

AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING AGENDA
August 27, 2013

- 9:05 A.M.**
- I. Attendance**
 - II. Approval of Health & Human Services Board Agenda**
 - III. Review July 23, 2013 Health & Human Service Board Minutes**
 - IV. Review Bills**
 - V. FYI**
 - A. Minnesota Reportable Diseases – Cynthia Bennett**
 - VI. Contracts/Service Agreements**
 - A. Administrative Agreements for Purchase of Supplies and Equipment between Aitkin County Health & Human Services and:**
 - 1. Activstyle Medical Supply, Minneapolis**
 - 2. Brainerd Medical Supply, Brainerd**
 - 3. Essentia Health Medical Equipment and Supplies, Duluth**
 - 4. Globe Drug & Medical Equipment, Grand Rapids**
 - 5. Home Medical Products and Services, Hurley, WI**
 - 6. Minnesota Mobility Systems, Deerwood**
 - B. WIC Agreements between ACH&HS and:**
 - 1. Hill City Independent School District #2**
 - 2. McGregor Independent School District # 4**
 - C. Home and Community-Based Waiver Services Contracts between ACHHS and:**
 - 1. Aide Home Care LLC, Aitkin/Ironton**
 - 2. Nuline Solutions dba Assured Care, Prior Lake**
 - 3. Arrowhead Economic Opportunity Agency, Virginia**
 - 4. Oak Haven Adult Foster Care, Aitkin**
 - VII. Administrative Reports:**
 - A. Financial & Transportation Reports**
 - VIII. Joint Powers Board Reports:**
 - A. Tri-County Community Health Services Board (CHS) – Commissioner Westerlund / Tom Burke / Cynthia Bennett Minutes of the August 8th meeting.**
 - IX. Committee Reports from Commissioners**
 - A. H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte Meeting updates from Committee Members: Bob Lewis & Roberta Elvecrog Draft minutes of the August 7, 2013 meeting.**
 - B. AEOA / NEMOJT Committee Updates – Commissioner Napstad**
 - C. CJI (Children’s Justice Initiative) – Commissioner Westerlund**
 - X. Break at 9:___ a.m. for _____ minutes Next Meeting – September 24, 2013**

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING MINUTES
July 23, 2013**

I. Attendance

The Aitkin County Board of Commissioners met this 23rd day of July, 2013, at 9:01 a.m. as the Aitkin County Health & Human Services Board, 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 Staff Members Eileen Foss, Income Maintenance Supervisor; Cynthia Bennett, Public Health Supervisor; Kathy Ryan, Fiscal Supervisor; Julie Lueck, Clerk to the Health & Human Services Board; and guests; Roberta Elvecrog, DAC & HHS Advisory; Brenda Butterfield, H&HS Staff Member; and Nanci Sauerbrei, Aitkin Independent Age.

II. Approval of Health & Human Services Board Agenda

Motion by Commissioner Napstad, seconded by Commissioner Marcotte, and carried; the vote was to approve the Agenda as mailed/posted.

III. Review June 25, 2013 Health & Human Service Board Minutes

Motion by Commissioner Westerlund, seconded by Commissioner Niemi, and carried, the vote was to approve the June 25, 2013, Health & Human Services Board Minutes.

IV. Review Bills

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

V. Contracts/Service Agreements

A. Acceptance of Grant Award – Adoption & Foster Care Recruitment Grant – thru LexisNexus Accurint – Kathy Ryan reminded the Board that this is a contract with LexisNexus that we have had in place for a year and just expired June 30th. It is used for tracking relatives for children in out-of-home placements. The grant pays for the computer program for us to use. It is a State Grant that is being renewed. Sue Tange is the only person licensed to access the information. *Motion by Commissioner Napstad, seconded by Commissioner Niemi, and carried, the vote was to approve and authorize the Board Chair to sign the Acceptance of Grant Award – Adoption & Foster Care Recruitment Grant – thru LexisNexus Accurint.*

VI. Administrative Reports:

A. Financial & Transportation Reports – Kathy Ryan reviewed and responded to questions regarding the Financial and Transportation Reports.

VII. Joint Powers Board Reports:

A. Tri-County Community Health Services Board (CHS) – Minutes of the June 12th meeting was included in the agenda packet. Cynthia Bennett discussed several of the important topics discussed at the recent meeting which included the fact that MDH along with DHS will be hosting Healthcare Informational Conference Calls.

VIII. Committee Reports from Commissioners

- A. H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte
Meeting updates from Committee Members: Roberta Elvecrog discussed clarification from the last meeting that the committee has recently developed Task Forces but the committee has always been offered and given very educational presentations/information from the H&HS staff and felt the information was there for the members to use not only for themselves but to benefit the community in which they live. No meeting was held in July – No minutes to review.
- B. AEOA / NEMOJT Committee Updates – Commissioner Napstad noted there have been no meetings held since his last report and the next NEMOJT meeting is scheduled for August 16th.
- C. CJI (Children’s Justice Initiative) – Commissioner Westerlund noted the CJI meeting would have been held on July 4th so they have not had a meeting.

IX. Break at 9:23 a.m. until 9:40 a.m. for the regular meeting. Next Meeting – August 27, 2013

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.</u> <u>Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
31	6094	AADA	450.00	Supervised visits- Court- relate	07/02/2013 07/23/2013		Court Related Services & Activities
44	6094	AADA	225.00	Supervised visits - Court- rela	07/02/2013 07/09/2013		Court Related Services & Activities
	6094	AADA	675.00	2 Transactions			
80	86222	AITKIN INDEPENDENT AGE	60.00	Child Care Advertising - Commu	07/17/2013 07/20/2013		Community Ed & Prevent/Advertising
	86222	AITKIN INDEPENDENT AGE	60.00	1 Transactions			
16	9017	ALEX AND BRANDON SAFETY CENTER	540.00	Supervised visits - Court- rela	07/02/2013 07/30/2013		Court Related Services & Activities
	9017	ALEX AND BRANDON SAFETY CENTER	540.00	1 Transactions			
40	8125	BACKSTROM/MARILYN	52.50	Public guardianship	07/01/2013 07/31/2013		Public Guardianship Dd
48	8125	BACKSTROM/MARILYN	52.50	Public guardianship	07/01/2013 07/31/2013		Public Guardianship Dd
	8125	BACKSTROM/MARILYN	105.00	2 Transactions			
46	9791	BIEGANEK/JOAN M	105.00	Guardianship/Conservator Activ	07/01/2013 07/31/2013		Guardianship/Conservatorship
47	9791	BIEGANEK/JOAN M	105.00	Guardianship/Conservator Activ	06/01/2013 06/30/2013		Guardianship/Conservatorship
	9791	BIEGANEK/JOAN M	210.00	2 Transactions			
5	12505	BLEGEN/DARLA	100.00	Child respite care	07/12/2013 07/14/2013		Child Mh Respite
	12505	BLEGEN/DARLA	100.00	1 Transactions			
6	12734	CARITAS MENTAL HEALTH CLINIC	180.14	Parenting assessment - Adult o			Adult Output Diagnostic Assess/Psyc

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<u>No. Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
7	05- 430- 745- 3085- 6020		562.50	Parenting assessment - Adult o	07/26/2013 07/26/2013	Adult Outpat Diagnostic Assess/Psyc
66	05- 430- 745- 3085- 6020		128.68	Interview & testing - Adult ou	07/26/2013 07/26/2013	Adult Outpat Diagnostic Assess/Psyc
67	05- 430- 745- 3085- 6020		12.87	Interview & testing - Adult ou	07/19/2013 07/19/2013	Adult Outpat Diagnostic Assess/Psyc
68	05- 430- 745- 3085- 6020		750.00	Interview & testing - Adult ou	07/18/2013 07/18/2013	Adult Outpat Diagnostic Assess/Psyc
69	05- 430- 745- 3085- 6020		12.87	Parenting assessment - Adult o	07/18/2013 07/19/2013	Adult Outpat Diagnostic Assess/Psyc
70	05- 430- 745- 3085- 6020		450.00	Parenting assessment - Adult o	07/30/2013 07/30/2013	Adult Outpat Diagnostic Assess/Psyc
73	05- 430- 745- 3085- 6020		1,987.50	Parenting assessment - Adult o	07/30/2013 07/30/2013	Adult Outpat Diagnostic Assess/Psyc
12734	CARITAS MENTAL HEALTH CLINIC		4,084.56	8 Transactions	07/01/2013 07/03/2013	Adult Outpat Diagnostic Assess/Psyc
9020	CENTRAL LAKES DRUG TESTING					
65	05- 430- 710- 3180- 6020		98.00	Child drug testing- Health- rela	07/19/2013 07/19/2013	Health- Related Services
11	05- 430- 710- 3190- 6020		120.00	Drug testing- Court- related ser	08/12/2013 08/15/2013	Court Related Services & Activities
12	05- 430- 710- 3190- 6020		60.00	Drug testing- Court- related ser	08/07/2013 08/07/2013	Court Related Services & Activities
13	05- 430- 710- 3190- 6020		60.00	Drug testing- Court- related ser	07/30/2013 07/30/2013	Court Related Services & Activities
14	05- 430- 710- 3190- 6020		60.00	Drug testing- Court- related ser	07/22/2013 07/22/2013	Court Related Services & Activities
15	05- 430- 710- 3190- 6020		60.00	Drug testing- Court- related ser	07/19/2013 07/19/2013	Court Related Services & Activities
9020	CENTRAL LAKES DRUG TESTING		458.00	6 Transactions		
12191	COOPER/SHIRLIE					
59	05- 430- 710- 3820- 6040		87.00	Relative custody assistance	08/01/2013 08/31/2013	Relative Custody Assistance
60	05- 430- 710- 3820- 6040		150.00	Relative custody assistance	08/01/2013 08/31/2013	Relative Custody Assistance

Aitkin County



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12191 COOPER/SHIRLIE		237.00	2 Transactions	
89203 CORE PROFESSIONAL SERVICES, PA				
25 05- 430- 745- 3090- 6050		270.00	Pre- petition screening/hearing 08/19/2013 08/19/2013	Pre- Petition Screening/Hearing
89203 CORE PROFESSIONAL SERVICES, PA		270.00	1 Transactions	
11051 Department of Human Services				
86 05- 430- 730- 3590- 6072		3,426.44	CCDTF Maintenance of Effort 06/01/2013 06/30/2013	Ccdtf County % State Billings
11051 Department of Human Services		3,426.44	1 Transactions	
9220 DHS- MSOP				
8 05- 430- 745- 3721- 6081		1,010.60	State- operated inpatient 07/01/2013 07/31/2013	Commitment Costs - Poor Relief
9 05- 430- 745- 3721- 6081		978.00	State- operated inpatient 06/01/2013 06/30/2013	Commitment Costs - Poor Relief
20 05- 430- 745- 3721- 6081		1,010.60	State- operated inpatient 07/01/2013 07/31/2013	Commitment Costs - Poor Relief
21 05- 430- 745- 3721- 6081		978.00	State- operated inpatient 06/01/2013 06/30/2013	Commitment Costs - Poor Relief
56 05- 430- 745- 3721- 6081		2,526.50	State- operated inpatient 07/01/2013 07/31/2013	Commitment Costs - Poor Relief
57 05- 430- 745- 3721- 6081		2,445.00	State- operated inpatient 06/01/2013 06/30/2013	Commitment Costs - Poor Relief
9220 DHS- MSOP		8,948.70	6 Transactions	
89965 DHS- ST PETER- SEE LIST				
26 05- 430- 745- 3721- 6081		1,720.50	State- operated inpatient 07/01/2013 07/31/2013	Commitment Costs - Poor Relief
27 05- 430- 745- 3721- 6081		1,659.00	State- operated inpatient 06/01/2013 06/30/2013	Commitment Costs - Poor Relief
89965 DHS- ST PETER- SEE LIST		3,379.50	2 Transactions	
91345 ELVECROG/ROBERTA C				
17 05- 430- 750- 3950- 6020		35.00	Public guardianship 07/01/2013 07/31/2013	Public Guardianship Dd
19 05- 430- 750- 3950- 6020		35.00	Public guardianship	Public Guardianship Dd

