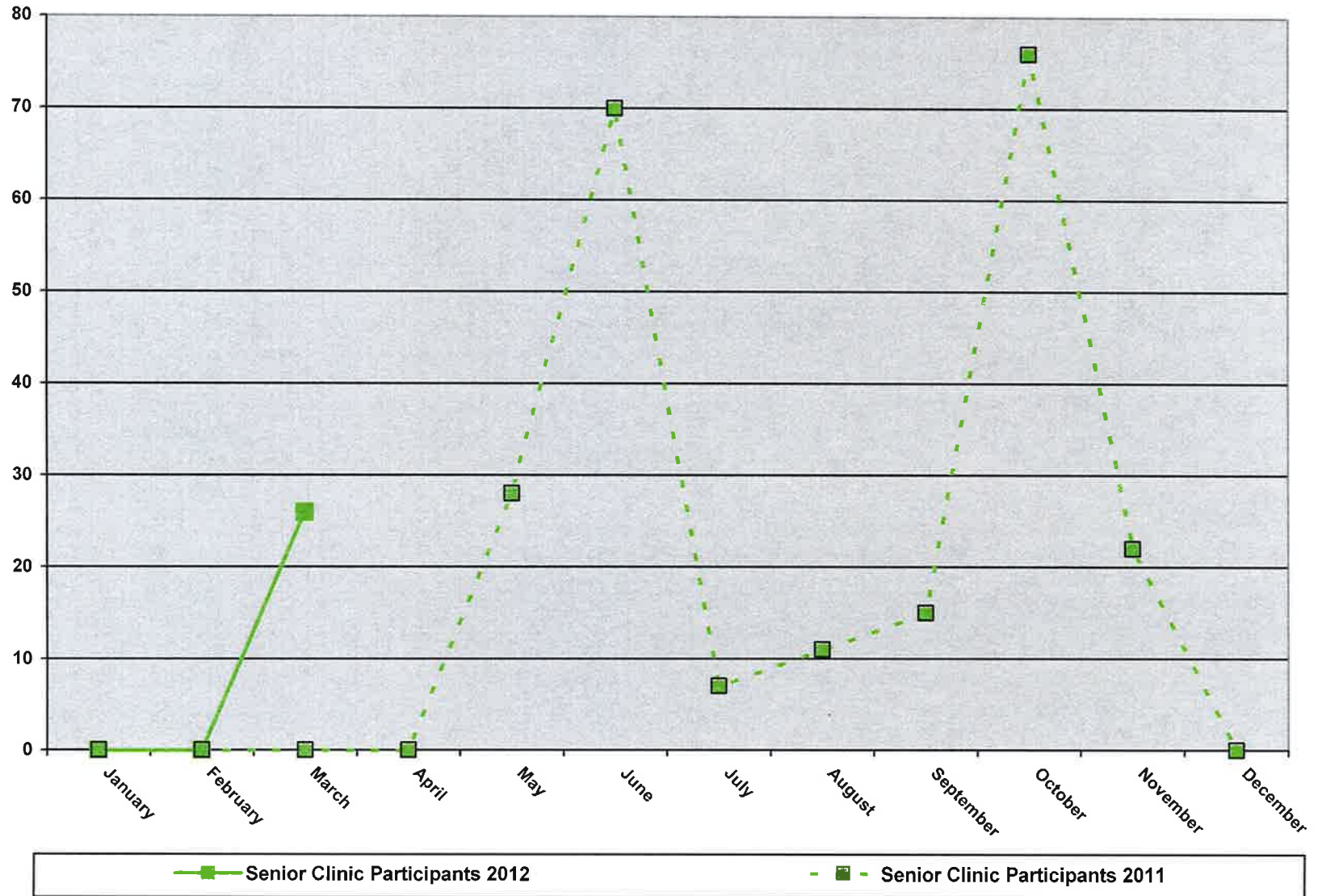


PUBLIC HEALTH STATISTICS

ASSURE THE QUALITY OF ACCESSIBLE HEALTH SERVICES

Chart 12

Senior Clinics



SOCIAL SERVICE CASELOAD STATISTICS

2011 - 2012

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
Total Cases Open - 2012	508	523	520										517
Total Cases Open - 2011	463	484	514	493	502	503	523	512	507	495	504	515	501
Total Number of Workgroups - 2012	529	545	540										538
Total Number of Workgroups - 2011	490	512	546	561	563	564	545	534	530	518	527	538	536
Total Client Count - 2012	896	926	948										923
Total Client Count - 2011	904	939	1006	1042	1043	1029	1004	959	945	894	902	918	965
Cases Opened During the Month - 2012	34	26	26										29
Cases Opened During the Month - 2011	38	30	32	28	43	28	26	21	20	37	31	37	31
Cases Closed During the Month - 2012	10	17	9										12
Cases Closed During the Month - 2011	33	9	6	14	23	11	19	15	14	9	11	10	15
Closed Assessments - 2012	8	20	7										12
Closed Assessments - 2011	23	10	11	12	15	16	16	13	14	15	15	15	15
Children in Out of Home Placements													
* Individual Children - Monthly - 2012	22	22	25										23
* Individual Children - Monthly - 2011	33	30	33	29	26	27	24	25	23	21	20	19	26
* Ages of Children (Reported Quarterly)													
0-5 Years - 2012			2										2
0-5 Years - 2011			11			9			3			2	6
6-12 Years - 2012			4										4
6-12 Years - 2011			13			11			5			5	9
13-15 Years - 2012			7										7
13-15 Years - 2011			2			3			5			5	4
16 Years & Up - 2012			12										12
16 Years & Up - 2011			13			10			10			7	10
Adm - 2012			19										19
Adm - 2011			30			25			15			11	20
IV-E - 2012			8										8
IV-E - 2011			9			8			8			8	8

