

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING AGENDA
April 25, 2017**

- 9:05 A.M.**
- I. Approval of Health & Human Services Board Agenda**
 - II. Review March 28, 2017 Health & Human Service Board Minutes**
 - III. Review Bills**
 - IV. Cynthia Bennett, Health & Human Services Director**
 - A. AMC Leadership Summit**
 - B. Legislative Updates**
 - C. 1:1 Meetings with Employees**
 - V. Jessi Goble, Financial Services Supervisor**
 - A. Video on METS System**
 - VI. Kim Larson, Social Service Supervisor**
 - A. Approve Contract with Presbyterian Family Foundation for Guardianship Services**
 - VII. Kathleen Ryan, Fiscal Supervisor**
 - A. Financial Reports**
 - VIII. Joint Powers Board Reports**
 - A. Tri-County Community Health Services Board (CHS)
Commissioner Westerlund / Erin Melz**
 - IX. Committee Reports from Commissioners**
 - A. H&HS Advisory Committee – Commissioners Westerlund and/or Pratt
Committee Members attending today: Bob Marcum and Roberta Elvecrog
Draft Copy of the April 5th meeting minutes included in packet.**
 - B. AEOA Committee Update – Commissioner Westerlund**
 - C. NEMOJT Committee Update – Commissioner Niemi**
 - D. CJI (Children’s Justice Initiative) – Commissioner Westerlund**
 - E. Lakes & Pines Update – Commissioner Niemi**

Next Meeting – May 23, 2017

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING MINUTES
March 28, 2017**

Attendance

The Aitkin County Board of Commissioners met this 28th day of March, 2017 at 9:03 a.m. as the Aitkin County Health & Human Services Board, with the following members present: Board Chair J. Mark Wedel, Commissioners Laurie Westerlund, Don Niemi, and Anne Marcotte. Commissioner Bill Pratt was absent. Others present included: County Administrator Jessica Seibert, Health & Human Services Director Cynthia Bennett, Fiscal Supervisor Kathleen Ryan, Financial Services Supervisor Jessi Goble, Public Health Supervisor Erin Melz, Social Service Supervisors Jessi Schultz and Kim Larson, Administrative Assistant Sue Bingham, and Guests: Kristine Layne and Roberta Elvecrog/H&HS Advisory Committee Members, Adam Hoogenakker/Aitkin Independent Age, and Citizen Bob Harwarth.

Agenda

Motion by Commissioner Niemi, seconded by Commissioner Westerlund and carried (4-0), to approve the March 28, 2017 Health & Human Services Board amended agenda. Agenda Items IV-A & B were switched around, and Agenda Item IV-C, H&HS Financial Reporting was added to the agenda.

Minutes

Motion by Commissioner Westerlund, seconded by Commissioner Marcotte and carried (4-0), to approve the February 28, 2017 Health and Human Services Board minutes.

Bills

Motion by Commissioner Marcotte, seconded by Commissioner Niemi and carried (4-0), to approve the bills.

Presentation

Cassie Conn, Lakes and Pines Family Resource Specialist gave a presentation to the Board "We Rally Around Parents" (WRAP) which covered Referrals, Goal Movement, Enrollment into Early Childhood Programming, and Connection to Mental Health Services.

Committee Appointment

Motion by Commissioner Marcotte, seconded by Commissioner Westerlund and carried (4-0), to appoint Joell Miranda, Hill City, Commissioner District 5, to the Health & Human Services Advisory Committee.

H&HS Financial Reporting

Cynthia Bennett, Health & Human Services Director gave a shout out to the Board and thanked Kathleen Ryan and the finance team for the great work they have done with the H&HS Financial Reporting.

Out of State Travel

Motion by Commissioner Westerlund, seconded by Commissioner Niemi and carried (4-0), to grant final approval for out of state travel for Elizabeth Short to attend April 1-April 5, 2017 conference in Philadelphia, PA as the MN State WIC Advisory Committee Chair. The State WIC program covers all expenses other than staff time.

Financial Reports

Kathleen Ryan, Fiscal Supervisor reviewed the Health & Human Services 5-Year Trend, Financial Report, and Foster Care Report with the Board.

Committee Reports

- H&HS Advisory Committee
- AEOA Committee Update
- CJI (Children's Justice Initiative)
- Lakes & Pines Update

Next Meeting – April 25, 2017

SLM1
 4/21/17 12:43PM
 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. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
86222 AITKIN INDEPENDENT AGE				
31 05- 430- 720- 3020- 6069		77.10	Child Care Advertising - Commu 03/15/2017 03/17/2017	0 Community Ed & Prevent/Advertising
86222 AITKIN INDEPENDENT AGE		77.10	1 Transactions	
360 ARROWHEAD ECON OPP AGENCY				
26 05- 430- 720- 3370- 6038		13,437.50	MFIP Empl Service- Qtrly Paymen 04/01/2017 06/30/2017	0 Mfip- Employment Services
27 05- 430- 720- 3370- 6038		2,500.38	DWP Empl Service- Qtrly Pmt 04/01/2017 06/30/2017	0 Mfip- Employment Services
360 ARROWHEAD ECON OPP AGENCY		15,937.88	2 Transactions	
9791 BieganeK/Joan M				
16 05- 430- 760- 3950- 6020		105.00	Guardianship/Conservator Activ 03/01/2017 03/31/2017	0 Guardianship/Conservatorship
9791 BieganeK/Joan M		105.00	1 Transactions	
11572 Cooperative Solutions Inc.				
14 05- 430- 710- 3660- 6020		1,268.94	Family Group Decision Making 03/09/2017 03/09/2017	0 Family Group Decision Making
11572 Cooperative Solutions Inc.		1,268.94	1 Transactions	
11051 Department of Human Services				
37 05- 430- 720- 3110- 6069		361.42	BSFE County Match Invoice #A30 02/01/2017 02/28/2017	0 Bsf Child Care
30 05- 430- 730- 3590- 6072		7,771.88	CCDTF Maintenance of Effort 02/01/2017 02/28/2017	0 Ccdtf County % State Billings
11051 Department of Human Services		8,133.30	2 Transactions	
10342 DHS- Anoka Metro Rtc				
22 05- 430- 745- 3721- 6081		500.00	State- operated inpatient 11/01/2015 11/30/2015	0 Commitment Costs - Poor Relief
10342 DHS- Anoka Metro Rtc		500.00	1 Transactions	
9220 DHS- MSOP				
3 05- 430- 745- 3721- 6081		1,147.00	State- operated inpatient 03/01/2017 03/31/2017	0 Commitment Costs - Poor Relief
9 05- 430- 745- 3721- 6081		1,147.00	State- operated inpatient	0 Commitment Costs - Poor Relief