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24		05- 430- 750- 3950- 6020		105.00	Public guardianship	07/01/2013 07/31/2013			Public Guardianship Dd
	91345	ELVECROG/ROBERTA C		175.00	3 Transactions	07/01/2013 07/31/2013			
50	10030	GORDON/DOROTHY		87.00	Relative custody assistance	08/01/2013 08/31/2013			Relative Custody Assistance
	10030	GORDON/DOROTHY		87.00	1 Transactions				
61	9588	GREATER MN FAMILY SERVICES		385.84	In- home services - Court- relat	07/03/2013 07/30/2013			Court Related Services & Activities
62		05- 430- 710- 3190- 6020		237.44	In- home services - travel - Co	07/03/2013 07/30/2013			Court Related Services & Activities
	9588	GREATER MN FAMILY SERVICES		623.28	2 Transactions				
35	12288	HERRICK/TERRY		100.00	Child respite care	07/02/2013 07/31/2013			Child Mh Respite
36		05- 430- 740- 3890- 6020		100.00	Child respite care	06/04/2013 06/26/2013			Child Mh Respite
37		05- 430- 740- 3890- 6020		100.00	Child respite care	05/07/2013 05/29/2013			Child Mh Respite
38		05- 430- 740- 3890- 6020		100.00	Child respite care	04/02/2013 05/01/2013			Child Mh Respite
39		05- 430- 740- 3890- 6020		50.00	Child respite care	03/05/2013 03/27/2013			Child Mh Respite
	12288	HERRICK/TERRY		450.00	5 Transactions				
1	87829	HUDSON/PEGGY		70.00	Public guardianship	07/01/2013 07/31/2013			Public Guardianship Dd
2		05- 430- 750- 3950- 6020		70.00	Public guardianship	06/01/2013 06/30/2013			Public Guardianship Dd
22		05- 430- 750- 3950- 6020		70.00	Public guardianship	07/01/2013 07/31/2013			Public Guardianship Dd
23		05- 430- 750- 3950- 6020		70.00	Public guardianship				Public Guardianship Dd

Aitkin County



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<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>	
87829	HUDSON/PEGGY		280.00	06/01/2013 4 Transactions	06/30/2013		
74	9398 LAKES MEDI- VAN INC 05- 430- 745- 3160- 6050		910.80	Medi- van - Transportation 08/02/2013	08/02/2013		Adult Transportation
75	05- 430- 745- 3160- 6050		826.30	Medi- van - Transportation 07/26/2013	07/26/2013		Adult Transportation
	9398 LAKES MEDI- VAN INC		1,737.10	2 Transactions			
3	11589 Lutheran Social Service of MN- Mankato 05- 430- 750- 3950- 6020		44.11	Public guardianship 07/09/2013	07/30/2013		Public Guardianship Dd
	11589 Lutheran Social Service of MN- Mankato		44.11	1 Transactions			
29	11072 Lutheran Social Service Of Mn- St Paul 05- 430- 760- 3950- 6020		137.07	Guardianship/conservatorship 07/03/2013	07/31/2013		Guardianship/Conservatorship
30	05- 430- 760- 3950- 6020		37.86	Guardianship/conservatorship 06/07/2013	06/28/2013		Guardianship/Conservatorship
	11072 Lutheran Social Service Of Mn- St Paul		174.93	2 Transactions			
45	86058 Martin/Patricia 05- 430- 760- 3950- 6020		105.00	Guardianship/conservatorship 07/01/2013	07/31/2013		Guardianship/Conservatorship
	86058 Martin/Patricia		105.00	1 Transactions			
28	91221 McCormick/John 05- 430- 710- 3820- 6040		268.00	Relative custody assistance 08/01/2013	08/31/2013		Relative Custody Assistance
	91221 McCormick/John		268.00	1 Transactions			
54	10593 Morrison/Debra 05- 430- 710- 3820- 6040		64.29	Relative custody assistance 08/01/2013	08/31/2013		Relative Custody Assistance
55	05- 430- 710- 3820- 6040		64.29	Relative custody assistance 08/01/2013	08/31/2013		Relative Custody Assistance

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<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>
10593 Morrison/Debra		128.58	2 Transactions	
12538 North Homes, Inc				
71 05- 430- 710- 3640- 6020		51.00	In home mileage county pay - 07/18/2013 07/31/2013	Family Assessment Response Services
72 05- 430- 710- 3640- 6020		358.40	In home services county pay - 07/18/2013 07/31/2013	Family Assessment Response Services
12538 North Homes, Inc		409.40	2 Transactions	
10977 NORTHERN PSYCHIATRIC ASSOCIATES				
82 05- 430- 740- 3050- 6020		1,068.75	Child outpatient diagnostic as 07/12/2013 07/12/2013	Child Outpat Assess/Psyc. Testing
84 05- 430- 740- 3900- 6020		180.00	Clinical supervision- Child Rul 07/12/2013 07/12/2013	Child Rule 79 Case Mgmt
85 05- 430- 745- 3340- 6071		180.00	Clinical supervision- CSP 25% 07/12/2013 07/12/2013	Pyschosocial Rehab/Ind Living Skills Csp
83 05- 430- 745- 3910- 6020		360.00	Clinical supervision- Adult Rul 07/12/2013 07/12/2013	Adult Rule 79 Case Mgmt
10977 NORTHERN PSYCHIATRIC ASSOCIATES		1,788.75	4 Transactions	
3639 NORTHLAND COUNSELING CTR INC				
81 05- 430- 730- 3710- 6020		1,950.00	Detoxification (Category I) 07/08/2013 07/29/2013	Detoxification - Grand Rapids
3639 NORTHLAND COUNSELING CTR INC		1,950.00	1 Transactions	
90748 OAKRIDGE HOMES SILS				
18 05- 430- 750- 3340- 6073		630.00	Semi- Independent Living Servic 07/01/2013 07/31/2013	Semi- Independent Living Serv (Sils)
51 05- 430- 750- 3340- 6073		433.95	Semi- Independent Living Servic 07/01/2013 07/31/2013	Semi- Independent Living Serv (Sils)
49 05- 430- 750- 3350- 6020		260.37	Family support program 07/01/2013 07/31/2013	Family Support Program
90748 OAKRIDGE HOMES SILS		1,324.32	3 Transactions	
89879 OCCUPATIONAL DEVELOPMENT CENTER				
53 05- 430- 745- 3160- 6050		123.25	Transportation for employment 07/01/2013 07/30/2013	Adult Transportation
52 05- 430- 760- 3370- 6050		285.00	Employability- supported employ	Employability - Txx

SLM1
 8/23/13 12:56PM
 Health & Human Services

Aitkin County



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<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>
89879 OCCUPATIONAL DEVELOPMENT CENTER		408.25	07/01/2013 07/30/2013 2 Transactions	
87514 Pine Manors Inc				
79 05-430-730-3710-6080		825.00	07/09/2013 07/12/2013 Detoxification (Category I)	Detoxification - Other
87514 Pine Manors Inc		825.00	1 Transactions	
9489 Redwood Toxicology Laboratory, Inc				
34 05-430-710-3181-6020		6.75	07/16/2013 07/16/2013 UA- Health- related services	Drug Testing - CMCC Juveniles
42 05-430-710-3181-6020		6.75	07/16/2013 07/16/2013 UA- Health- related services	Drug Testing - CMCC Juveniles
64 05-430-710-3181-6020		3.50	07/16/2013 07/16/2013 UA- Health- related services	Drug Testing - CMCC Juveniles
78 05-430-710-3181-6020		53.50	07/16/2013 07/16/2013 UA- Health- related services	Drug Testing - CMCC Juveniles
4 05-430-710-3190-6020		31.75	07/25/2013 07/25/2013 Drug testing - Court- related s	Court Related Services & Activities
41 05-430-710-3190-6020		54.50	07/16/2013 07/23/2013 Drug testing - Court- related s	Court Related Services & Activities
43 05-430-710-3190-6020		6.75	07/18/2013 07/18/2013 Drug testing - Court- related s	Court Related Services & Activities
9489 Redwood Toxicology Laboratory, Inc		163.50	07/16/2013 07/16/2013 7 Transactions	
4242 Ryan & Brucker Ltd				
33 05-430-750-3950-6020		70.00	06/01/2013 06/30/2013 Public guardianship	Public Guardianship Dd
4242 Ryan & Brucker Ltd		70.00	1 Transactions	
12573 SCHLEIFER/DANI				
58 05-430-710-3820-6040		341.60	08/01/2013 08/31/2013 Relative custody assistance	Relative Custody Assistance
63 05-430-710-3820-6040		48.00	08/01/2013 08/31/2013 Relative custody assistance	Relative Custody Assistance
12573 SCHLEIFER/DANI		389.60	2 Transactions	
86177 SHERIFF AITKIN COUNTY				

SLM1
 8/23/13 12:56PM
 Health & Human Services

Aitkin County

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<u>No. Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
76	05-430-720-3980-6020		20.00	Licensing and resource develop	08/07/2013 08/07/2013		License And Resource Development
77	05-430-720-3980-6020		20.00	Day Care Background Check - Li	07/24/2013 07/24/2013		License And Resource Development
86177	SHERIFF AITKIN COUNTY		40.00	2 Transactions			
9140	SIMAR/CANDACE						
32	05-430-750-3950-6020		70.00	Public guardianship	07/01/2013 07/31/2013		Public Guardianship Dd
10	05-430-760-3950-6020		70.00	Guardianship/conservatorship	07/01/2013 07/31/2013		Guardianship/Conservatorship
9140	SIMAR/CANDACE		140.00	2 Transactions			
Final Total			34,076.02	35 Vendors		86 Transactions	

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Recap by Fund</u>	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	34,076.02	Health & Human Services	
All Funds		34,076.02	Total	Approved by,
			
			

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85003 Aitkin County DAC				
1 05- 400- 440- 0410- 6231		25.72	PAPER SHREDDING 07/01/2013 07/29/2013	Services Or Contracts
1 05- 420- 600- 4800- 6231		65.16	PAPER SHREDDING 07/01/2013 07/29/2013	Services Or Contracts
1 05- 430- 700- 4800- 6231		80.60	PAPER SHREDDING 07/01/2013 07/29/2013	Services Or Contracts
85003 Aitkin County DAC		171.48	3 Transactions	
86222 Aitkin Independent Age				
3 05- 400- 440- 0410- 6231		4.50	AGENCY SUBSCRIPTION(1YR)	Services Or Contracts
3 05- 420- 600- 4800- 6231		11.40	AGENCY SUBSCRIPTION(1YR)	Services Or Contracts
3 05- 430- 700- 4800- 6231		14.10	AGENCY SUBSCRIPTION(1YR)	Services Or Contracts
2 05- 430- 700- 4800- 6231		37.13	HCBS WAIVER PRGRAM ADVERTISING 07/18/2013 07/18/2013	Services Or Contracts
86222 Aitkin Independent Age		67.13	4 Transactions	
8239 Ameripride Linen & Apparel Services				
4 05- 400- 440- 0410- 6405		4.82	CLEANING SUPPLIES 07/23/2013 07/23/2013	Supplies- Computer/Office/Meeting
4 05- 420- 600- 4800- 6405		12.21	CLEANING SUPPLIES 07/23/2013 07/23/2013	Supplies- Computer/Office/Meeting
4 05- 430- 700- 4800- 6405		15.10	CLEANING SUPPLIES 07/23/2013 07/23/2013	Supplies- Computer/Office/Meeting
8239 Ameripride Linen & Apparel Services		32.13	3 Transactions	
12106 Antoine Electric				
5 05- 400- 440- 0410- 6231		10.50	REPLACE BALLAST- PROBATION OFF 07/31/2013 07/31/2013	Services Or Contracts
6 05- 400- 440- 0410- 6231		16.96	REPAIRED SHORT IN BASEMENT 07/30/2013 07/30/2013	Services Or Contracts
5 05- 420- 600- 4800- 6231		26.59	REPLACE BALLAST- PROBATION OFF 07/31/2013 07/31/2013	Services Or Contracts
6 05- 420- 600- 4800- 6231		42.97	REPAIRED SHORT IN BASEMENT 07/30/2013 07/30/2013	Services Or Contracts
5 05- 430- 700- 4800- 6231		32.89	REPLACE BALLAST- PROBATION OFF 07/31/2013 07/31/2013	Services Or Contracts
6 05- 430- 700- 4800- 6231		53.14	REPAIRED SHORT IN BASEMENT	Services Or Contracts