SOCIAL SERVICE CASELOAD STATISTICS

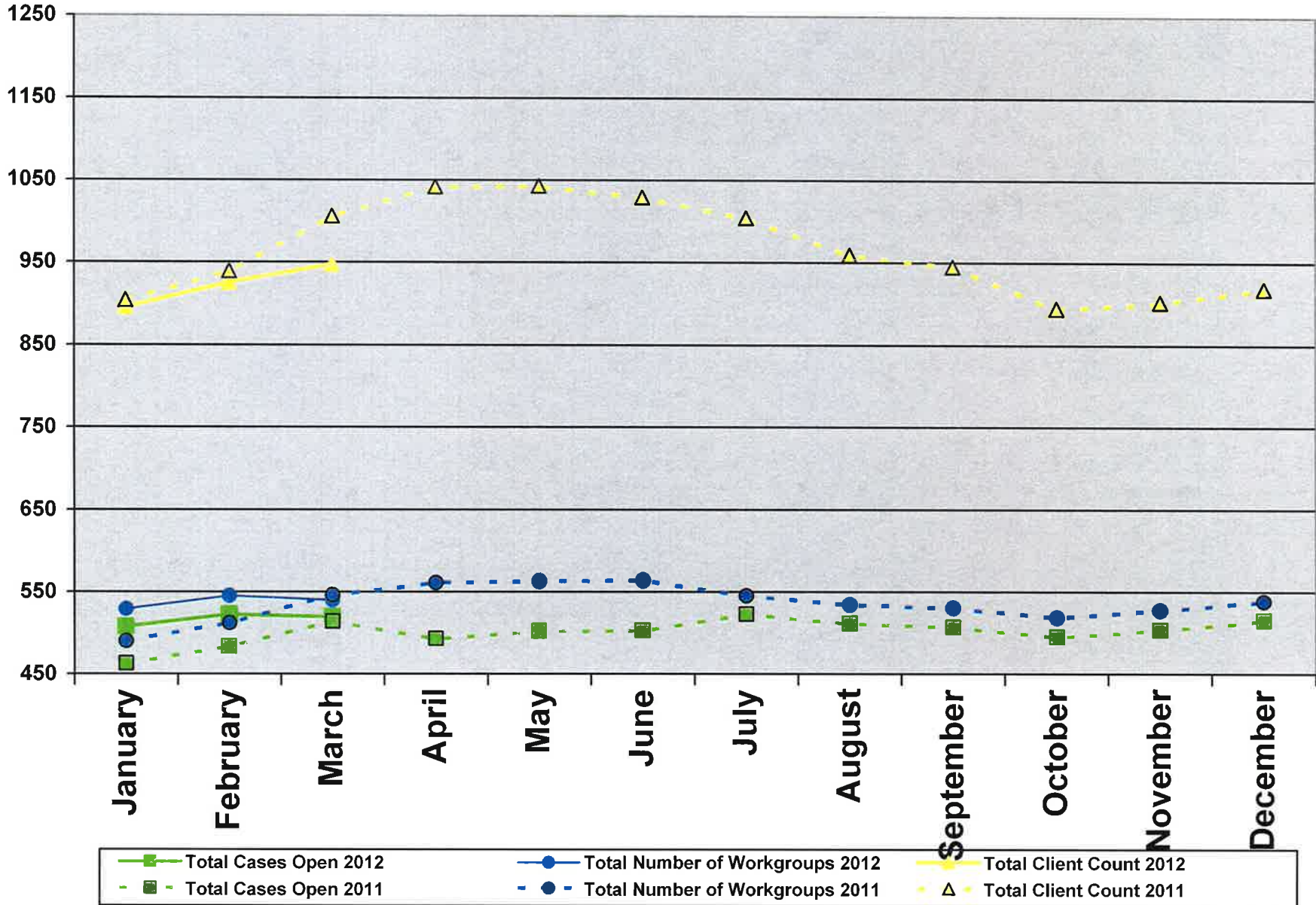
2011 - 2012 - Page # 2

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
Changes in Placements Away From Home - 2012	5	3	8										5
Changes in Placements Away From Home - 2011	9	4	4	12	5	8	0	11	3	8	4	2	6
Court Appearances - 2012	9	1	7										6
Court Appearances - 2011	28	12	14	17	15	19	7	16	16	13	8	15	15
Day Care Homes - Total # Licensed - 2012	24	24	25										24
Day Care Homes - Total # Licensed - 2011	27	27	28	28	28	27	27	26	25	25	25	24	26
Child Foster Care Homes - Total # Licensed - 2012	6	6	6										6
Child Foster Care Homes - Total # Licensed - 2011	12	12	12	12	12	11	10	9	8	8	7	6	10
Adult Foster Care Homes - Total # Licensed - 2012	10	10	10										10
Adult Foster Care Homes - Total # Licensed - 2011	10	10	10	10	10	10	10	10	10	10	10	10	10
Corporate Foster Care Homes - 2012	14	14	14										14
Corporate Foster Care Homes - 2011	15	15	15	15	15	15	15	15	14	14	14	14	15
Maltreatment Screenings - Adult - 2012	17	9	5										10
Maltreatment Screenings - Adult - 2011	9	5	3	3	2	10	12	12	11	7	5	6	7
Maltreatment Screenings - Children - 2012	6	11	10										9
Maltreatment Screenings - Children - 2011	18	13	14	12	14	11	8	5	7	11	9	10	11