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18	05-430-745-3721-6081	2,867.50	03/01/2017 03/31/2017	0 Commitment Costs - Poor Relief
9220	DHS-MSOP	5,161.50	03/01/2017 03/31/2017	0 3 Transactions
1	89965 DHS-ST PETER-SEE LIST 05-430-745-3721-6081	2,077.00	03/01/2017 03/31/2017	0 Commitment Costs - Poor Relief
12	05-430-745-3721-6081	2,077.00	03/01/2017 03/31/2017	0 Commitment Costs - Poor Relief
	89965 DHS-ST PETER-SEE LIST	4,154.00	03/01/2017 03/31/2017	0 2 Transactions
8	91345 Elvecrog/Roberta C 05-430-750-3950-6020	70.00	03/01/2017 03/31/2017	0 Public Guardianship Dd
10	05-430-750-3950-6020	105.00	03/01/2017 03/31/2017	0 Public Guardianship Dd
11	05-430-760-3950-6020	70.00	03/01/2017 03/05/2017	0 Guardianship/Conservatorship
15	05-430-760-3950-6020	105.00	03/01/2017 03/31/2017	0 Guardianship/Conservatorship
19	05-430-760-3950-6020	70.00	03/01/2017 03/31/2017	0 Guardianship/Conservatorship
	91345 Elvecrog/Roberta C	420.00	03/01/2017 03/31/2017	0 5 Transactions
34	6110 Lakes & Pines CAC, Inc 05-430-745-3025-6020	1,975.91	02/01/2017 02/28/2017	0 COMMUNITY ED & PREVENTION
35	05-430-745-3025-6020	3,666.52	02/01/2017 02/28/2017	0 COMMUNITY ED & PREVENTION
	6110 Lakes & Pines CAC, Inc	5,642.43	02/01/2017 02/28/2017	0 2 Transactions
2	11072 Lutheran Social Service Of Mn- St Paul 05-430-750-3950-6020	126.80	03/01/2017 03/31/2017	0 Public Guardianship Dd
21	05-430-750-3950-6020	382.95	03/01/2017 03/31/2017	0 Public Guardianship Dd

SLM1
 4/21/17 12:43PM
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11072 Lutheran Social Service Of Mn- St Paul		509.75	2 Transactions	
89163 NEMOJT				
28 05- 430- 720- 3370- 6038		13,437.50	MFIP Empl Service- Qtrly Paymen 01/01/2017 03/31/2017	0 Mfip- Employment Services
29 05- 430- 720- 3370- 6038		2,500.38	DWP Empl Service- Qtrly Pmt 01/01/2017 03/31/2017	0 Mfip- Employment Services
89163 NEMOJT		15,937.88	2 Transactions	
10977 Northern Psychiatric Associates				
24 05- 430- 740- 3050- 6020		302.76	Child Outpatient Diagnostic As 03/10/2017 03/10/2017	0 Child Outpat Assess/Psyc. Testing
6 05- 430- 745- 3085- 6020		302.76	Adult Outpatient Diagnostic As 03/10/2017 03/10/2017	0 Adult Outpat Diagnostic Assess/Psyc
23 05- 430- 745- 3085- 6020		302.74	Adult Outpatient Diagnostic As 03/10/2017 03/10/2017	0 Adult Outpat Diagnostic Assess/Psyc
10977 Northern Psychiatric Associates		908.26	3 Transactions	
3639 Northland Counseling Ctr Inc				
36 05- 430- 730- 3710- 6020		2,925.00	Detoxification (Category I) 03/01/2017 03/27/2017	0 Detoxification - Grand Rapids
3639 Northland Counseling Ctr Inc		2,925.00	1 Transactions	
90748 Oakridge Homes Sils				
7 05- 430- 750- 3340- 6073		597.11	Semi- Independent Living Servic 03/01/2017 03/29/2017	0 Semi- Independent Living Serv (Sils)
17 05- 430- 750- 3340- 6073		529.83	Semi- Independent Living Servic 03/02/2017 03/30/2017	0 Semi- Independent Living Serv (Sils)
90748 Oakridge Homes Sils		1,126.94	2 Transactions	
87514 Pine Manors Inc				
25 05- 430- 730- 3710- 6080		650.00	Detoxification (Category I) 03/20/2017 03/22/2017	0 Detoxification - Other
87514 Pine Manors Inc		650.00	1 Transactions	
88878 Productive Alternatives Inc				
5 05- 430- 750- 3380- 6050		209.25	Extended and supported employm 03/01/2017 03/31/2017	0 Extended Supported Employment

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88878 Productive Alternatives Inc		209.25	1 Transactions	
9489 Redwood Toxicology Laboratory, Inc				
13 05- 430- 710- 3190- 6020		6.75	Drug testing - Court- Related S 03/15/2017 03/15/2017	0 Court Related Services & Activities
20 05- 430- 710- 3190- 6020		6.75	Drug testing - Court- Related S 03/09/2017 03/09/2017	0 Court Related Services & Activities
9489 Redwood Toxicology Laboratory, Inc		13.50	2 Transactions	
9140 Simar/Candace				
4 05- 430- 760- 3950- 6020		70.00	Guardianship/conservatorship 03/01/2017 03/31/2017	0 Guardianship/Conservatorship
9140 Simar/Candace		70.00	1 Transactions	
14390 TANGE, MSW/PHILIP B				
32 05- 430- 740- 3900- 6020		247.50	Clinical supervision- Child Rul 03/09/2017 03/09/2017	0 Child Rule 79 Case Mgmt
33 05- 430- 745- 3910- 6020		270.00	Clinical supervision- Adult Rul 03/09/2017 03/09/2017	0 Adult Rule 79 Case Mgmt
14390 TANGE, MSW/PHILIP B		517.50	2 Transactions	
Final Total		64,268.23	20 Vendors	37 Transactions

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	5	64,268.23	Health & Human Services
	All Funds	64,268.23	Total