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. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
12106 Antoine Electric		183.05	07/30/2013 07/30/2013 6 Transactions	
7 5398 CDW Government, Inc 05- 420- 630- 4800- 6801		1,980.61	10- VISIONTEK RAD 5570 MONITORS 08/02/2013 08/02/2013 1 Transactions	DW38749 Bonus Bucks Expenditures
8 10083 Cedarbrook Lumber Comp 05- 400- 440- 0410- 6405		181.01	CEILING TILES IN PH OSS AREA 08/05/2013 08/05/2013 1 Transactions	55022 Supplies- Computer/Office/Meeting
9 10855 Culligan 05- 400- 440- 0410- 6231		17.55	COOLER RENTAL SERVICE 08/01/2013 08/31/2013	150- 10016285- 1 Services Or Contracts
9 05- 420- 600- 4800- 6231		44.47	COOLER RENTAL SERVICE 08/01/2013 08/31/2013	150- 10016285- 1 Services Or Contracts
9 05- 430- 700- 4800- 6231		55.00	COOLER RENTAL SERVICE 08/01/2013 08/31/2013	150- 10016285- 1 Services Or Contracts
10855 Culligan		117.02	3 Transactions	
10 88628 Dalco 05- 400- 440- 0410- 6405		24.76	TOWELS/TISSUE 08/08/2013 08/08/2013	2637441 Supplies- Computer/Office/Meeting
10 05- 420- 600- 4800- 6405		62.73	TOWELS/TISSUE 08/08/2013 08/08/2013	2637441 Supplies- Computer/Office/Meeting
10 05- 430- 700- 4800- 6405		77.59	TOWELS/TISSUE 08/08/2013 08/08/2013	2637441 Supplies- Computer/Office/Meeting
88628 Dalco		165.08	3 Transactions	
11 11051 Department of Human Services 05- 400- 440- 0410- 6231		313.35	MERIT SYSTEM QE 03/31/13	A300MR01Z7I Services Or Contracts
12 05- 420- 640- 4800- 6231		14.65	CS MONTHLY FED OFFSET FEE 07/01/2013 07/30/2013	A300C322201 Services Or Contracts
13 05- 420- 650- 4400- 6025		2,306.31	MA LTC UN 65 07/01/2013 07/31/2013	A300MM6N01I State/Fed Share - MA
14 05- 420- 650- 4400- 6025		1,464.79	MA ESTATE COLLECTIONS- FED	A300MM6N01I State/Fed Share - MA

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. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
15	05- 420- 650- 4400- 6025	732.39	07/01/2013 07/31/2013 MA ESTATE COLLECTIONS- ST	A300MM6N011 State/Fed Share - MA
16	05- 420- 650- 4400- 6025	50.00	07/01/2013 07/31/2013 MA RECIPIENT INEL- FED	A300MM6N011 State/Fed Share - MA
17	05- 420- 650- 4400- 6025	25.00	07/01/2013 07/31/2013 MA RECIPIENT INEL- ST	A300MM6N011 State/Fed Share - MA
11	05- 420- 600- 4800- 6231	793.82	07/01/2013 07/31/2013 MERIT SYSTEM QE 03/31/13	A300MR01Z7I Services Or Contracts
11	05- 430- 700- 4800- 6231	981.83	MERIT SYSTEM QE 03/31/13	A300MR01Z7I Services Or Contracts
11051	Department of Human Services	6,682.14	9 Transactions	
11984	edocument Resources LLC			
18	05- 420- 600- 4800- 6231	750.26	EDOCS- TRAVEL EXPENSES 03/31/2013 06/28/2013	504641 Services Or Contracts
19	05- 420- 600- 4800- 6231	9,102.38	EDOCS- PROFESSIONAL SERVICES 07/01/2013 07/31/2013	504723 Services Or Contracts
11984	edocument Resources LLC	9,852.64	2 Transactions	
2186	Hillyard Inc - Kansas City			
20	05- 400- 440- 0410- 6405	33.94	CLEANING/BATHROOM SUPPLES 08/06/2013 08/06/2013	600796572 Supplies- Computer/Office/Meeting
21	05- 400- 440- 0410- 6405	9.19	FOAM SOAP 08/08/2013 08/08/2013	600800609 Supplies- Computer/Office/Meeting
20	05- 420- 600- 4800- 6405	86.00	CLEANING/BATHROOM SUPPLES 08/06/2013 08/06/2013	600796572 Supplies- Computer/Office/Meeting
21	05- 420- 600- 4800- 6405	23.28	FOAM SOAP 08/08/2013 08/08/2013	600800609 Supplies- Computer/Office/Meeting
20	05- 430- 700- 4800- 6405	106.37	CLEANING/BATHROOM SUPPLES 08/06/2013 08/06/2013	600796572 Supplies- Computer/Office/Meeting
21	05- 430- 700- 4800- 6405	28.80	FOAM SOAP 08/08/2013 08/08/2013	600800609 Supplies- Computer/Office/Meeting
2186	Hillyard Inc - Kansas City	287.58	6 Transactions	
2340	Hyytinen Hardware Hank			
22	05- 400- 440- 0410- 6405	4.81	PEST CONTROL 07/17/2013 07/17/2013	1121143 Supplies- Computer/Office/Meeting
22	05- 420- 600- 4800- 6405	12.17	PEST CONTROL 07/17/2013 07/17/2013	1121143 Supplies- Computer/Office/Meeting

SLM1
 8/23/13 1:51PM
 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>
22 05-430-700-4800-6405		15.05	PEST CONTROL 07/17/2013 07/17/2013	1121143 Supplies- Computer/Office/Meeting
2340 Hyytinen Hardware Hank		32.03	3 Transactions	
2386 Information Systems Corp				
23 05-400-440-0410-6231		96.19	DR5010C- SCANNER EXC ROLLER KIT 08/13/2013 08/13/2013	5673 Services Or Contracts
2386 Information Systems Corp		96.19	1 Transactions	
90182 Laboratory Corp Of America Holdings				
24 05-420-640-4800-6397		28.00	IVD GENETIC TEST 0015140569-03 07/30/2013 07/30/2013	41823595 Genetic Tests Iv-D
90182 Laboratory Corp Of America Holdings		28.00	1 Transactions	
12492 LexisNexis Risk Data Management				
25 05-430-700-4800-6231		116.00	JULY 2013- SERVICES	1598721- 201307 Services Or Contracts
12492 LexisNexis Risk Data Management		116.00	1 Transactions	
2928 Lundberg Plumbing & Heating, Inc				
26 05-400-440-0410-6405		19.50	TOILET SEATS 07/31/2013 07/31/2013	12681 Supplies- Computer/Office/Meeting
26 05-420-600-4800-6405		49.40	TOILET SEATS 07/31/2013 07/31/2013	12681 Supplies- Computer/Office/Meeting
26 05-430-700-4800-6405		61.10	TOILET SEATS 07/31/2013 07/31/2013	12681 Supplies- Computer/Office/Meeting
2928 Lundberg Plumbing & Heating, Inc		130.00	3 Transactions	
89079 McGregor Area Ambulance Service				
27 05-400-401-0000-6812		2,385.00	AMBULANCE RUNS- JUL'13	Mcgregor Area Ambulance
89079 McGregor Area Ambulance Service		2,385.00	1 Transactions	
89080 Meds- 1 Ambulance Service Inc				
28 05-400-401-0000-6813		175.00	AMBULANCE RUNS- MAY'13	Meds- 1 Hill City Ambulance
29 05-400-401-0000-6813		160.00	AMBULANCE RUNS- JUNE'13	Meds- 1 Hill City Ambulance
30 05-400-401-0000-6813		60.00	AMBULANCE RUNS- JULY'13	Meds- 1 Hill City Ambulance
89080 Meds- 1 Ambulance Service Inc		395.00	3 Transactions	

SLM1
8/23/13 1:51PM
Health & Human Services

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



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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>
89078 Mille Lacs Health System				
31 05- 400- 401- 0000- 6814		100.00	AMBULANCE SERVICE FOR JUNE'13	Isle Ambulance/Mille Lacs Health System
32 05- 400- 401- 0000- 6814		95.00	AMBULANCE SERVICE FOR JULY'13	Isle Ambulance/Mille Lacs Health System
89078 Mille Lacs Health System		195.00	2 Transactions	
89765 Minnesota Elevator, Inc				
33 05- 400- 440- 0410- 6231		22.76	ELEVATOR SERVICE- AUG'13	285116 Services Or Contracts
33 05- 420- 600- 4800- 6231		57.67	ELEVATOR SERVICE- AUG'13	285116 Services Or Contracts
33 05- 430- 700- 4800- 6231		71.33	ELEVATOR SERVICE- AUG'13	285116 Services Or Contracts
89765 Minnesota Elevator, Inc		151.76	3 Transactions	
3358 Minnesota State Auditor				
34 05- 400- 440- 0410- 6231		243.75	YEAR END 2012 AUDIT SERVICES	Services Or Contracts
			01/02/2013 07/02/2013	
34 05- 420- 600- 4800- 6231		617.50	YEAR END 2012 AUDIT SERVICES	Services Or Contracts
			01/02/2013 07/02/2013	
34 05- 430- 700- 4800- 6231		763.75	YEAR END 2012 AUDIT SERVICES	Services Or Contracts
			01/02/2013 07/02/2013	
3358 Minnesota State Auditor		1,625.00	3 Transactions	
89081 North Ambulance Brainerd				
35 05- 400- 401- 0000- 6809		1,980.00	AMBULANCE RUNS- JUL'13	No. Memorial Ambulance- Aitkin
89081 North Ambulance Brainerd		1,980.00	1 Transactions	
1652 Northland Fire Protection				
36 05- 400- 440- 0410- 6231		33.46	MAINTENANCE RECERTIFICATION	094728 Services Or Contracts
			07/31/2013 07/31/2013	
36 05- 420- 600- 4800- 6231		84.77	MAINTENANCE RECERTIFICATION	094728 Services Or Contracts
			07/31/2013 07/31/2013	
36 05- 430- 700- 4800- 6231		104.84	MAINTENANCE RECERTIFICATION	094728 Services Or Contracts
			07/31/2013 07/31/2013	
1652 Northland Fire Protection		223.07	3 Transactions	
3810 Paulbeck's County Market				
37 05- 400- 440- 0410- 6405		4.67	AGENCY SUPPLIES	000009273744 Supplies- Computer/Office/Meeting
			07/02/2013 07/02/2013	
38 05- 400- 440- 0410- 6405		1.23	AGENCY SUPPLIES	000009273744 Supplies- Computer/Office/Meeting
			07/09/2013 07/09/2013	