SOCIAL SERVICE CASELOAD STATISTICS

Chart 1

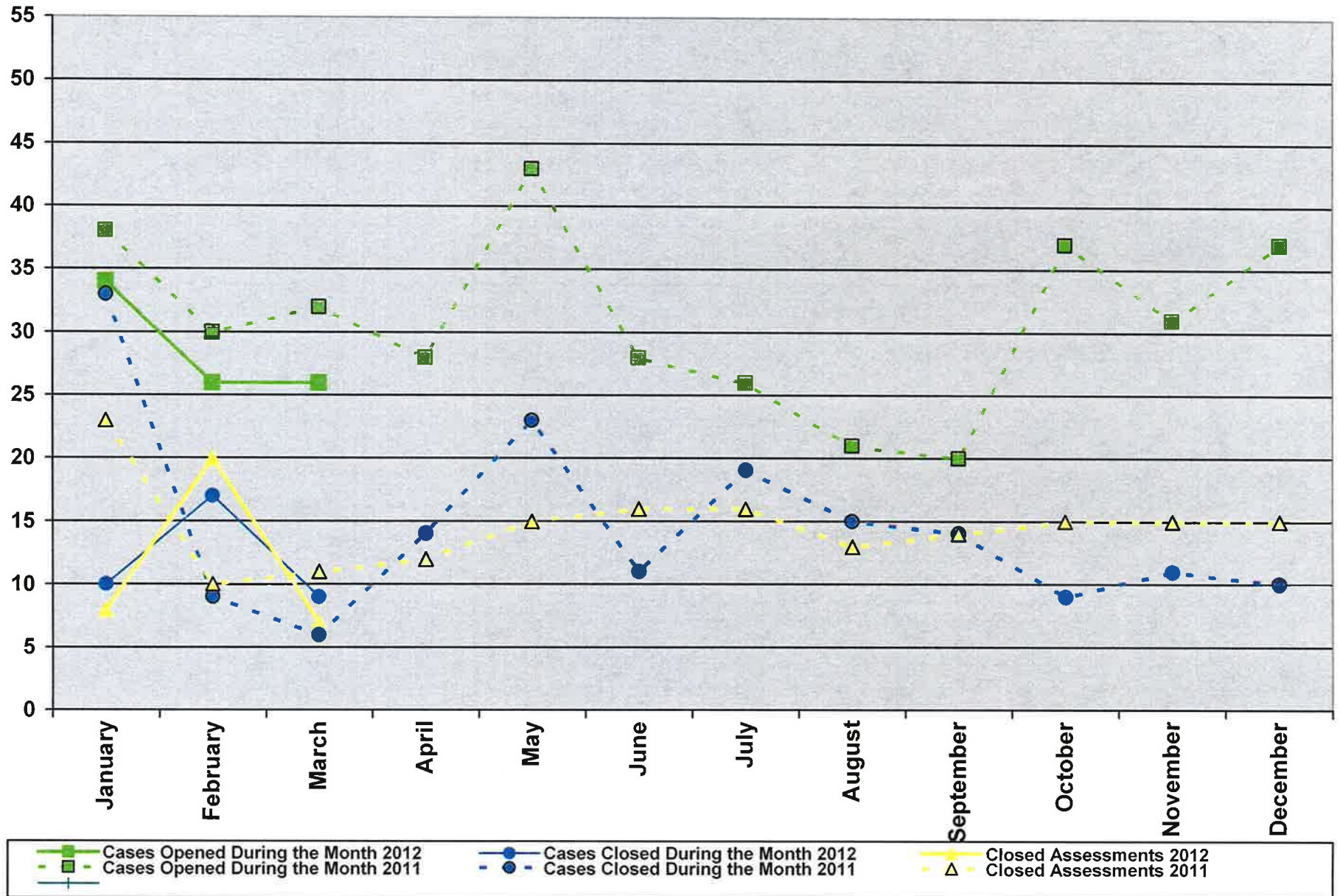
Total Cases Open / Total Number of Workgroups / Total Client Count