Approved by,

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Aitkin County



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<u>No.</u>	<u>Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
85003	Aitkin County DAC							
1	05-400-440-0410-6231			3.91	CLEANING	03/07/2017 03/07/2017	0	Services/Labor/Contracts
2	05-400-440-0410-6231			82.77	PAPERSHED	03/01/2017 03/31/2017	0	Services/Labor/Contracts
1	05-420-600-4800-6231			8.32	CLEANING	03/07/2017 03/07/2017	0	Services/Labor/Contracts
2	05-420-600-4800-6231			175.90	PAPERSHED	03/01/2017 03/31/2017	0	Services/Labor/Contracts
1	05-430-700-4800-6231			12.23	CLEANING	03/07/2017 03/07/2017	0	Services/Labor/Contracts
2	05-430-700-4800-6231			258.67	PAPERSHED	03/01/2017 03/31/2017	0	Services/Labor/Contracts
85003	Aitkin County DAC			541.80	6 Transactions			
8239	Ameripride Linen & Apparel Services							
3	05-257-000-0000-6422			3.99	CLEANING SUPPLIES	03/28/2017 03/28/2017	2200898377 0	Janitorial Services/Supplies
3	05-390-000-0000-6422			0.73	CLEANING SUPPLIES	03/28/2017 03/28/2017	2200898377 0	Janitorial Services/Supplies
3	05-400-440-0410-6422			5.08	CLEANING SUPPLIES	03/28/2017 03/28/2017	2200898377 0	Janitorial Services/Supplies
3	05-420-600-4800-6422			11.24	CLEANING SUPPLIES	03/28/2017 03/28/2017	2200898377 0	Janitorial Services/Supplies
3	05-430-700-4800-6422			15.23	CLEANING SUPPLIES	03/28/2017 03/28/2017	2200898377 0	Janitorial Services/Supplies
8239	Ameripride Linen & Apparel Services			36.27	5 Transactions			
12106	Antoine Electric							
4	05-400-440-0410-6231			9.40	REPLACE CS HALLWAY LIGHT	03/21/2017 03/21/2017	16241 0	Services/Labor/Contracts
5	05-400-440-0410-6231			47.63	REPAIR BASEMENT WATER HEATER	03/15/2017 03/15/2017	16244 0	Services/Labor/Contracts
6	05-400-440-0410-6231			44.47	REPLACE EXT EMERGENCY LIGHT	02/23/2017 02/23/2017	16249 0	Services/Labor/Contracts
4	05-420-600-4800-6231			19.97	REPLACE CS HALLWAY LIGHT	03/21/2017 03/21/2017	16241 0	Services/Labor/Contracts
5	05-420-600-4800-6231			101.21	REPAIR BASEMENT WATER HEATER		16244	Services/Labor/Contracts

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6	05-420-600-4800-6231			94.51	03/15/2017 03/15/2017 REPLACE EXT EMERGENCY LIGHT	0 16249	Services/Labor/Contracts
4	05-430-700-4800-6231			29.37	02/23/2017 02/23/2017 REPLACE CS HALLWAY LIGHT	0 16241	Services/Labor/Contracts
5	05-430-700-4800-6231			148.85	03/21/2017 03/21/2017 REPAIR BASEMENT WATER HEATER	0 16244	Services/Labor/Contracts
6	05-430-700-4800-6231			138.98	03/15/2017 03/15/2017 REPLACE EXT EMERGENCY LIGHT	0 16249	Services/Labor/Contracts
12106	Antoine Electric			634.39	02/23/2017 02/23/2017 9 Transactions	0	
7	89185 Bethesda Lutheran Church Of Malmo 05-400-410-0413-6301			45.00	01/01/2017 03/31/2017 WIC RENT JAN-MAR '17	0	Wic Space Rentals
	89185 Bethesda Lutheran Church Of Malmo			45.00	1 Transactions		
8	10855 Culligan 05-257-000-0000-6342			14.97	04/01/2017 04/30/2017 COOLER RENTAL SERVICE	150-10016285-1 0	Office Equipment Rental/Contracts
8	05-390-000-0000-6342			2.72	04/01/2017 04/30/2017 COOLER RENTAL SERVICE	150-10016285-1 0	Office Equipment Rental/Contracts
8	05-400-440-0410-6301			19.06	04/01/2017 04/30/2017 COOLER RENTAL SERVICE	150-10016285-1 0	Equipment Lease/Space Rental
8	05-420-600-4800-6301			42.19	04/01/2017 04/30/2017 COOLER RENTAL SERVICE	150-10016285-1 0	Equipment Lease/Space Rental
8	05-430-700-4800-6301			57.16	04/01/2017 04/30/2017 COOLER RENTAL SERVICE	150-10016285-1 0	Equipment Lease/Space Rental
10855	Culligan			136.10	5 Transactions		
11	11051 Department of Human Services 05-400-440-0410-6231			377.44	03/31/2017 03/31/2017 MERIT SYSTEM QE	A300MR01E8L 0	Services/Labor/Contracts
12	05-420-640-4800-6231			400.43	03/01/2017 03/31/2017 CS MONTHLY FED OFFSET FEE	A300C709801 0	Services/Labor/Contracts
13	05-420-650-4400-6025			1,323.29	03/01/2017 03/31/2017 MA LTC UN 65	A300MM8J011 0	State/Fed Share - MA
14	05-420-650-4400-6025			152.66	03/01/2017 03/31/2017 MAX LTC LT65 17	A300MM8J011 0	State/Fed Share - MA

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11	05-420-600-4800-6231		802.06	MERIT SYSTEM QE 03/31/2017 03/31/2017	A300MR01E8L Services/Labor/Contracts 0
9	05-430-700-4800-6241		50.00	RULE 79 TRAINING (AG) 06/13/2016 06/13/2016	00000403590 Meeting/Conference Registration Fee 0
10	05-430-700-4800-6241		150.00	RULE 79 TRAINING (JM) 06/13/2016 06/27/2016	00000403659 Meeting/Conference Registration Fee 0
11	05-430-700-4800-6231		1,179.50	MERIT SYSTEM QE 03/31/2017 03/31/2017	A300MR01E8L Services/Labor/Contracts 0
11051	Department of Human Services		4,435.38	8 Transactions	
89554	Gullickson/Lily				
15	05-430-700-4800-6800		5,000.00	STRUCTURED SETTLEMENT-BABCOCK	Direct Charge Expenses Non Ffp
89554	Gullickson/Lily		5,000.00	1 Transactions	
13904	Hill City Assembly of God Church				
16	05-400-410-0413-6301		45.00	WIC RENT JAN-MAR '17 01/01/2017 03/31/2017	0 Wic Space Rentals
13904	Hill City Assembly of God Church		45.00	1 Transactions	
2186	Hillyard Inc - Kansas City				
17	05-257-000-0000-6422		46.06	CLEANING/BATHROOM SUPPLIES 03/28/2017 03/28/2017	602480153 Janitorial Services/Supplies 0
17	05-390-000-0000-6422		8.38	CLEANING/BATHROOM SUPPLIES 03/28/2017 03/28/2017	602480153 Janitorial Services/Supplies 0
17	05-400-440-0410-6422		58.63	CLEANING/BATHROOM SUPPLIES 03/28/2017 03/28/2017	602480153 Janitorial Services/Supplies 0
17	05-420-600-4800-6422		129.82	CLEANING/BATHROOM SUPPLIES 03/28/2017 03/28/2017	602480153 Janitorial Services/Supplies 0
17	05-430-700-4800-6422		175.88	CLEANING/BATHROOM SUPPLIES 03/28/2017 03/28/2017	602480153 Janitorial Services/Supplies 0
2186	Hillyard Inc - Kansas City		418.77	5 Transactions	
9524	Hudrlik Carpet Service				
18	05-257-000-0000-6605		275.00	CARPET FOR 5 OFFICES 04/03/2017 04/03/2017	22519 Building & Structures 0
18	05-390-000-0000-6605		50.00	CARPET FOR 5 OFFICES 04/03/2017 04/03/2017	22519 Building & Structures 0
18	05-400-440-0410-6605		350.00	CARPET FOR 5 OFFICES	22519 Building & Structure Related Expenditure