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Vendor Name</u>	<u>Accr</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Service Dates</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u> <u>Account/Formula</u>					<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
39	05-400-440-0410-6405	0.67	AGENCY SUPPLIES	07/11/2013 07/11/2013	000009273744	Supplies- Computer/Office/Meeting
37	05-420-600-4800-6405	11.83	AGENCY SUPPLIES	07/02/2013 07/02/2013	000009273744	Supplies- Computer/Office/Meeting
38	05-420-600-4800-6405	3.12	AGENCY SUPPLIES	07/09/2013 07/09/2013	000009273744	Supplies- Computer/Office/Meeting
39	05-420-600-4800-6405	1.69	AGENCY SUPPLIES	07/11/2013 07/11/2013	000009273744	Supplies- Computer/Office/Meeting
37	05-430-700-4800-6405	14.64	AGENCY SUPPLIES	07/02/2013 07/02/2013	000009273744	Supplies- Computer/Office/Meeting
38	05-430-700-4800-6405	3.86	AGENCY SUPPLIES	07/09/2013 07/09/2013	000009273744	Supplies- Computer/Office/Meeting
39	05-430-700-4800-6405	2.10	AGENCY SUPPLIES	07/11/2013 07/11/2013	000009273744	Supplies- Computer/Office/Meeting
40	05-430-700-4800-6405	33.27	PROVIDER MTG SUPPLIES	07/31/2013 07/31/2013	000009273744	Supplies- Computer/Office/Meeting
3810	Paulbeck's County Market	77.08	10 Transactions			
84172	Riverwood Healthcare Center					
41	05-400-430-0407-6262	392.40	FAM PLAN- CHLAM/GC/PG TEST	06/21/2013 06/21/2013		Family Planning Approp
84172	Riverwood Healthcare Center	392.40	1 Transactions			
5774	Riverwood Healthcare Clinic					
42	05-400-430-0407-6262	11.70	FAM PLAN- DEPO INJ	06/07/2013 06/07/2013		Family Planning Approp
43	05-400-430-0407-6262	178.20	FAM PLAN- PREVENTIVE VISIT	06/21/2013 06/21/2013		Family Planning Approp
5774	Riverwood Healthcare Clinic	189.90	2 Transactions			
4140	Rohlfing					
44	05-400-440-0410-6405	5.51	AGENCY SUPPLIES- FILTERS	07/24/2013 07/24/2013	836718	Supplies- Computer/Office/Meeting
44	05-420-600-4800-6405	13.93	AGENCY SUPPLIES- FILTERS	07/24/2013 07/24/2013	836718	Supplies- Computer/Office/Meeting
44	05-430-700-4800-6405	17.23	AGENCY SUPPLIES- FILTERS	07/24/2013 07/24/2013	836718	Supplies- Computer/Office/Meeting

SLM1
 8/23/13 1:51PM
 Health & Human Services

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Vendor Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>			<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
4140 Rohlifing			3 Transactions		
45 4233 S & T Office Products Inc					
05- 400- 440- 0410- 6405	9.15		OFFICE SUPPLIES 07/17/2013 07/17/2013	01PW7825	Supplies- Computer/Office/Meeting
46 05- 400- 450- 0451- 6405	17.84		SHIP- CARDSTOCK- ACTIVE TRANS 07/17/2013 07/17/2013	01PW7825	Supplies- Computer/Office/Meeting
47 05- 400- 440- 0410- 6405	4.59		OFFICE SUPPLIES 07/22/2013 07/22/2013	01PW9387	Supplies- Computer/Office/Meeting
48 05- 400- 440- 0410- 6405	3.91		REPORT COVERS 07/30/2013 07/30/2013	01PX2077	Supplies- Computer/Office/Meeting
49 05- 400- 440- 0410- 6405	11.95		OFFICE SUPPLIES 07/30/2013 07/30/2013	01PX2354	Supplies- Computer/Office/Meeting
50 05- 400- 440- 0410- 6405	39.51		OFFICE SUPPLIES 08/07/2013 08/07/2013	01PX5575	Supplies- Computer/Office/Meeting
51 05- 400- 400- 0402- 6405	17.09		EP- BUSINESS CARDS(SD) 08/08/2013 08/08/2013	01PX6155	Supplies- Computer/Office/Meeting
45 05- 420- 600- 4800- 6405	23.17		OFFICE SUPPLIES 07/17/2013 07/17/2013	01PW7825	Supplies- Computer/Office/Meeting
47 05- 420- 600- 4800- 6405	11.64		OFFICE SUPPLIES 07/22/2013 07/22/2013	01PW9387	Supplies- Computer/Office/Meeting
48 05- 420- 600- 4800- 6405	9.90		REPORT COVERS 07/30/2013 07/30/2013	01PX2077	Supplies- Computer/Office/Meeting
49 05- 420- 600- 4800- 6405	30.26		OFFICE SUPPLIES 07/30/2013 07/30/2013	01PX2354	Supplies- Computer/Office/Meeting
50 05- 420- 600- 4800- 6405	100.09		OFFICE SUPPLIES 08/07/2013 08/07/2013	01PX5575	Supplies- Computer/Office/Meeting
45 05- 430- 700- 4800- 6405	28.66		OFFICE SUPPLIES 07/17/2013 07/17/2013	01PW7825	Supplies- Computer/Office/Meeting
47 05- 430- 700- 4800- 6405	14.40		OFFICE SUPPLIES 07/22/2013 07/22/2013	01PW9387	Supplies- Computer/Office/Meeting
48 05- 430- 700- 4800- 6405	12.25		REPORT COVERS 07/30/2013 07/30/2013	01PX2077	Supplies- Computer/Office/Meeting
49 05- 430- 700- 4800- 6405	37.43		OFFICE SUPPLIES 07/30/2013 07/30/2013	01PX2354	Supplies- Computer/Office/Meeting
50 05- 430- 700- 4800- 6405	123.80		OFFICE SUPPLIES 08/07/2013 08/07/2013	01PX5575	Supplies- Computer/Office/Meeting

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



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<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>
4233 S & T Office Products Inc		495.64	17 Transactions	
52 89450 SCPS South Inc 05- 420- 640- 4800- 6379		52.50	IVD SERVICE 0015313418- 01 07/16/2013 07/16/2013 1 Transactions	008951 Other Iv- D Charges
89450 SCPS South Inc		52.50	1 Transactions	
53 86177 Sheriff Aitkin County 05- 420- 640- 4800- 6270		50.00	IVD SERVICE 0011002483- 04 08/19/2013 08/19/2013 1 Transactions	2352 Aitkin Co Sheriff Fees Iv- D
86177 Sheriff Aitkin County		50.00	1 Transactions	
54 4507 Sorenson Root Thompson Funeral Home 05- 420- 650- 4800- 6810		2,000.00	COUNTY BURIAL 08/14/2013 08/14/2013 1 Transactions	County Burials
4507 Sorenson Root Thompson Funeral Home		2,000.00	1 Transactions	
55 88859 Spee*Dee- St Cloud 05- 420- 600- 4800- 6231		234.43	IM SERVICE 07/02/2013 08/03/2013 1 Transactions	2439405 Services Or Contracts
88859 Spee*Dee- St Cloud		234.43	1 Transactions	
56 4246 St Cloud Stamp & Sign Inc 05- 400- 440- 0410- 6405		1.25	INK PAD INK 07/30/2013 07/30/2013	174068 Supplies- Computer/Office/Meeting
56 05- 420- 600- 4800- 6405		3.18	INK PAD INK 07/30/2013 07/30/2013	174068 Supplies- Computer/Office/Meeting
56 05- 430- 700- 4800- 6405		3.93	INK PAD INK 07/30/2013 07/30/2013	174068 Supplies- Computer/Office/Meeting
4246 St Cloud Stamp & Sign Inc		8.36	3 Transactions	
Final Total		30,613.90	33 Vendors	106 Transactions

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
5	30,613.90	Health & Human Services
All Funds	30,613.90	Total

Approved by,
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Minnesota Reportable Diseases

Anaplasmosis: A tickborne disease caused by the bacterium *Anaplasma Phagocytophilum*. It was previously called human granulocytic ehrlichiosis. It is transmitted to humans by primarily the black-legged ticks (deer ticks).

Aseptic Meningitis: An illness characterized by headache, fever and inflammation of the lining of the brain. It is caused by a virus.

Babesiosis: Babesiosis is caused by microscopic parasites that infect the red blood cells. People get it from a deer tick during the young lymph stage of the tick, which is very small. Some people get it from a contaminated blood transfusion or from a pregnant woman to her baby during pregnancy or delivery.

Campylobacteriosis: It is an infectious disease caused by eating or handling contaminated food or drinking contaminated beverages. It is a bacteria.

Chlamydia: a sexually transmitted disease caused by a bacterium. It is the most frequently reported bacterial sexually reported disease reported in the United States.

Coccidiomycosis: It is a fungus found in dry, low rainfall areas, mainly in southwest US. It is also known as Valley Fever. It is a common cause of pneumonia in endemic areas.

Cryptosporidiosis: A microscopic parasite that causes the diarrheal disease and also called Crypto. Drinking water and recreational water is the most common method of transmission.

Giardiasis: Giardia is a microscopic parasite that causes the diarrheal illness. Giardia is found on surfaces or in soil, food, or water that has been contaminated with feces from infected humans or animals. Drinking water or recreational water are the most common methods of transmission.

Gonorrhea: a common sexually transmitted disease caused by the bacterium *Neisseria Gonorrhoeae*.

HIV Infection: The virus that causes AIDS

AIDS Cases: caused by the HIV virus

Lyme Disease: a tick borne disease caused by the bacteria *Borrelia Burgdorferi* and is transmitted by the black-legged tick (deer tick).

Powassan Virus: This virus is transmitted to people by the black-legged tick (deer tick) or the *Ixodes Cookei*, a related tick species also found in Minnesota. The POW virus infects the central nervous system and causes encephalitis (inflammation of the brain) and meningitis (inflammation of the membranes surrounding the brain and spinal cord). About 10% of infected people die from and many others have long term problems due to the disease.

Streptococcus Pneumoniae, invasive disease: causes many clinical syndromes depending on the site of infection (otitis media, pneumonia, bacteremia, meningitis).

Strep gr A, invasive disease: a bacterium often found in the throat and on the skin. Most group A strep infections are mild such as strep throat or impetigo. At times the bacteria gets into the lungs, blood or muscle and can cause life-threatening diseases. These infections are termed "invasive GAS disease". Two of the most severe, but least common are necrotizing fasciitis and streptococcal toxic shock syndrome.

Strep gr B, invasive disease: a bacterium that causes pneumonia and meningitis in older adults and neonates. It can cause neonatal sepsis and post-partum infection.