SOCIAL SERVICE CASELOAD STATISTICS

Chart 2

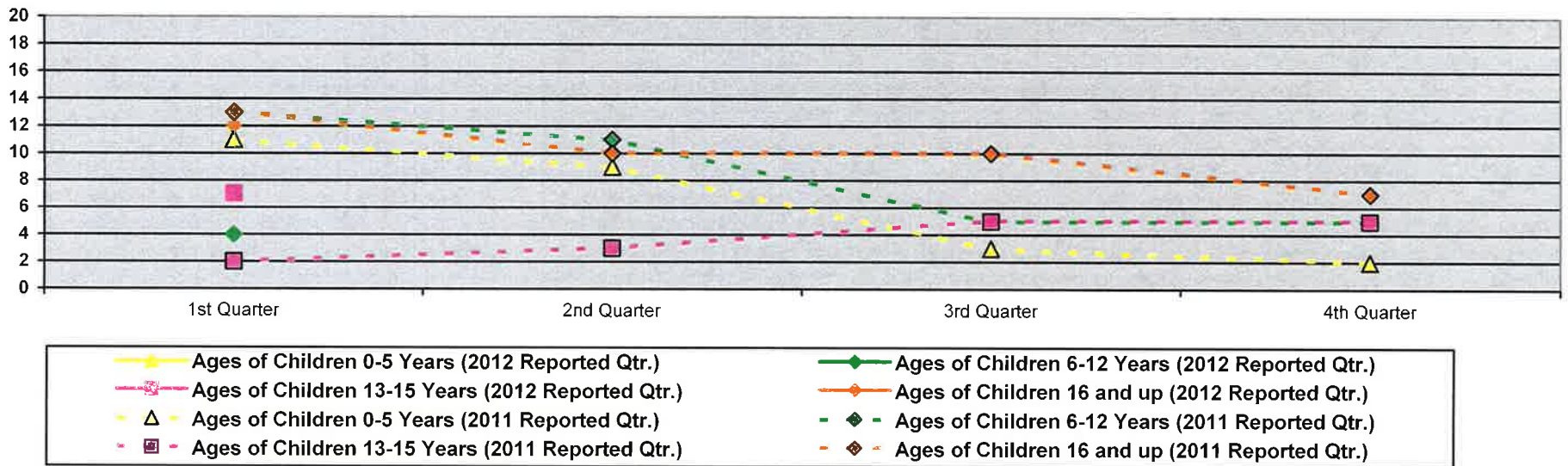
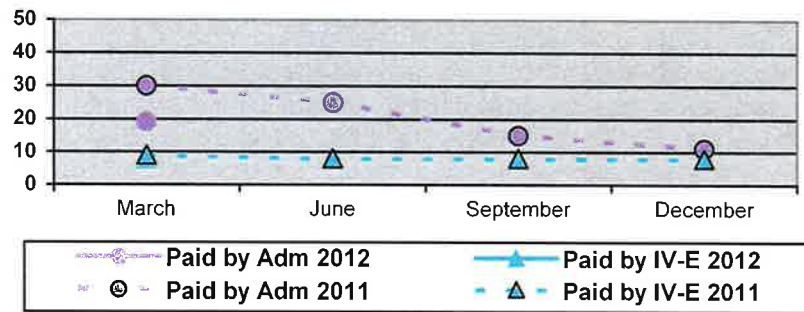
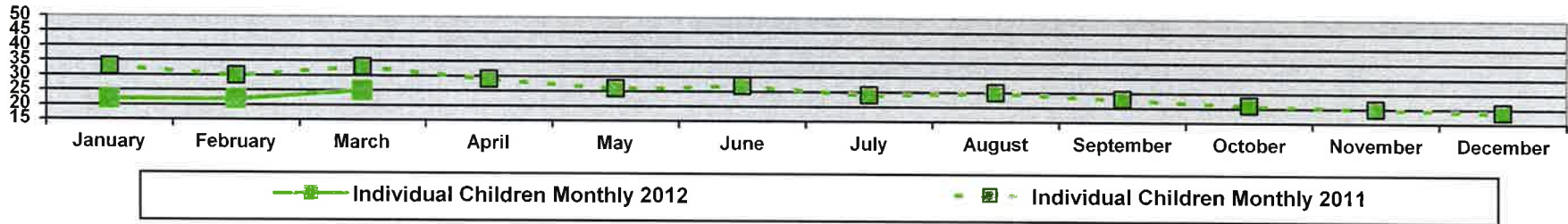
Cases Opened During the Month / Cases Closed During the Month / Closed Assessments