Aitkin County



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18	05-420-600-4800-6605			775.00	04/03/2017 04/03/2017 CARPET FOR 5 OFFICES	0 22519	Building & Structure Related Expenditure
18	05-430-700-4800-6605			1,050.00	04/03/2017 04/03/2017 CARPET FOR 5 OFFICES	0 22519	Building & Structure Related Expenditure
9524	Hudrlik Carpet Service			2,500.00	04/03/2017 04/03/2017 5 Transactions	0	
2340	Hyytinen Hardware Hank						
19	05-257-000-0000-6422			5.61	03/20/2017 03/20/2017 FAUCET KIT	0 1383737	Janitorial Services/Supplies
19	05-390-000-0000-6422			1.02	03/20/2017 03/20/2017 FAUCET KIT	0 1383737	Janitorial Services/Supplies
19	05-400-440-0410-6422			7.13	03/20/2017 03/20/2017 FAUCET KIT	0 1383737	Janitorial Services/Supplies
19	05-420-600-4800-6422			15.80	03/20/2017 03/20/2017 FAUCET KIT	0 1383737	Janitorial Services/Supplies
20	05-420-600-4800-6422			162.51	03/20/2017 03/20/2017 PAINT/SUPPLIES - IM OFFICES	0 1385216	Janitorial Services/Supplies
19	05-430-700-4800-6422			21.41	03/20/2017 03/20/2017 FAUCET KIT	0 1383737	Janitorial Services/Supplies
2340	Hyytinen Hardware Hank			213.48	03/20/2017 03/20/2017 6 Transactions	0	
2386	Information Systems Corp						
21	05-400-440-0410-6300			12.88	03/28/2017 03/28/2017 DR9080C-SCANNER EXC ROLLER KIT	0 8855	Maintenance/Service Contracts
21	05-420-600-4800-6300			27.39	03/28/2017 03/28/2017 DR9080C-SCANNER EXC ROLLER KIT	0 8855	Maintenance/Service Contracts
21	05-430-700-4800-6300			40.28	03/28/2017 03/28/2017 DR9080C-SCANNER EXC ROLLER KIT	0 8855	Maintenance/Service Contracts
2386	Information Systems Corp			80.55	03/28/2017 03/28/2017 3 Transactions	0	
87382	K-B Enterprises						
22	05-400-440-0410-6405			125.96	03/30/2017 03/30/2017 CHECK STOCK	0 32048	Office Supplies
22	05-420-600-4800-6405			267.69	03/30/2017 03/30/2017 CHECK STOCK	0 32048	Office Supplies
22	05-430-700-4800-6405			393.66	03/30/2017 03/30/2017 CHECK STOCK	0 32048	Office Supplies

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>
87382	K-B Enterprises		787.31	3 Transactions	
23	90182 Laboratory Corp Of America Holdings 05-420-640-4800-6397		82.50	IVD GENETIC TEST 0010595651-02 02/03/2017 03/08/2017	54846953 Genetic Tests Iv-D 0
24	05-420-640-4800-6397		82.50	IVD GENETIC TEST 0014384433-02 04/07/2017 04/07/2017	55114203 Genetic Tests Iv-D 0
	90182 Laboratory Corp Of America Holdings		165.00	2 Transactions	
25	13073 Lakes Area Lock & Door Hardware Inc. 05-400-440-0410-6231		22.40	RE-KEYED FRONT DOOR 03/27/2017 03/27/2017	2753 Services/Labor/Contracts 0
26	05-400-440-0410-6231		61.28	INSTALLED DOOR HANDLES 03/27/2017 03/27/2017	2758 Services/Labor/Contracts 0
25	05-420-600-4800-6231		47.60	RE-KEYED FRONT DOOR 03/27/2017 03/27/2017	2753 Services/Labor/Contracts 0
26	05-420-600-4800-6231		130.22	INSTALLED DOOR HANDLES 03/27/2017 03/27/2017	2758 Services/Labor/Contracts 0
25	05-430-700-4800-6231		70.00	RE-KEYED FRONT DOOR 03/27/2017 03/27/2017	2753 Services/Labor/Contracts 0
26	05-430-700-4800-6231		191.50	INSTALLED DOOR HANDLES 03/27/2017 03/27/2017	2758 Services/Labor/Contracts 0
	13073 Lakes Area Lock & Door Hardware Inc.		523.00	6 Transactions	
27	13624 MailFinance 05-400-440-0410-6300		68.89	MAIL MACHINE CONTRACT 02/05/2017 05/04/2017	N6480210 Maintenance/Service Contracts 0
27	05-420-600-4800-6300		146.39	MAIL MACHINE CONTRACT 02/05/2017 05/04/2017	N6480210 Maintenance/Service Contracts 0
27	05-430-700-4800-6300		215.28	MAIL MACHINE CONTRACT 02/05/2017 05/04/2017	N6480210 Maintenance/Service Contracts 0
	13624 MailFinance		430.56	3 Transactions	
28	11502 Methven Funeral Home 05-420-650-4800-6810		1,650.00	COUNTY BURIAL 03/24/2017 03/24/2017	County Burials 0
	11502 Methven Funeral Home		1,650.00	1 Transactions	

Aitkin County



<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
29	89765 Minnesota Elevator, Inc 05-257-000-0000-6300		18.88	ELEVATOR SERVICE - APR '17 04/01/2017 04/30/2017	701288 0 Maintenance-Service Contracts
29	05-390-000-0000-6300		3.43	ELEVATOR SERVICE - APR '17 04/01/2017 04/30/2017	701288 0 Maintenance-Service Contracts
29	05-400-440-0410-6300		24.03	ELEVATOR SERVICE - APR '17 04/01/2017 04/30/2017	701288 0 Maintenance/Service Contracts
29	05-420-600-4800-6300		53.21	ELEVATOR SERVICE - APR '17 04/01/2017 04/30/2017	701288 0 Maintenance/Service Contracts
29	05-430-700-4800-6300		72.09	ELEVATOR SERVICE - APR '17 04/01/2017 04/30/2017	701288 0 Maintenance/Service Contracts
	89765 Minnesota Elevator, Inc		171.64	5 Transactions	
31	90318 Moore Medical Corp-LLC 05-400-400-0402-6430		239.00 -	DP&C - MEDICAL SUPPLIES CREDIT 12/27/2016 12/27/2016	99295914 0 DP & C - Medical Supplies
30	05-400-400-0402-6430		608.64	DP&C - MEDICAL SUPPLIES 04/13/2017 04/13/2017	994452871 0 DP & C - Medical Supplies
	90318 Moore Medical Corp-LLC		369.64	2 Transactions	
32	89081 North Ambulance Brainerd 05-400-401-0000-6809		1,890.00	AMBULANCE RUNS - MAR '17 03/01/2017 03/31/2017	0 No. Memorial Ambulance-Aitkin
	89081 North Ambulance Brainerd		1,890.00	1 Transactions	
33	4205 Rowe Funeral Home & Cremation Servs, 05-420-650-4800-6810		1,650.00	COUNTY BURIAL 03/21/2017 03/21/2017	0 County Burials
	4205 Rowe Funeral Home & Cremation Servs,		1,650.00	1 Transactions	
35	89003 Seven County Process Servers LLC 05-420-640-4800-6379		15.00	IVD SERVICE 0014267881-03 04/08/2017 04/08/2017	20170560 0 Other Iv-D Charges
	89003 Seven County Process Servers LLC		15.00	1 Transactions	
38	86177 Sheriff Aitkin County 05-420-640-4800-6270		50.00	IVD SERVICE 0010379741-03 03/28/2017 03/28/2017	C1700128 0 Aitkin Co Sheriff Fees Iv-D