Reportable Diseases (2011)									
DISEASE	MINNESOTA	NE REGION	AITKIN	ITASCA	KOOCHICHING	CARLTON	COOK	LAKE	ST LOUIS
AMEBIASIS	85	1	0	0	0	0	0	0	1
ANAPLASMOSIS (Total for Ehrlichiosis, Human Granulocytic, Phagocytophilum, and undetermined)	782	106	26	33	1	21	0	2	23
ASEPTIC MENINGITIS (includes viral)	236	15	1	1	0	5	0	0	8
BABESIOSIS	72	6	1	1	0	1	0	0	3
BACTERIAL MENINGITIS (other)	17	1	0	1	0	0	0	0	0
BLASTOMYCOSIS	34	5	0	0	0	0	0	0	5
CAMPYLOBACTERIOSIS	1,002	45	3	2	0	6	1	5	28
CHLAMYDIA	16,898	845	13	78	19	88	7	13	627
COCCIDIOMYCOSIS	112	5	1	0	1	0	0	0	3
CRYPTOSPORIDIOSIS	309	35	4	10	1	6	0	0	14
DENGUE FEVER	6	0	0	0	0	0	0	0	0
ENCEPHALITIS, WEST NILE	1	0	0	0	0	0	0	0	0
EHRlichia MURIS-LIKE AGENT (EML)	13	0	0	0	0	0	0	0	0
GIARDIASIS	686	53	10	8	2	5	3	1	24
GONORRHEA	2,283	60	1	7	1	2	0	0	49
HAEMOPHILUS INFLUENZA, invasive disease	71	3	0	0	0	0	0	0	3
HEPATITIS A	27	4	0	1	0	1	0	0	2
HEPATITIS B (total)	20	0	0	0	0	0	0	0	0
HEPATITIS C	18	5	0	0	0	0	0	0	5
HIV INFECTION	292	3	1	0	0	0	0	0	2
AIDS cases	182	5	1	0	0	0	0	0	4
Antibody positive (non-AIDS)	219	2	0	0	0	0	0	0	2
KAWASAKI DISEASE	35	1	0	0	0	0	0	0	1
LEGIONELLOSIS	31	1	0	1	0	0	0	0	0
LISTERIOSIS	6	0	0	0	0	0	0	0	0
LYME DISEASE	1,201	119	7	21	0	26	1	0	64
MALARIA	47	0	0	0	0	0	0	0	0
MEASLES	26	0	0	0	0	0	0	0	0

Reportable Diseases (2011)									
DISEASE	MINNESOTA	NE REGION	AITKIN	ITASCA	KOOCHICHING	CARLTON	COOK	LAKE	ST LOUIS
MUMPS	2	0	0	0	0	0	0	0	0
N. MENINGITIDIS, invasive disease	15	1	0	0	0	0	0	0	1
PERTUSSIS	662	41	0	2	0	1	6	1	31
POWASSAN VIRUS	11	2	1	1	0	0	0	0	0
Q FEVER	1	0	0	0	0	0	0	0	0
RABIES, ANIMAL-POSITIVE	55	0	0	0	0	0	0	0	0
ROCKY MTN. SPOTTED FEVER	11	0	0	0	0	0	0	0	0
S. PNEUMONIAE, invasive disease	582	49	5	13	0	3	1	1	26
SALMONELLOSIS (non Typhi)	701	24	0	2	0	5	1	1	15
SHIGA TOXIN PRODUCING E. coli (STEC)	248	5	0	0	0	0	0	1	4
SHIGELLOSIS	88	0	0	0	0	0	0	0	0
STREP gr A, invasive disease	231	23	1	4	2	0	0	0	16
STREP gr B, invasive disease	535	41	3	4	1	6	0	0	27
SYPHILIS (total)	366	6	0	2	0	1	0	0	3
TETANUS	1	1	0	0	0	0	0	0	1
TOXIC SHOCK SYNDROME	3								
TUBERCULOSIS	137	2	0	0	0	0	0	0	2
TYPHOID FEVER	3	0	0	0	0	0	0	0	0
VIBRIOSIS (total)	9	0	0	0	0	0	0	0	0
VISA	2								
WEST NILE FEVER	1	0	0	0	0	0	0	0	0
YERSINIOSIS	28	0	0	0	0	0	0	0	0
Total Number of Cases Reported	28,403	1,515	79	192	28	177	20	25	994

ADMINISTRATION AGREEMENT

For Purchase of Supplies and Equipment

Aitkin County Health and Human Services Department enters into an agreement with Brainerd Medical Supply, 206 West Washington Avenue, Brainerd, MN 56401 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, 2013 to June 30, 2016

Federal ID # 0245340001

State ID # N/A

Provider # 912763100

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

Indemnity: Brainerd 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, Brainerd 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.

Brainerd 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

ADMINISTRATION AGREEMENT

For Purchase of Supplies and Equipment

Aitkin County Health and Human Services Department enters into an agreement with Essentia Health Medical Equipment and Supplies, 4418 Haines Road Suite 1200, Duluth, MN 55811 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, 2013 to June 30, 2016

Federal ID # 41-1674021

State ID # N/A

Provider # 1730181124

Essentia Health Medical Equipment and Supplies agrees to comply with all federal and state regulations governing medical supplies.

Indemnity: Essentia Health Equipment and Supplies 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, Essentia Health Equipment and Supplies 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.

Essentia Health Equipment and Supplies, 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

ADMINISTRATION AGREEMENT

For Purchase of Supplies and Equipment

Aitkin County Health and Human Services Department enters into an agreement with Globe Drug and Medical Equipment, 304 Pokegama Avenue N., Grand Rapids, MN 55744 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, 2013 to June 30, 2016

Federal ID # 411567486

State ID # N/A

Provider # 806059200

Globe Drug and Medical Equipment agrees to comply with all federal and state regulations governing medical supplies.

Indemnity: Globe Drug and Medical Equipment 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, Globe Drug and Medical Equipment 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.

Globe Drug and Medical Equipment, 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

ADMINISTRATION AGREEMENT

For Purchase of Supplies and Equipment

Aitkin County Health and Human Services Department enters into an agreement with Home Medical Products and Services, 300 Villa Drive, Hurley, WI 54534 for the purpose of purchasing supplies and equipment for Alternative Care and Waivered Service Clients of Aitkin County.

This Contract will run yearly from April 1, 2013 to June 30, 2016

Federal ID # 412060476

State ID # N/A

Provider # 695863000

Home Medical Products and Services agrees to comply with all federal and state regulations governing medical supplies.

Indemnity: Home Medical Products and Services 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, Home Medical Products and Services 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.

Home Medical Products and Services, 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

ADMINISTRATION AGREEMENT

For Purchase of Supplies and Equipment

Aitkin County Health and Human Services Department enters into an agreement with Minnesota Mobility Systems, Inc., PO Box 337, Deerwood MN 56444 for the purpose of purchasing supplies and equipment for Alternative Care and Waivered Service Clients of Aitkin County.

This Contract will run yearly from June 1, 2013 to June 30, 2016

Federal ID # 41-1770955

State ID # N/A

Provider # _____

Minnesota Mobility Systems, Inc. agrees to comply with all federal and state regulations governing medical supplies.

Indemnity: Minnesota Mobility Systems, Inc. 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, Minnesota Mobility Systems, Inc. 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.

Minnesota Mobility Systems, Inc. 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

WIC AGREEMENT—Hill City

THIS AGREEMENT is made and entered into the 1st day of September, 2013 by and between Aitkin County Health and Human Services for the Aitkin County WIC Program, hereinafter referred to as the “Agency” and the Hill City Independent School District #2, hereinafter referred to as the “Hill City School”.

IN CONSIDERATION of the mutual promises, agreements, and understanding hereinafter set forth, it is agreed as follows:

1. The Hill City School will provide space within their premises for the Agency to administer the Aitkin County WIC Program for eligible Women, Infants, and Children through WIC Clinics free of charge.
2. Agency will hold the Clinic at the contracted location once a month.
3. The time and dates of the WIC Clinic will be:

Every third Tuesday of the month: 9:00 a.m. – 4:00 p.m.

Any changes in rental fees, times or dates will be negotiated between the Agency and the Hill City School.
4. The Hill City School will provide tables, chairs, heat and light for the Agency to carry out the WIC Clinic. The Agency agrees to leave the premises in the same condition as at the beginning of the Clinic.
5. The Hill City School shall take all necessary steps to maintain and keep the premises in a safe and clean condition. This shall include (a) sidewalks and parking areas cleared of snow and ice and other obstructions; (b) stairways and walkways cleared of clutter and in safe repair; (c) electrical hazards removed from the Department’s area.
6. This agreement shall continue and be binding upon both parties until August 31st, 2014. Termination of this agreement may be made by either party with sixty (60) days written notice of intention to the other party.
7. The Lessor agrees to abide by all Federal and State nondiscrimination legislation to the effect that no person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination on the basis of race, color, national origin, age, sex, or handicap in regards to the WIC Program.

WIC AGREEMENT-- Hill City School

Aitkin County Health and Human Services

By: _____

Its: Director

Date: _____

Hill City School

By: _____

Its: _____

Date: _____

Aitkin County Board of Commissioners

By: _____

Its: Chairperson

Date: _____

Approved as to form and execution:

By: _____
County Attorney

Date: _____

WIC AGREEMENT— McGregor

THIS AGREEMENT is made and entered into the 1st day of September, 2013 by and between Aitkin County Health and Human Services for the Aitkin County WIC Program, hereinafter referred to as the "Agency" and the McGregor Independent School District #4, M.O.R.E. Building, hereinafter referred to as the "McGregor School".

IN CONSIDERATION of the mutual promises, agreements, and understanding hereinafter set forth, it is agreed as follows:

1. The McGregor School will provide space within their premises for the Agency to administer the Aitkin County WIC Program for eligible Women, Infants, and Children through WIC Clinics free of charge.
2. The Agency will hold the Clinic at the contracted location once a month.
3. The time and dates of the WIC Clinic will be:

Every third Thursday of the month: 9:00 a.m. – 4:00 p.m.

Any changes in rental fees, times or dates will be negotiated between the Agency and the McGregor School.
4. The McGregor School will provide tables, chairs, heat and light for the Agency to carry out the WIC Clinic. The Agency agrees to leave the premises in the same condition as at the beginning of the Clinic.
5. The McGregor School shall take all necessary steps to maintain and keep the premises in a safe and clean condition. This shall include (a) sidewalks and parking areas cleared of snow and ice and other obstructions; (b) stairways and walkways cleared of clutter and in safe repair; (c) electrical hazards removed from the Department's area.
6. This agreement shall continue and be binding upon both parties until August 31st, 2014. Termination of this agreement may be made by either party with sixty (60) days written notice of intention to the other party.
7. The Lessor agrees to abide by all Federal and State nondiscrimination legislation to the effect that no person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination on the basis of race, color, national origin, age, sex, or handicap in regards to the WIC Program.

WIC AGREEMENT-- McGregor School

Aitkin County Health and Human Services

By: _____

Its: Director

Date: _____

McGregor School

By: Paul Grams

Its: Supt.