SOCIAL SERVICE CASELOAD STATISTICS

Children in Out of Home Placements

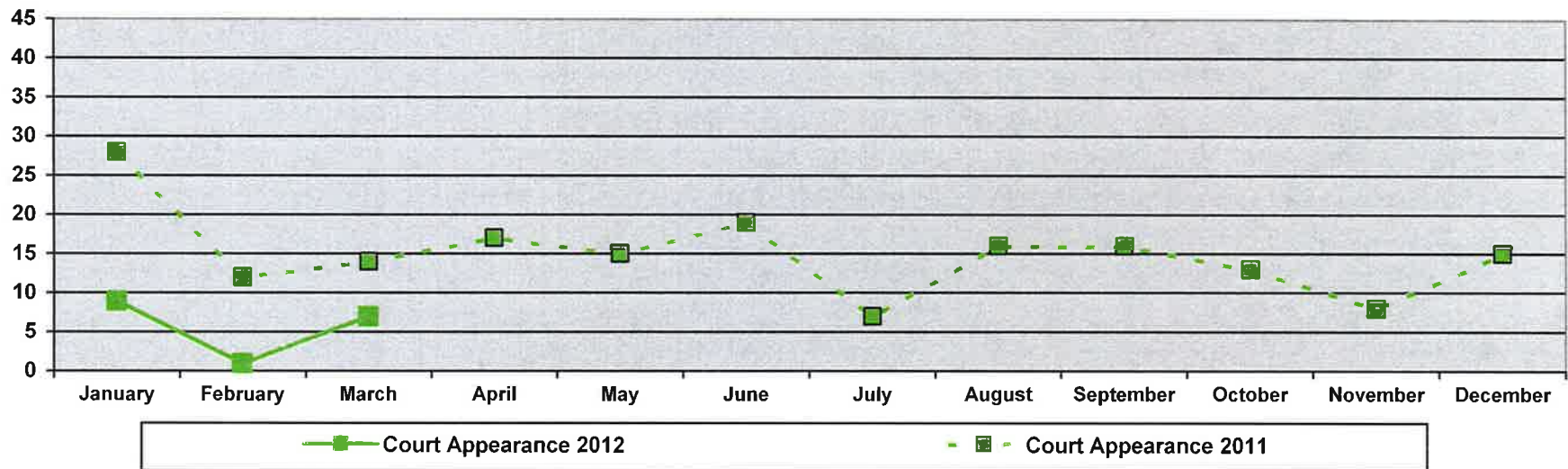
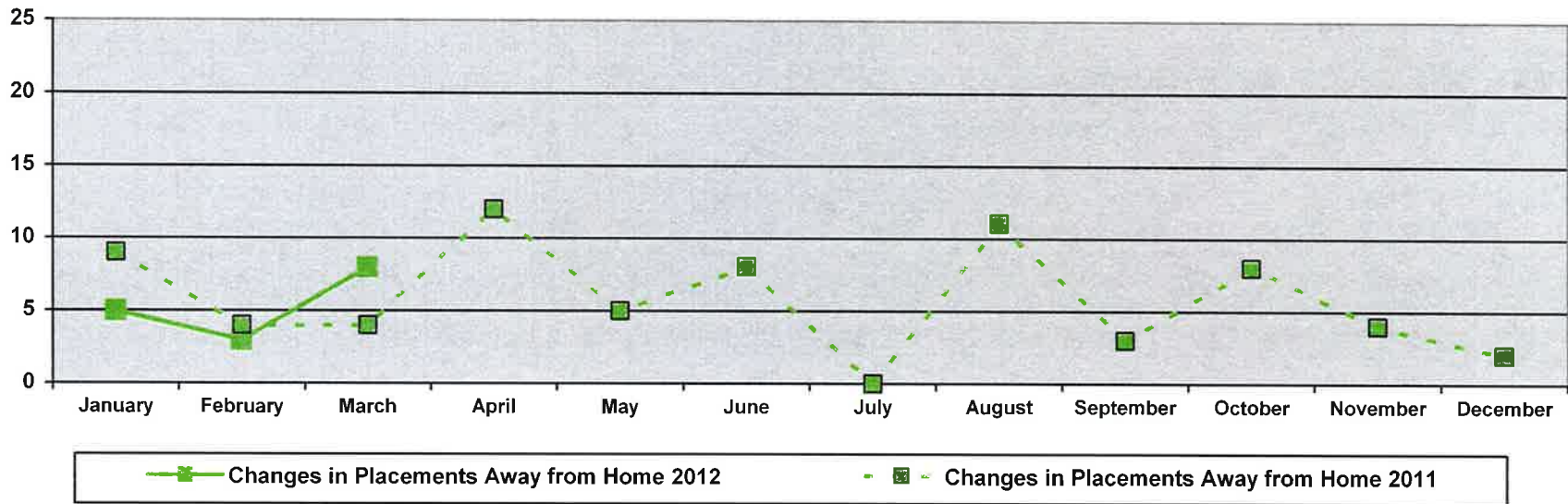
Chart 3