Aitkin County



<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
36	05-430-700-4800-6231		50.00	RR DETOX 03/29/2017 03/29/2017	C1700126 0 Services/Labor/Contracts
37	05-430-700-4800-6231		50.00	RR DETOX 03/29/2017 03/29/2017	C1700127 0 Services/Labor/Contracts
86177	Sheriff Aitkin County		150.00	3 Transactions	
86944	Sheriff Crow Wing County				
39	05-420-640-4800-6379		75.00	IVD SERVICE 0015059087-01 04/06/2017 04/06/2017	4055 0 Other Iv-D Charges
86944	Sheriff Crow Wing County		75.00	1 Transactions	
13159	SHORT/LIZ				
42	05-400-410-0413-6330		15.00	WIC - NWA CONF TRANSPORTATION 04/05/2017 04/05/2017	0 Mileage/Parking
41	05-400-410-0413-6332		1,080.08	WIC - NWA CONF LODGING 04/01/2017 04/05/2017	0 Hotel/Lodging
40	05-400-410-0413-6340		77.15	WIC - NWA CONF MEALS 04/01/2017 04/05/2017	0 Meal Reimbursement
13159	SHORT/LIZ		1,172.23	3 Transactions	
88859	Spee*Dee-St Cloud				
43	05-420-600-4800-6205		460.49	IM SERVICE 02/27/2017 03/25/2017	3253259 0 Postage
88859	Spee*Dee-St Cloud		460.49	1 Transactions	
13025	ST LOUIS COUNTY AUDITOR				
34	05-420-600-4800-6239		2,449.59	REG 3 EDMS - IT SUPPORT 01/01/2017 03/31/2017	00000696 0 Software Fees/License Fees
13025	ST LOUIS COUNTY AUDITOR		2,449.59	1 Transactions	
10698	Stericycle,Inc				
44	05-400-440-0410-6231		12.54	STERI-SAFE 05/01/2017 05/01/2017	4007021328 0 Services/Labor/Contracts
44	05-420-600-4800-6231		26.65	STERI-SAFE 05/01/2017 05/01/2017	4007021328 0 Services/Labor/Contracts
44	05-430-700-4800-6231		39.19	STERI-SAFE 05/01/2017 05/01/2017	4007021328 0 Services/Labor/Contracts

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
10698	Stericycle, Inc		78.38	3 Transactions	
45	14412 Sunnarborg/Todd 05-430-700-4800-6810		194.00	MH FLEX - PERSONAL NEEDS 04/20/2017 04/20/2017	0 Mh Init - Flex
	14412 Sunnarborg/Todd		194.00	1 Transactions	
46	86235 The Office Shop Inc 05-400-440-0410-6405		18.19	ACCTG - SIGNATURE STAMP 03/06/2017 03/06/2017	1021886-0 Office Supplies
48	05-400-440-0410-6405		3.87	AGENCY STAMP 03/09/2017 03/09/2017	1021955-0 Office Supplies
47	05-400-440-0410-6405		4.90	ACCTG - SIGNATURE STAMP 03/09/2017 03/09/2017	1021955-1 Office Supplies
49	05-400-440-0410-6405		5.63	AGENCY NAMEPLATES (3) 03/14/2017 03/14/2017	1022182-0 Office Supplies
51	05-400-440-0410-6405		1.47	AGENCY SUPPLIES 03/10/2017 03/10/2017	1022344-0 Office Supplies
52	05-400-440-0410-6405		7.88	AGENCY SUPPLIES 03/13/2017 03/13/2017	1022429-0 Office Supplies
53	05-400-440-0410-6405		1.92	AGENCY SUPPLIES 03/21/2017 03/21/2017	1022831-0 Office Supplies
54	05-400-440-0410-6405		2.11	AGENCY SUPPLIES 03/22/2017 03/22/2017	1022831-1 Office Supplies
55	05-400-440-0410-6405		1.35	AGENCY SUPPLIES 03/29/2017 03/29/2017	1023278-0 Office Supplies
56	05-400-440-0410-6405		2.94	AGENCY SUPPLIES 03/29/2017 03/29/2017	1023312-0 Office Supplies
46	05-420-600-4800-6405		38.65	ACCTG - SIGNATURE STAMP 03/06/2017 03/06/2017	1021886-0 Office Supplies
48	05-420-600-4800-6405		8.22	AGENCY STAMP 03/09/2017 03/09/2017	1021955-0 Office Supplies
47	05-420-600-4800-6405		10.42	ACCTG - SIGNATURE STAMP 03/09/2017 03/09/2017	1021955-1 Office Supplies
49	05-420-600-4800-6405		11.95	AGENCY NAMEPLATES (3) 03/14/2017 03/14/2017	1022182-0 Office Supplies
50	05-420-640-4800-6405		3.59	CS - LABELS 03/13/2017 03/13/2017	1022336-0 Office Supplies