Date: 7/22/13

Aitkin County Board of Commissioners

By: _____

Its: Chairperson

Date: _____

Approved as to form and execution:

By: _____
County Attorney

Date: _____

**The first Contract in this
grouping of Home &
Community Based Services
Contracts is printed in its
entirety.**

**The remaining three
contracts will include only
the pertinent information
that varies from provider to
provider.**

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

AITKIN COUNTY

Provider Name: Aide Home Care LLC

DBA:

Address: 317 Irene Avenue
Ironton, MN 56455

Mailing Address: PO Box 305

City and Zip: Aitkin, MN 56431-0305

Program Area: HCBS

Contract effective for the period beginning August 1, 2013 through December 31, 2013

**HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT
TABLE OF CONTENTS**

<p>1. General Provisions 2</p> <p>A) Purpose 2</p> <p>B) Cooperation 2</p> <p>C) Minimum Standards 2</p> <p>2. Definitions 2</p> <p>3. Purchase of Service(s) 5</p> <p>A) Description of Services 5</p> <p>4. Eligibility for Services 6</p> <p>5. Payment Rates for Purchased Services 6</p> <p>A) Total Cost of the Contract 6</p> <p>B) Payment Rates 6</p> <p>6. Methods of Billing 7</p> <p>A) Billing MMIS for Purchased Services 7</p> <p>B) Billing the Financially Responsible Agency for Authorized and Purchased Services 8</p> <p>7. Discontinuation/Termination of Services for Individuals 9</p> <p>A) Provider Inability to Provide Services 9</p> <p>B) Safety of the Person 9</p> <p>C) Notice of Discharge/Termination 9</p> <p>D) Written Procedures 9</p> <p>8. Provider Qualifications and Training 10</p> <p>9. Standards and Licenses 10</p> <p>10. Record Disclosures 12</p> <p>11. Audit, Reports and Evaluations 12</p> <p>12. Safeguard of Information 14</p>	<p>13. Equal Employment Opportunity, Civil Rights and Non-discrimination 15</p> <p>14. Fair Hearing and Grievance Procedures 15</p> <p>15. Bonding, Indemnity, Insurance and Audit Clause 16</p> <p>A) Bonding 16</p> <p>B) Indemnity 16</p> <p>C) Insurance 16</p> <p>16. Conditions of the Parties' Obligations 17</p> <p>17. Subcontracting 18</p> <p>18. Independent Contractor 18</p> <p>19. Disclosure 19</p> <p>20. Default 19</p> <p>A) Unforeseeable Acts or Events (Force Majeure) 19</p> <p>B) Changes in Policy or Staff 19</p> <p>C) Default by Provider 19</p> <p>D) Default by Lead County or Other Financially Responsible Agency 20</p> <p>E) Written Notice of Default 20</p> <p>F) Cure Period 20</p> <p>21. Termination of Contract 20</p> <p>A) With or Without Cause 20</p> <p>B) Termination by Lead County – Lack of Funding 20</p> <p>C) Written Notice of Termination 21</p> <p>D) Duties of Provider Upon Termination 21</p> <p>E) Duties of Lead County or Other Financially Responsible Agency Upon Termination 21</p> <p>F) Effect of Termination 21</p>
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HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

22. Contract Rights and Remedies	21
A) Cumulative Rights	21
B) Waiver	21
C) Damages	22
23. Contract Additions or Modifications	22
A) Addendum	22
B) Amendments	22
C) Assigned Designees	22
D) Contract Complete	22
24. Severability	22
25. Extension Clause	22
26. Department of Human Services as Third Party Beneficiary	23
27. Merger	23
A) Entire Contract	23
28. Notice	23
A) Notice Given Under This Contract	23
Signature Page	24
Attachments	27
A) Purchased Services for Disability Waivers	28
B) Purchased Services for Elderly Waiver (EW) and Alternative Care (AC)	29
C) Rate Schedules	30

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, Aide Home Care LLC doing business as Same at 317 Irene Avenue, Ironton, MN 56455, mailing address PO Box 305, Aitkin, MN, 56431, hereafter referred to as the "Provider," enter into this Contract effective for the period beginning August 1, 2013 through December 31, 2013 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 Brain Injury (BI) 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# 36-4638980; NPI or UMPI number 1669628921; 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 Developmental Disabilities (ICF/DD). "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, BI 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, 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, tribe, or Managed Care Organization that negotiates and enters into the contract with the Provider, typically the county where the provider is

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

located. The Lead Agency has the meaning given it in Minnesota Statutes, section 256B.0911, subdivision 1a.

- 20) **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.
- 21) **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.
- 22) **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.*
- 23) **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.
- 24) **Provider:** Party from which services are purchased. May also be referred to as Contractor.
- 25) **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.
- 26) **Reimbursement for Overhead Expenses due to Residential Absence:** Full calendar days(s) days when a person is not in the residential setting. Examples of residential absence include days when the person is absent from the residence due to hospitalization, crisis services, home visits, vacation days, and therapeutic leave. Medicaid policy permits payment only for services actually provided to an eligible person, which does not include residential absence. (See the Disability Services Program Manual on Reimbursement for Overhead Expenses due to Residential Absence for more information.)
- 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.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- 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.
- 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) **Brain Injury (BI) 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.

HOME AND COMMUNITY-BASED WAIVER SERVICES 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.
- 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.

HOME AND COMMUNITY-BASED WAIVER SERVICES 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 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 residential absence is not permitted through the BI, CAC, CADI, DD or EW waivers and AC. 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,

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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, 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 days a person is absent from his or her residence.

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

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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.
- 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.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- 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 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,

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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:
 - 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

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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.

- 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 **317 Irene Avenue, Ironton, MN 56455** 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.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- 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 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.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- 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 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/owners Debbie Zettervall and Robert Egan or his/her successor Randy VanHorn 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.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

INSERT DESIGNEE'S NAME

Debbie Zettervall

- 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

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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

- 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.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- 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 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.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- 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.
- 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

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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.

- 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.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

- 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.
 - 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

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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.
- 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

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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.
- 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 Debbie Zettervall
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

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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.

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

- A) **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 Aide Home Care LLC, PO Box 305, Aitkin, MN 56431-0305
 - 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

AIDE HOME CARE LLC

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

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 Brain Injury (BI).

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 type="checkbox"/> Assisted Living | <input type="checkbox"/> Modifications and Adaptations |
| <input 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 type="checkbox"/> Prevocational Services |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input 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 type="checkbox"/> Homemaker Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing Access Coordination | |

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

Other: Personal Care Assistance Services

Other:

Other:

Attachment B

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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 type="checkbox"/> 24-Hour Customized Living | <input type="checkbox"/> Home Health Aide Services |
| <input type="checkbox"/> Adult Day Services | <input 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 type="checkbox"/> Professional Nursing Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Customized Living | <input 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

Rates effective 7/1/2013

Service	CAC/CADI, TBI & DD Waiver Rate	Elderly Waiver Rate	Alternate Care Rate
PCA	\$3.92/15 min unit	\$3.92/15 min unit	\$3.92/15 min unit
Extended PCA	\$3.92/15 min unit	\$3.92/15 min unit	N/A
RN Supervision of PCA	\$6.89/15 min unit	\$6.86/15 min unit	\$6.89/15 min unit

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

VI. - C. - 2.

AITKIN COUNTY

Provider Name: Nuline Solutions
DBA: Assured Care
Address: 14211 Fischer Avenue NE
City and Zip: Prior Lake, MN 55372
Program Area: HCBS

Contract effective for the period beginning August 1, 2013 through December 31, 2013

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, Nuline Solutions doing business as Assured Care, at 14211 Fischer Avenue NE, Prior Lake, MN, 55372, hereafter referred to as the "Provider," enter into this Contract effective for the period beginning August 1, 2013 through December 31, 2013 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 Brain Injury (BI) 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# 41-1882060; NPI or UMPI number A103620000; 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

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

Assured Care

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

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 Brain Injury (BI).

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 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 type="checkbox"/> Prevocational Services |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input 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 type="checkbox"/> Homemaker Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing Access Coordination | |

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

Other:

Other:

Other:

Attachment B

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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 type="checkbox"/> Home Health Aide Services |
| <input type="checkbox"/> Adult Day Services | <input 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 type="checkbox"/> Personal Care Assistance Services |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Professional Nursing Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Customized Living | <input 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

Customized Living Rates:

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

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

AITKIN COUNTY

Provider Name: Arrowhead Economic Opportunity Agency

DBA: AEOA

Address: 702 3rd Avenue South

City and Zip: Virginia, MN 55792

Program Area: HCBS

Contract effective for the period beginning January 1, 2013 through December 31, 2013

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 Arrowhead Economic Opportunity Agency doing business as AEOA at 702 3rd Avenue South, Virginia, MN, 55792, hereafter referred to as the "Provider," enter into this Contract effective for the period beginning January 1, 2013 through December 30, 2013, 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 Brain Injury (BI) 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 #41-6052144; NPI or UMPI number A240018900; 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

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

Arrowhead Economic Opportunity Agency

Aitkin
County Board of Commissioners

Doing business as:

AEOA

BY:

BY:

Chairperson of the County Board

Executive Director

DATED:

Harlan Tardy

Signer's name printed or typed

ATTESTED TO:

Board Chairman

BY:

Director of Aitkin County Health and Human Services

Steve Raukar

DATED:

Signer's name printed or typed

APPROVED AS TO LEGALITY AND
FORM:

DATED:

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

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 Brain Injury (BI).

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 type="checkbox"/> Assisted Living | <input type="checkbox"/> Modifications and Adaptations |
| <input 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 type="checkbox"/> Prevocational Services |
| <input checked="" type="checkbox"/> Chore Services | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input 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 checked="" type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Transitional Services |
| <input type="checkbox"/> Homemaker Services | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing Access Coordination | |

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

Other:

Other:

Other:

Attachment B

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

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 type="checkbox"/> 24-Hour Customized Living | <input type="checkbox"/> Home Health Aide Services |
| <input type="checkbox"/> Adult Day Services | <input 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 type="checkbox"/> Personal Care Assistance Services |
| <input checked="" type="checkbox"/> Chore Services | <input type="checkbox"/> Professional Nursing Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Customized Living | <input 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 checked="" type="checkbox"/> Transportation |
| <input checked="" 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

Rates effective 9/1/2011.

<u>Service</u>	CADI, TBI & DD Waiver Rate	Elderly Waiver Rate	Alternate Care Rate
Transportation	\$18.78 one way trip	\$18.78 one way trip	\$ 18.78 one way trip
Transportation, Non-commercial	\$.55 @ mile	\$.55 @ mile	\$.55 @ mile
Chore *	\$3.48 per 15 min	\$3.48 per 15 min	\$3.48 per 15 min
Meals, Delivered	\$6.07 per meal	\$6.07 per meal	\$6.07 per meal

Rates effective 7/1/2013.

<u>Service</u>	CADI, BI & DD Waiver Rates	Elderly Waiver Rates	Alternate Care Rates
Transportation	\$18.87 one way trip	\$18.87 one way trip	\$ 18.87 one way trip
Transportation, Non-commercial	\$.57 @ mile	\$.57 @ mile	\$.57 @ mile
Chore *	\$3.50 per 15 min	\$3.50 per 15 min	\$3.50 per 15 min
Meals, Delivered	\$6.10 per meal	\$6.10 per meal	\$6.10 per meal

* Chore Services under this contract includes the delivery of groceries, NAPS boxes from the food bank and food shelf items. Chore Services for delivery of groceries = Eight (8) units or two hours per service, which equals a total cost of \$28.00 per grocery shopping and delivery service trip.

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

AITKIN COUNTY

Provider Name: Rayette Olson
DBA: Oak Haven Adult Foster Care
Address: 43370 Highway 210
City and Zip: Aitkin, MN 56431

Program Area: HCBS

Contract effective for the period beginning July 1, 2013 through December 31, 2013

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, Rayette Olson doing business as Oak Haven Adult Foster Care, at 43370 State Highway 210, Aitkin, MN, 56431, hereafter referred to as the "Provider," enter into this Contract effective for the period beginning July 1, 2013 through December 31, 2013 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 Brain Injury (BI) 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# (none); NPI or UMPI number A225204000; 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

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

Oak Haven Adult Foster Care

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

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 Brain Injury (BI).