SOCIAL SERVICE CASELOAD STATISTICS

Chart 4

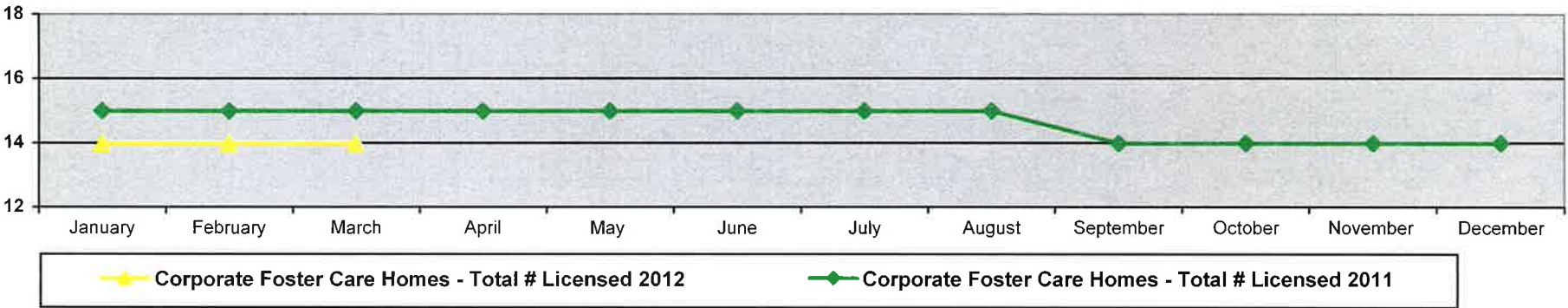
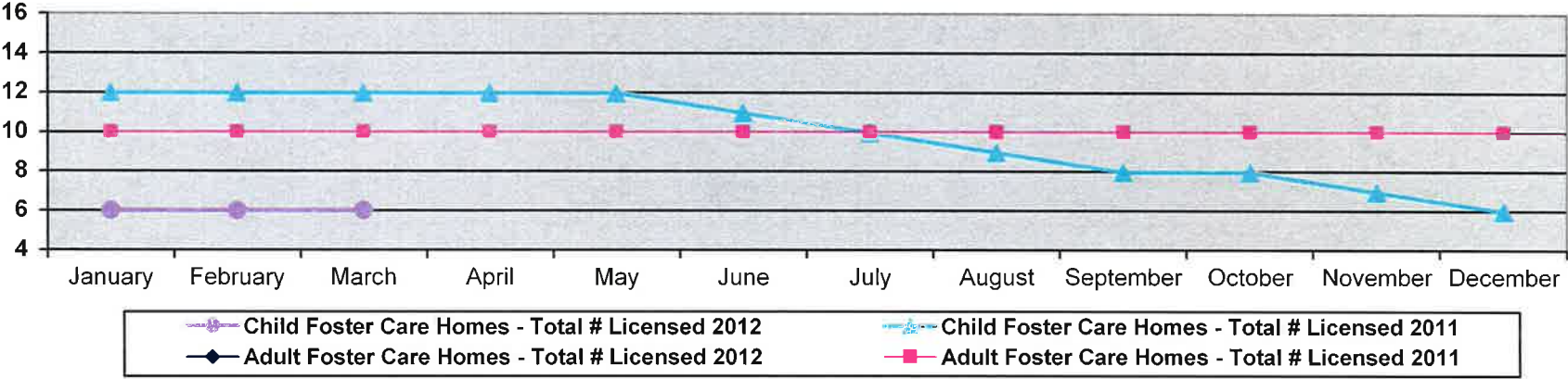
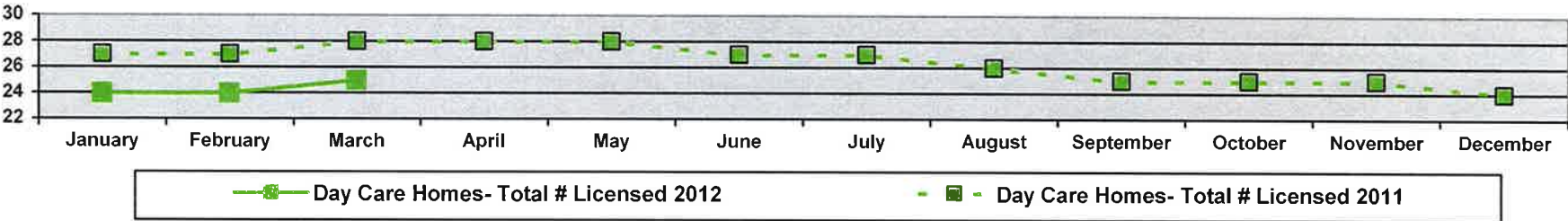
Changes in Placements Away from Home / Court Appearances



SOCIAL SERVICE CASELOAD STATISTICS

Licensed Day Care Homes, Child, Adult & Corporate Foster Care Homes

Chart 5



SOCIAL SERVICE CASELOAD STATISTICS

Chart 6
Maltreatment Screenings - Adult / Children