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
51	05-420-600-4800-6405		3.12	AGENCY SUPPLIES 03/10/2017 03/10/2017	1022344-0 0 Office Supplies
52	05-420-600-4800-6405		16.76	AGENCY SUPPLIES 03/13/2017 03/13/2017	1022429-0 0 Office Supplies
53	05-420-600-4800-6405		4.07	AGENCY SUPPLIES 03/21/2017 03/21/2017	1022831-0 0 Office Supplies
54	05-420-600-4800-6405		4.48	AGENCY SUPPLIES 03/22/2017 03/22/2017	1022831-1 0 Office Supplies
55	05-420-600-4800-6405		2.89	AGENCY SUPPLIES 03/29/2017 03/29/2017	1023278-0 0 Office Supplies
56	05-420-600-4800-6405		6.25	AGENCY SUPPLIES 03/29/2017 03/29/2017	1023312-0 0 Office Supplies
46	05-430-700-4800-6405		56.84	ACCTG - SIGNATURE STAMP 03/06/2017 03/06/2017	1021886-0 0 Office Supplies
48	05-430-700-4800-6405		12.10	AGENCY STAMP 03/09/2017 03/09/2017	1021955-0 0 Office Supplies
47	05-430-700-4800-6405		15.32	ACCTG - SIGNATURE STAMP 03/09/2017 03/09/2017	1021955-1 0 Office Supplies
49	05-430-700-4800-6405		17.58	AGENCY NAMEPLATES (3) 03/14/2017 03/14/2017	1022182-0 0 Office Supplies
51	05-430-700-4800-6405		4.60	AGENCY SUPPLIES 03/10/2017 03/10/2017	1022344-0 0 Office Supplies
52	05-430-700-4800-6405		24.65	AGENCY SUPPLIES 03/13/2017 03/13/2017	1022429-0 0 Office Supplies
53	05-430-700-4800-6405		5.99	AGENCY SUPPLIES 03/21/2017 03/21/2017	1022831-0 0 Office Supplies
54	05-430-700-4800-6405		6.59	AGENCY SUPPLIES 03/22/2017 03/22/2017	1022831-1 0 Office Supplies
55	05-430-700-4800-6405		4.25	AGENCY SUPPLIES 03/29/2017 03/29/2017	1023278-0 0 Office Supplies
56	05-430-700-4800-6405		9.19	AGENCY SUPPLIES 03/29/2017 03/29/2017	1023312-0 0 Office Supplies
86235	The Office Shop Inc		317.77	31 Transactions	
10930	Tidholm Productions				
57	05-400-440-0410-6405		11.19	AGENCY - BUSINESS CARDS 04/12/2017 04/12/2017	9152 6496 0 Office Supplies
57	05-420-600-4800-6405		23.78	AGENCY - BUSINESS CARDS 04/12/2017 04/12/2017	9152 6496 0 Office Supplies

Aitkin County



<u>Vendor Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u> <u>Account/Formula</u>			<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
59 05-430-700-4800-6405			BUSINESS CARDS (RI) 03/21/2017 03/21/2017	9069 6408 0	Office Supplies
58 05-430-700-4800-6405			BUSINESS CARDS (CR) 04/06/2017 04/06/2017	9117 6475 0	Office Supplies
57 05-430-700-4800-6405			AGENCY - BUSINESS CARDS 04/12/2017 04/12/2017	9152 6496 0	Office Supplies
10930 Tidholm Productions			5 Transactions		
10657 Totalfunds By Hasler					
60 05-430-000-0000-1205			POSTAGE 04/07/2017 04/07/2017	79000110005968 0	Postage Account
10657 Totalfunds By Hasler			1 Transactions		
Final Total			28,826.20 32 Vendors	130 Transactions	

Aitkin County



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	28,826.20	Health & Human Services	
	All Funds	28,826.20	Total	Approved by,
			
			

AITKIN COUNTY HEALTH & HUMAN SERVICE ADVISORY COMMITTEE MEETING MINUTES

April 5, 2017

Committee Members Present:

Holly Bray
Roberta Elvecrog
Carole Holten
Kevin Insley
Joy Janzen
Kristine Layne
Lynette Maas
Bob Marcum
Bev Mensing, Red Cross
Joell Miranda
Jon Moen, AFSCME Union Rep.
Penny Olson
Amanda Voller, Workforce Center

Commissioner Bill Pratt

Others Present:

Jessi Goble
Linda Nelson, Clerk to the
Cynthia Bennett, Director H&HS

Guests:

Joel Hoppe
Sean Kehren - cd8org@gmail.com

Absent:

Kim DeMenge
Marlene Abear
Laurie Westerlund

I. Approval of Agenda

Motion by Bev Mensing, seconded by Bob Marcum, and carried; the vote was to approve the Agenda

II. Approval of Minutes of the March 1, 2017 Meeting

Motion by Joy Janzen, seconded by Amanda Voller, and carried; the vote was to approve the Minutes of the March 1, 2017 meeting.

III. Committee Member Input / Updates - Must be informational in nature, relative to Aitkin County Health & Human Services and not exceed (5) minutes per person.

IV. HIPPA Requirements - Cynthia Bennett -

Per DHHS the three items that are exempt from HPPA Regulations are:

Treatment, Payment, and Health Care Operations. Some discussion on boundaries and what

the role is of members of the H&HS Advisory as being mandated reporters.

V. Continuation of Discussion from the December/January/February/March/April meetings with respect to the Purpose of the Advisory Committee & the 2017 Meetings

A. Updated discussion points for committee members to review

By-Laws and Job Description discussion: Reviewed & Revised

Motion made by Carol Holten, seconded by Kristine Layne and carried; the vote was to approve the By-Laws and Job Description.

VI. Health Care Update: Jessi Goble

Handout - Health Care Facts as of 4/3/17

Power Point Presentation from Anoka County

METS - new system Minnesota Eligibility Technical System - System of Record

Some things to remember with new system

1. Improved Technology
2. Educated
3. Be thoughtful/kind - a quarter of Aitkin County residents on healthcare with the new system

VIII. Comments:

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

Talk about a tool to be developed with talking points for Board Meetings.

B. Feedback from the Board Meeting

1. February 29 2017 – Kristine Layne/Amanda Voller

Kristine reported that there was a Shout Out to Kathleen Ryan and her team on the outstanding work for the year 2016. Joell Miranda was approved for the H&HS Advisory. Cassie Conn reported on the WRAP Program. Noted that three daycares are closing in Aitkin. Problems with Housing/Daycare.

C. Committee Members scheduled to attend upcoming Board Meetings in 2017

APRIL 25	Bob Marcum	Roberta Elvecrog
MAY 23	Kevin Insley	Joy Janzen
JUNE 27	Carole Holten	Marlene Abear
JULY 25	_____	_____
AUGUST 22	Shirley Scharrer	_____
SEPTEMBER 26	Carole Holten	Lynette Maas
OCTOBER 24	Bob Marcum	Penny Olson
NOVEMBER 28	_____	_____
DECEMBER 19	Jon Moen	_____

IX. Adjourn

Motion by Amanda Voller, seconded by Joy Janzen, and carried; the vote was to adjourn the meeting at 4:8 p.m.

Roberta Elvecrog, Chairperson

Linda Nelson, Clerk to the
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 April 1, 2017, Advisory Committee Meeting
- Draft Copy of the March 29, 2017 Health & Human Services Board Meeting Minutes
- Health Care Facts as of 4/3/17

DRAFT

PURCHASE OF SERVICE AGREEMENT

This agreement by and between Aitkin County Health and Human Services, 204 1st Street NW, Aitkin, MN, 56431, herein after referred to as the "Agency" and Presbyterian Family Foundation, 901 North Highway 71, Willmar, MN, 56201, hereinafter referred to as the "Contractor", enter into this agreement for the period February 1, 2017 to December 31, 2017.