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 type="checkbox"/> Assisted Living | <input type="checkbox"/> Modifications and Adaptations |
| <input 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 type="checkbox"/> Prevocational Services |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input 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 checked="" type="checkbox"/> Foster Care | <input type="checkbox"/> Supportive Living Services for Children |
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Transitional Services |
| <input type="checkbox"/> Homemaker Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing Access Coordination | |

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

Other:

Other:

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 type="checkbox"/> 24-Hour Customized Living | <input type="checkbox"/> Home Health Aide Services |
| <input type="checkbox"/> Adult Day Services | <input 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 checked="" type="checkbox"/> Adult Foster Care | <input type="checkbox"/> Personal Care Assistance Services |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Professional Nursing Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Customized Living | <input 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

Aitkin County Health and Human Services Adult Foster Care Rates EFFECTIVE JULY 1, 2013

Case Mix	Room & Board	AC/EW/CADI Corporate Rates			AC/EW/CADI Family Rates		
		Section 1.01 DAILY	Monthly	Total	Daily	Monthly	Total
Section	\$867	\$33.68	\$1023.87	\$1869.87	\$28.11	\$854.51	\$1700.51
B	\$867	\$38.15	\$1159.71	\$2005.71	\$31.70	\$963.90	\$1809.90
C	\$867	\$44.45	\$1351.21	\$2197.21	\$36.92	\$1122.27	\$1968.27
D	\$867	\$48.42	\$1472.10	\$2318.10	\$40.08	\$1218.56	\$2064.56
E	\$867	\$55.13	\$1675.92	\$2521.92	Any Case Mix higher than "D" must be negotiated and approved on an individual basis.		
F	\$867	\$57.63	\$1751.85	\$2597.85			
G	\$867	\$57.89	\$1759.89	\$2605.89			
H	\$867	\$65.95	\$2004.89	\$2850.89			
I	\$867	\$68.73	\$2089.40	\$2935.40			
J	\$867	\$73.30	\$2228.48	\$3074.48			
K	\$867	\$83.12	\$2526.97	\$3372.97			

Aitkin County Health & Human Services

Financial Statement

	Actual Jan-13	Actual Feb-13	Actual Mar-13	Actual Apr-13	Actual May-13	Actual Jun-13	Actual Jul-13
Income:							
Tax Levy						1,407,236.01	
CPA and In Lieu						42.84	62,293.96
State Revenue	15,570.93	24,128.67	85,776.34	14,164.03	24,189.47	71,302.77	210,315.91
Federal Revenue	109,163.73	267,990.87	208,603.25	86,887.78	193,428.33	224,846.66	74,165.88
Revenue From Third Party	15,262.66	16,316.26	20,849.11	16,972.91	22,034.80	23,197.47	16,886.04
Misc. Revenue	24,265.14	37,607.03	36,692.37	21,706.88	31,981.81	16,928.96	15,560.59
Total:	164,262.46	346,042.83	351,921.07	139,731.60	271,634.41	1,743,554.71	379,222.38
Expenditures:							
Payments to Recipients	126,135.91	91,716.55	126,884.17	151,477.53	95,165.73	106,045.05	131,317.79
Salaries and Fringes	291,797.76	264,109.59	267,870.34	278,239.00	371,207.27	268,394.65	273,137.27
Services and Charges	28,511.04	29,064.87	32,851.68	50,799.94	27,769.64	31,113.08	30,827.29
Travel and Insurance	42,436.48	4,344.31	8,021.20	3,555.65	4,810.34	3,526.43	1,814.36
Office Supplies	5,386.92	3,294.34	2,880.96	8,552.00	5,046.39	2,442.11	2,225.03
Capital Outlay	-	-	-	-	8,512.59	15,365.39	945.84
Misc Expense & Pass Thru	31,649.28	5,491.59	4,956.21	39,227.25	7,943.25	5,919.25	32,180.26
Total:	525,917.39	398,021.25	443,464.56	531,851.37	520,455.21	432,805.96	472,447.84
Final Totals:	(361,654.93)	(51,978.42)	(91,543.49)	(392,119.77)	(248,820.80)	1,310,748.75	(93,225.46)

Cash Balance as of 08/2012

4,502,900.44

Cash Balance as of 08/27/2013

4,500,889.76

	Actual Aug-13	Actual Sep-13	Actual Oct-13	Actual Nov-13	Actual Dec-13
Income:					
Tax Levy					
CPA and In Lieu					
State Revenue					
Federal Revenue					
Revenue From Third Party					
Misc. Revenue	1,413.48				
Total:	1,413.48	-	-	-	-
Expenditures:					
Payments to Recipients	96,920.46				
Salaries and Fringes	261,841.96				
Services and Charges	34,887.03				
Travel and Insurance	2,783.48				
Office Supplies	1,722.70				
Capital Outlay	19,557.53				
Misc Expense & Pass Thru	10,483.48				
Total:	428,196.64	-	-	-	-
Final Totals:	(426,783.16)	-	-	-	-

	YTD 2013	ACTUAL 2012	ACTUAL 2011	ACTUAL 2010	ACTUAL 2009	ACTUAL 2008	ACTUAL 2007	ACTUAL 2006
Income:								
Tax Levy	1,407,236.01	2,445,757.88	2,345,969.16	2,333,865.63	2,340,935.73	2,409,856.71	2,303,196.53	1,817,723.90
CPA and In Lieu	62,336.80	131,275.60	236,240.57	235,223.92	321,690.72	303,462.53	389,866.09	312,877.69
State Revenue	445,448.12	723,462.02	736,864.33	611,120.93	632,506.88	936,661.64	790,366.43	905,921.06
Federal Revenue	1,165,086.50	2,161,389.09	2,120,681.67	2,225,918.50	2,266,036.42	2,031,189.00	2,013,560.50	1,993,226.16
Revenue From Third Party	131,519.25	204,217.36	163,265.77	126,077.60	-	-	-	-
Misc. Revenue	186,156.26	451,663.65	446,320.68	541,300.99	575,677.90	608,372.74	568,060.27	484,763.05
Total:	3,397,782.94	6,117,765.60	6,049,342.18	6,073,507.57	6,136,847.65	6,289,542.62	6,065,049.82	5,514,511.86
Expenditures:								
Payments to Recipients	925,663.19	1,604,608.63	1,729,427.71	1,862,889.86	1,818,277.01	1,729,049.89	1,827,333.49	1,858,630.93
Salaries and Fringes	2,276,597.84	3,516,455.12	3,602,677.75	3,585,784.86	3,658,299.47	3,300,291.25	3,091,358.49	2,911,440.42
Services and Charges	265,824.57	397,600.22	271,548.15	305,453.93	295,501.81	327,685.72	271,589.87	281,345.91
Travel and Insurance	71,292.25	87,885.39	96,969.42	107,221.46	125,924.90	125,736.88	91,625.96	96,293.29
Office Supplies	31,550.45	33,369.33	61,209.60	56,501.21	52,262.98	79,742.17	63,677.05	65,267.30
Capital Outlay	44,381.35	120,759.15	23,482.25	33,649.79	68,997.74	35,484.07	24,380.79	40,048.96
Misc Expense & Pass Thru	137,850.57	168,640.01	96,521.72	123,123.15	142,355.79	133,526.22	148,157.71	145,866.15
Total:	3,753,160.22	5,929,317.85	5,881,836.60	6,074,624.26	6,161,619.70	5,731,516.20	5,518,123.36	5,398,892.96
Final Totals:	(355,377.28)	188,447.75	167,505.58	(1,116.69)	(24,772.05)	558,026.42	546,926.46	115,618.90

AITKIN COUNTY FOSTER CARE

1998	\$470,228.76	61	2001	\$840,674.02	116	2004	\$1,054,034.05	76
1999	\$619,842.48	68	2002	\$927,493.49	94	2005	\$911,374.91	69
2000	\$663,637.48	85	2003	\$1,210,524.55	81	2006	\$847,823.25	73

	2007	2008	2009	2010	2011	2012	2013
JAN	\$57,760.29	\$51,397.99	\$71,257.41	\$73,496.04	\$78,312.32	\$59,278.73	\$52,334.43
FEB	\$94,242.30	\$62,605.01	\$78,980.18	\$82,467.05	\$82,982.51	\$78,783.86	\$50,122.31
MARCH	\$67,724.29	\$62,918.27	\$75,728.59	\$75,000.60	\$61,384.45	\$89,386.88	\$44,070.76
APRIL	\$74,285.29	\$62,865.11	\$91,603.72	\$79,548.43	\$69,570.36	\$101,195.78	\$52,651.49
MAY	\$74,048.44	\$71,824.48	\$74,777.50	\$77,811.48	\$73,398.62	\$70,140.91	\$49,124.55
JUNE	\$85,395.63	\$79,633.26	\$78,255.63	\$99,039.56	\$92,735.90	\$79,654.30	\$51,198.58
JULY	\$59,397.74	\$76,076.59	\$84,874.52	\$74,466.67	\$63,530.39	\$68,929.00	\$59,525.43
AUG	\$66,770.76	\$74,550.01	\$74,213.76	\$97,571.86	\$77,971.22	\$67,386.62	\$50,216.24
SEPT	\$68,837.51	\$67,930.63	\$74,599.74	\$70,427.32	\$65,924.31	\$66,615.87	
OCT	\$52,226.54	\$66,331.65	\$73,431.32	\$89,100.75	\$83,971.03	\$45,407.15	
NOV	\$66,203.74	\$77,776.03	\$91,038.51	\$76,359.06	\$78,148.23	\$45,889.63	
DEC	\$51,560.49	\$80,602.70	\$81,512.33	\$75,599.03	\$58,313.77	\$43,359.27	
TOTAL CHILDREN	\$818,453.02	\$834,511.73	\$950,273.21	\$970,887.85	\$886,243.11	\$816,028.00	\$409,243.79
	75	63	64	57	56	49	
	\$818,453.02	\$16,058.71	\$115,761.48	\$20,614.64	(\$84,644.74)	(\$70,215.11)	(\$406,784.21)
	Decrease from 2006	Increase from 2007	Increase from 2008	Increase from 2009	Decrease from 2010	Decrease from 2011	Decrease from 2012

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	\$10,267.87
Total	\$909,516.09

2012 Foster Care Breakdown

Child Shelter	\$8,847.10
Treatment Foster	\$96,215.62
Child Foster Care	\$276,532.46
Rule 8 FC	\$76,095.10
Corrections	\$245,552.59
Electronic Monitor	\$352.00
Rule 5	\$99,575.24
Respite	\$9,183.36
Child Care	
Health Services	\$382.00
Transportation	\$7,187.58
Total	\$819,923.05

2013 Foster Care Breakdown Year to Date

Child Shelter	\$1,377.50
Treatment Foster	\$66,162.08
Child Foster Care	\$ 191,111.48
Rule 8 FC	\$7,305.55
Corrections	\$ 104,685.19
Electronic Monitor	\$308.00
Rule 5	\$31,198.91
Respite	\$2,358.48
Child Care	\$518.00
Health Services	\$110.87
Transportation	\$9,971.75
Total	\$415,107.81

2010 Foster Care Reimbursement

IV-E	\$81,539.76
Rule 5	\$37,364.89
Recoveries	\$130,255.98
Total	\$249,160.63

2011 Foster Care Reimbursement

IV-E	\$75,838.00
Rule 5	\$103,505.70
Recoveries	\$127,343.92
Total	\$306,687.62

2012 Foster Care Reimbursement

IV-E	\$73,551.00
Rule 5	\$59,512.99
Recoveries	\$112,766.58
Total	\$245,830.57

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.

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Recoveries may be collected long after child has left placement.

IV-E and Rule 5 equals what has been paid to the county for 2012 expenses.