WITNESSETH

WHEREAS, the Agency has identified persons who may be candidates for private guardianship or conservatorship; and

WHEREAS, the Contractor is willing and able to provide guardianship services to Vulnerable Adults in accordance with Minnesota Statutes 626 and Minnesota Department of Human Services rules; and

WHEREAS, Minnesota Statute 525 allows for reimbursement for the provision of Guardianship and Conservatorship services; and

WHEREAS, the Agency, pursuant to Minnesota Statutes, section 256, wishes to purchase such services from the Contractor;

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

- I. Contractor's Duties
 - A. The Agency agrees to purchase and the Contractor agrees to provide guardianship services which includes actions and decisions on behalf of the ward and that will encourage and allow the maximum level of independent functioning in a manner least restrictive of the ward's personal freedom consistent with the need for supervision and protection. Such actions and decisions shall be limited to only those powers granted by the court and which are necessary to provide for the demonstrated needs of the ward. The Contractor shall permit and encourage input by the nearest relative of the ward in planning and decision making in behalf of the ward as long as this person is acting in the best interests of said ward.
 - B. Guardianship/Conservatorship services will be provided in accordance with MN Statutes, Section 252A, and applicable Minnesota Rules, including 9525.3010=3100 and incorporated herein by reference.
 - C. Purchased services will be provided within the State of Minnesota.
 - D. The Contractor agrees to provide the Agency with a written description of their Guardianship/Conservatorship program.

E. The Contractor shall, in writing within 10 days, notify the Agency whenever it is unable to, or going to be unable to, provide the required quality or quantity of the Purchased Services. Upon such notification, the Agency shall determine whether such inability will require modification or cancellation of the contract.

II. Terms of Payment

A. The rate to be paid by the Agency for purchased services under this contract is \$56.65 per hour with monthly contact permitted to two hours per month for individuals living in a supervised setting and three hours per month for individuals living in their own homes and shall not exceed \$4078.80 per case, plus mileage. Situations deeming addition contact beyond the established time will require prior authorization by the county case manager coordinating the case. The Contractor shall, upon authorization from a Court of Law, charge the individual for whom services are being provided or bill alternative financial resources available to pay for services, prior to any payments from the Agency. All payment will be in the amount and in the manner described below.

a. Services will be reimbursed on a fee-for-service basis for authorized services in accordance with the rate schedule in Exhibit A.

B. The Contractor shall, within five (5) working days following the last day of each calendar Month, submit a standard invoice to the Agency or the County of Financial Responsibility. The invoice shall show the total cost for all program services, and the name and home address of each client for whom services were provided.

C. Compensation to the Contractor shall be conditioned on compliance of all applicable laws, rules and standards by the Contractor.

D. The Contractor shall establish written procedures for terminating services to a client. The written procedures shall include the specific grounds for termination of service.

III. Individual Service Plan

A. The parties understand and agree that all services provided to eligible clients under the Terms of this contract shall be in accordance with the individual service plan, (if Applicable). The Agency will develop the client's individual plan and the Contractor will coordinate service delivery with the client's case manager, as required.

B. All services provided to eligible clients under the terms of this contract shall be directed toward the client's achievement of the goals and objectives identified in the client's individual plan. Performance of the Contractor will be monitored and evaluated in accordance with client outcomes as specified in the individual plan, and in accordance with the Minnesota Data Privacy Act.

IV. Audit and Record Disclosures

- A. The Contractor must include the name and home address of each client for whom services are included on a bill submitted to the Agency or County of Financial Responsibility if the Agency or County of Financial Responsibility has requested the information.
- B. The Agency's procedures for monitoring the Contractor's performance under this contract, including compliance with all applicable rules and laws, which may include but are not limited to: on-site visits to the Contractor's facility; review of the client files; review of the Contractors' records; and review of reports and data provided by the Contractor at the Agency's request. Program records, including written policies and procedures required by rule or law, client records, medical records, assessments, individual service or treatment plans, shall be maintained for four years. Consistent with Minnesota Statutes, Section 13.46, Subdivisions 7, 8 and 9, the Contractor agrees to allow personnel of the Agency, the Minnesota Department of Human Services, and the Department of Health and Human Services, access to the Contractor's facility and records at reasonable hours to exercise their responsibility to monitor purchased services. The Contractor agrees to keep complete books and records according to generally accepted accounting principles which shall fully document receipts and expenditures under this contract. Either manual or electronically stored records shall include, but not be limited to: ledgers, vouchers, receipts, bank statements, cancelled checks, payroll and cash account records, and other supporting documents. Contractor further agrees to maintain all records pertaining to the contract at its offices for four years for audit purposes.

V. Safeguard of Client Information

- A. The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality provided by in Minnesota Statutes, Chapter 13, or for any responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client, the client's attorney or the client's responsible parent or guardian.
- B. The individual employed by the Contractor who is designated to assure compliance with the Minnesota Government Data Practices Act, in accordance with Minnesota Statutes, Section 13.46, Subdivision 10, Paragraph (3) shall be Shirley Olson.

VI. Equal Employment Opportunity and Civil Rights and Nondiscrimination

The Contractor 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.

VII. Fair Hearing and Grievance Procedures

The Agency agrees to provide for a fair hearing and grievance procedure in conformance with Minnesota Statutes, Section 256.045, and in conjunction with the Fair Hearing and Grievance Procedures established by administrative rules of the Minnesota Department of Human Services.

VIII. Bonding, Indemnity, Insurance, and Audit Clause

- A. Bonding: The Contractor agrees to obtain and maintain for the duration of this agreement a fidelity bond covering the activity of its personnel authorization to receive or distribute monies. Such bond shall be in the amount of \$10,000.
- B. Indemnity: The Contractor agrees that it will at all times indemnify and hold harmless the Agency from any and all liability for loss, damage, or injuries arising from its performance under this contract if:
- 1.) By reason of any service clients suffer personal injury, death, or property loss or damages either while participating in or receiving from the Contractor the care and services to be furnished by the Contractor under this contract, or while on premises owned, leased, or operated by the Contractor, or while being transported to or from the premises in a vehicle owned, operated, chartered, or otherwise contracted for by the Contractor or its assigns:
 - 2.) By reason of any service a client causes injury to, or damage to, the property of another person during any time when the Contractor, the Contractor's assigns or employee thereof has undertaken or is furnishing the care or service called for under this contract.
- C. Insurance: The Contractor does further agree that in order to protect itself as well as the Agency under the indemnity provisions set forth above, it will, at all time during the term of this agreement, have and keep in force a liability insurance policy in the minimum amount of \$500,000 (Five Hundred Thousand Dollars) for total injuries or damages to any one person and \$1,500,000 (One million and five hundred thousand dollars) for total injuries or damages arising from any on incident. In addition, will carry a \$3,000,000 general aggregate liability policy.
- D. Audit: The Contractor agrees that within 150 days of the close of its fiscal year an audit will be conducted. After completion of the audit, a copy of the audit report must be available upon request.