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

	Total	Social Service	Corrections	ICWA
Child Shelter	\$8,847.10	\$2,696.30	\$6,150.80	\$0.00
Treatment Foster	\$96,215.62	\$96,215.62	\$0.00	\$0.00
Child Foster Care	\$276,532.46	\$174,297.88	\$9,783.11	\$92,451.47
Rule 8 FC	\$76,095.10	\$7,061.90	\$43,317.20	\$25,716.00
Corrections	\$245,552.59	\$0.00	\$188,861.99	\$56,690.60
Electronic Monitoring	\$352.00	\$0.00	\$352.00	\$0.00
Rule 5	\$99,575.24	\$99,575.24	\$0.00	\$0.00
Respite	\$9,183.36	\$7,811.86	\$0.00	\$1,371.50
Child Care	\$0.00	\$0.00	\$0.00	\$0.00
Health Services	\$382.00	\$382.00	\$0.00	\$0.00
Transportation	\$7,187.58	\$7,187.58	\$0.00	\$0.00
Total	\$819,923.05	\$395,228.38	\$248,465.10	\$176,229.57
Total	\$819,923.05			

2013 Foster Care Breakdown Year to Date

	Total	Social Service	Corrections	ICWA
Child Shelter	\$1,377.50	\$0.00	\$1,377.50	\$0.00
Treatment Foster	\$66,162.08	\$66,162.08	\$0.00	\$0.00
Child Foster Care	\$191,111.48	\$179,749.25	\$0.00	\$11,362.23
Rule 8 FC	\$7,305.55	\$0.00	\$0.00	\$7,305.55
Corrections	\$104,685.19	\$14,070.40	\$74,263.80	\$16,350.99
Electronic Monitoring	\$308.00	\$308.00	\$0.00	\$0.00
Rule 5	\$31,198.91	\$9,236.76	\$0.00	\$21,962.15
Respite	\$2,358.48	\$2,258.48	\$0.00	\$100.00
Child Care	\$518.00	\$518.00	\$0.00	\$0.00
Health Services	\$110.87	\$110.87	\$0.00	\$0.00
Transportation	\$9,971.75	\$9,971.75	\$0.00	\$0.00
Total	\$415,107.81	\$282,385.59	\$75,641.30	\$57,080.92
Total	\$415,107.81			

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
AUG	60	2	20	82	\$744.07
SEPT	60	0	9	69	\$916.23
OCT	78	0	18	96	\$960.75
NOV	68	1	7	76	\$650.84
DEC	53	1	14	68	\$514.32
JAN '13	58	2	14	74	\$694.18
FEB '13	60	3	11	74	\$674.16
MARCH	57	0	9	67	\$845.36
APRIL	62	2	12	76	\$844.11
MAY	83	0	14	97	\$887.39
JUNE	59	4	12	75	\$1,150.84
JULY	44	0	9	53	\$520.04
AUGUST					\$207.43

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

As of July 31, 2012 - we have 228 more rides on the books through July this year than in 2011....and beyond that too!

AITKIN-ITASCA-KOOCHICHING COMMUNITY HEALTH BOARD

Summary Minutes

Meeting Date: Thursday, August 8, 2013

Meeting Site: Blandin Foundation, Grand Rapids, MN

Financial Information:

- Reviewed the financial reports for various grants. Grants expenditures were on target for the year.

Administrative Information:

- **Triad Update** - PH supervisors /directors, CHS Grants Manager and the MDH Public Health Nurse Consultant make up the Triad Group. The group has been meeting at least monthly and sometimes more frequently either by telephone conference or face-face this provides the opportunity to evaluate our processes and discuss future possibilities. The Triad last met in Duluth, in July, to work on the Community Health Assessment Plan. This is the assessment of our 3 counties with final deliverables due to MDH in Feb. 2015. At the July meeting we looked at the assessment pieces we have completed and what we need to do in the next year. Cynthia Bennett provided a manual which detailed the steps and helped the group visualize the process and the work completed. All 3 counties have reviewed their community assessment data with staff, and are now beginning community meetings to gain input related to community health needs. In addition the supervisors/director are working on completing the strategic plan, and then will complete the quality improvement plan that is required as part of the comprehensive community assessment.
- **Electronic Medical Records (EMR) CHAMP** - All 3 counties have now begun implementing this system effective July 1, 2013. The 3 counties have worked together to develop the same pathways for consistency between the counties. The system seems to be going well and staff are working well together to implement a new system.
- **Preparedness Update / Summit held** - Preparedness staff from each county attended a statewide summit held to introduce changes in the grant requirements and allow staff from each region to meet together to discuss areas which could more effectively be implemented on a regional level. It was reported that the federal government has changed the reporting and responsibilities. It appears that the grant requirements have increased while the funding has decreased.
- **Community Health Conference** – The annual Community Health Conference is scheduled for September 25-27, 2013. Board members are encouraged to attend. Reservation materials were provided at the Board meeting. L. Trunt made a motion to authorize the Community Health Board to pay expenses for Board members wishing to attend the Community Health Conference; H. Schjenken seconded the motion; motion carried.

• **Administrative Information (continued) :**

- **SHIP/CTG Update** – We have been able to bridge the money from the past grant cycle so will not have to stop activities and then resume. This period will go from July-September, 2013. The new grant cycle will begin October 1, 2013. Sue Erzar discussed a need for someone to hold the contract for the Itasca County SHIP Coordinator. When the SHIP grant was first started, Itasca County did not have an in-house staff person to take on the SHIP position. Itasca County SHIP was contracted with an external person. This contract was held by a program called Generations, which was contracting positions for the 7 county regional SHIP grant. This agency will not be able to continue to hold this contract in the new grant cycle. The Board discussed options for this position and a motion was made by L. Westerlund, to direct Itasca County to research working with the Itasca YMCA to explore contract options and develop a contract if needed. The motion was seconded by I. Williams, motion carried. B. McBride suggested the contract be reviewed by the County Attorney.
- **County Health Rankings** – At our last Board meeting, members were given copies of the County Health Rankings document which was developed by the Robert Wood Johnson Foundation. It was requested that we review this document at the August meeting. This document ranks various criteria which impact health such as behaviors, clinical care, physical environment, socio-economic factors. It provides these rankings for all counties in each state. We have received these rankings over the past few years, and we are able to look at some trends, but the Board was reminded that this type of ranking is a snapshot in time of these criteria and it is most useful as a reference for conversation regarding health trends. This document is also available online at www.countyhealthrankings.org.

Joint Powers Agreement

We are waiting for completion of the review by all county attorneys and will bring the Joint Powers Agreement back to the Community Health Board for review when this is completed.

Local Public Health Report

Sue Erzar, Itasca County Public Health Division Manager, is the tri-county CHS Local Public Health Association representative. The association does not meet in July, however Sue will participate in a workgroup meeting in August which will be reviewing the state Public Health Statute which has been in effect since 1986.

August 15, 2013

State CHS Advisory Committee (SCHSAC) Report

Cynthia Bennett, Aitkin County Public Health Supervisor is the Tri-County CHS State CHS Advisory Committee Representative. Cynthia had provided a written report of the June Advisory Committee. There was no meeting in July. She noted that there was lots of excitement regarding legislative success in maintaining grant funding, especially for the Local Public Health Grant and SHIP.

State CHS Advisory Committee (SCHSAC) Report (continued)

The Advisory Committee also worked on reviewing the Local Public Health Act. One area reviewed was the requirements for a CHS Administrator. It was suggested that the group meet with county representatives so that there is input from more than local public health staff. It was also noted that there will be conference call regarding the Health Exchange. These are open to anyone wishing to listen in. DHS and MDH will hire staff under a grant to work on the Exchange. Following the report, P. Karsnia made a motion to approve the report; I. Williams seconded the motion; motion carried.

Public Health Reports:

- Reports were presented by public health staff from each county.

Next Meeting & Future Meeting Dates:

- The next meeting of the Community Health Board will be October 10, 2013 in International Falls.

AITKIN COUNTY HEALTH & HUMAN SERVICE ADVISORY COMMITTEE MEETING MINUTES

Wednesday, August 7, 2013

Committee Members Present: Jim Carlson
 Roberta Elvecrog
 Mickey Gault
 Kami Genz, CMCC
 Renee Larson
 David Leaf
 Robert Lewis
 Bob Marcum
 Tricia Martin, ACCare
 Cheryl Meld
 Beverly Mensing
 Kari Paulsen
 Michele Plagman
 Jessica Seibert, HRA
 Jessi Schultz, AFSCME Union Rep
 Commissioner Anne Marcotte
 Commissioner Laurie Westerlund

Others Present: Julie Lueck, Clerk to this Committee

Absent:

- I. **Approval of Agenda**
Motion by Berta Elvecrog, seconded by Bob Lewis, and carried; the vote was to approve the Agenda as presented.
- II. **Approval of Minutes of the June 5, 2013 Meeting**
Motion by Bob Lewis, seconded by Jessica Seibert, and carried; the vote was to approve the June 5, 2013, minutes as mailed.
- III. **Community Meal – Sign up to work with AFSCME Union Members serving and providing food for the Monday, August 26th meal at First Lutheran Church in Aitkin and/or the Monday, October 7th meal at First Lutheran Church in Aitkin.**
- IV. **Task Force Reports/Updates:**
 - A. **Corrections – Cheryl noted the group met once but nothing new to report at this meeting.**
 - B. **Public Health – Bob Marcum attended and discussed the fact that Cynthia reviewed the various programs within Public Health.**
 - C. **Children’s Social Services/Mental Health – Sue Tange noted that she met with Bev Mensing for about two hours and Bev noted how broad based child welfare services are.**
 - D. **Adult Social Services/Mental Health – Has not met because we do not have a supervisor for that area at this time.**

V. **Budget Committee Report/Update – Jim Carlson and Jessica Seibert met on June 20th with Kathy Ryan and also had an eye opening discussion. Kathy noted that she has just put together the preliminary budget that goes to Board on August 20th. What are some of the variable budget items that are not necessarily mandated. The cash grant portion of the budget is pretty small in relation to the rest of the budget. The largest expenditure is MA related (Medical). The levy money is actually filling in the blanks of the state and federal funding.**

VI. **Comments:**

A. **Comments from the Committee Members for the Commissioners relative to HHS**

1. Dave Leaf wants the two commissioners to go back to the Board noting that these task forces are going to be very beneficial at getting additional information out.

B. **Feedback from the Board Meetings – June 25 – Jim Carlson / Michele Plagman –**

1. Michelle Plagman questioned a “second to the motion” versus the use of “supporting the motion”.
2. Acronyms list.

July 23 – Jessica Seibert / Roberta Elvecrog

3. Michelle noted that things are on track with our budget.

C. **Committee Members scheduled to attend upcoming Board Meetings in 2013 -**

August 27	Bob Lewis	&	Roberta Elvecrog
September 24	Dave Leaf	&	Roberta Elvecrog
October 22	Jim Carlson	&	Roberta Elvecrog
November 26	Mickey Gault	&	Cheryl Meld
December 17	Renee Larson	&	Cheryl Meld

VI. **Miscellaneous Discussion**

- A. Jessica Seibert noted that a letter is coming out soon noting that we are not doing an Operation Community Connect in October and will be changing to an 18 month cycle so they will be alternating a spring and fall event.
- B. Michelle Plagman extended our sympathy to Berta Elvecrog in the loss of her grandma Esther Hoge.
- C. Kami noted that there is a brat and pop sale on Friday from 10:30 – 1:30 at Paulbeck’s by the Sobriety Court folks.
- D. Question as to what is next for the task force meetings and who is on the committees. It was noted that it is up to the task force to determine a schedule to meet and what to discuss.
- E. Michelle asked about having a tour of the building and meet with the staff.
- F. Cheryl Meld discussed the CAPC meetings held at HHS monthly and the theme this year is (Awareness & Education group) If you know of people who would like to participate in a county initiative they are open to new members as they meet the first week of the month at noon
- G. Berta noted that MN has decreased in childhood obesity.
- H. Bob Marcum introduced his husband, Joel Hoppe as a guest at this meeting.

VIII. Adjourn

Motion by Bob Lewis, seconded by Jim Carlson, and carried; the vote was to adjourn the meeting at 4:18 p.m.

Dave Leaf, Chairperson

Julie Lueck, Clerk to
Aitkin County Health & Human Services Advisory Committee

The following documents were included in the packet of information sent to members for review prior to the meeting or distributed at the meeting:

- Draft copy of the Minutes of the June 5, 2013, Advisory Committee Meeting
- Copy of the June 25, 2013 Health & Human Services Board Meeting Minutes
- Draft Copy of the July 23, 2013 Health & Human Services Board Meeting Minutes