IX. Conditions of the Party's Obligations

- A. This agreement may be cancelled by either party at any time, upon 30 days notice, in writing, delivered by mail or in person.
- B. Any alterations, variations, modification, or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
- C. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Agency, nor shall the Contractor do any work or furnish any material not covered by the agreement, unless this is approved in writing by the Agency. Such approval shall be considered to be a modification of the agreement.
- D. In the event there is a revision of State or Federal regulations which might make this agreement ineligible for Federal or State financial participation, all parties will review the agreement and renegotiate those items necessary to bring the agreement into compliance with the new regulations.
- E. In accordance with Minnesota Statutes, Section 245.466, Subdivision 3 (1), the Commissioner of the Minnesota Department of Human Services is a third party beneficiary to this contract.
- X. Subcontracting

The Contractor shall not enter into subcontracts for any of the goods and services contemplated under this agreement without written approval of the Agency. This provision shall include services to be provided by the Contractor's legal consult for which additional charges would be assessed to the individual or the Agency.

All subcontracts shall be subject to all the requirements of this contract, including the requirement that the Commissioner of Human Services shall be a third party beneficiary of the contract. The Contractor shall be a third party beneficiary of the contract. The Contractor shall be responsible for the performance of any subcontractor.

XI. Miscellaneous

It is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and any county social services relating to the subject matter hereof.

It is agreed and understood that should the county discontinue participation in the contract or be unable to pay for services that the county agrees to be willing to be names as or provide a successor guardian or conservator.

IN WITNESS WHEREOF, the parties have caused this contract to be duly executed intending to be bound thereby.

Robert C. Johns
Presbyterian Family Foundation, Inc.

3.22.17
Date

Administrator

Title

Director, Aitkin County Health & Human Services

Date

Chairperson, Aitkin County Board

Date

Attest:

County Administrator

Date

Approved as to legality and form:

Aitkin County Attorney

Date

Attachment A

GUARDIANSHIP/CONSERVATORSHIP FEES

GUARDIANSHIP OF THE PERSON
CONSERVATORSHIP OF THE ESTATE

GENERAL DUTIES (include, but are not limited to)

1. Visits with the clients shall be at least once a month. They may be by telephone or written communication with the person's caregiver, if appropriate.
2. Attend case conferences, annual meetings and appropriate court hearings.
3. File annual well-being reports to the court.
4. Review and sign consents, fill out financial applications as needed, monitor personal needs monies and take care of any required correspondence.
5. Take necessary and appropriate actions on behalf of the client and his/her estate.
6. File an annual or final account when necessary.

Whenever possible, trained volunteers will be matched with some clients to be a friend and a liaison to enhance the relationship between the person and PFF.

The hourly rate to be paid is \$56.65. Mileage is to be paid at a rate of current federal tax rate.

Fees do not include attorney fees on behalf of client. See Section X of this contract.



RENEWAL OF POLICY UHX A068993 02

COMMERCIAL FOLLOW FORM EXCESS AND UMBRELLA POLICY

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE BELOW NUMBERED POLICY.

POLICY NUMBER: UHX A068993 03
COMPANY: Hanover Insurance Company

DECLARATIONS

Item 1. Named Insured and Address
(No., Street, Town, County, State)

Agent

PRESBYTERIAN FAMILY FOUNDATION INC 901 HIGHWAY 71 N WILLMAR MN 56201	2509553 NORTH RISK PARTNERS LLC 622 ROOSEVELT RD. ST. CLOUD MN 56301
---	---

Item 2. Policy Period: (Month, Day, Year)

From 07/30/2016 To 07/30/2017

12:01 A. M., standard time at the address of the Named Insured as stated herein.

Form of Business:

- Individual Partnership Corporation Limited Liability Company
- Organization (Other than Partnership, Joint Venture or Limited Liability Company)

Business Description: HUMAN SERVICES ORGANIZATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS PREMIUM MAY BE SUBJECT TO AUDIT.

Item 3. Limit of Insurance

Each Occurrence or Each Claim Limit:	\$3,000,000
Products – Completed Operations Aggregate Limit:	\$3,000,000
General Aggregate Limit	\$3,000,000
Retained Limit:	\$0

Item 4. Premium Computation:

Estimated Annual Premium	\$4,422.00
Premium Surcharges	\$
(Premium Surcharges NOT APPLICABLE in New York)	
Annual Minimum Premium	\$4,422.00
Advance Premium	\$4,422.00

Endorsements:

See next page



- PREPAID - the total annual premium is due at inception.
- HANOCASH - the annual premium is payable according to the term of the Hanocash endorsement attached.
- ACCOUNT BILL DIRECT BILL Annual Semi-Annual Other

Audit period: Non Auditable Unless indicated by Annual Semi-Annual Other

If you cancel this policy, we shall receive and retain not less than NIL as a policy minimum premium.

Forms Applicable To This Policy:

*Asterisk denotes new or changed form

<u>Form Number</u>	<u>Form Edition</u>	<u>Description</u>
* 401-1126	01/15	Notice - Rejection Of Terrorism Coverage and Disclosure of Premium
* 401-1374	01/15	Offer Disclosure Pursuant To Terrorism Risk Insurance Act
475-0001	12/14	Hanover Commercial Follow Form Excess And Umbrella Policy
475-0027	12/14	Exclusion - Total Pollution (Coverage A)
475-0057	12/14	Exclusion - Lead (Coverage A and B)
475-0058	12/14	Other Coverage Endorsement (Coverage A and B)
475-0084	12/14	Exclusion - Silica (Coverage A and B)
475-0130	12/14	Minnesota Changes
475-0215	12/14	Exclusion - Discrimination (Coverage A and B)
475-0238	12/14	Exclusion - Abuse and Molestation (Coverage B)
* 475-0298	12/14	Exclusion - Innocent Party Defense (Coverage A and B)
475-0317	12/14	Exclusion - Fungi or Bacteria with Food and Pool Exceptions (Coverage A and B)
475-0351	12/14	Exclusion - Employee Benefits Liability (Coverage B)
* 475-0433	01/15	Exclusion - Certified Acts of Terrorism
* 475-0476	12/14	Special Events Limitation Endorsement (Coverage A and B)
SIG 11 00	08/14	Signature Page



SCHEDULE OF UNDERLYING POLICIES

Insured: PRESBYTERIAN FAMILY FOUNDATION
Effective on and after 07/30/2016 12:01 A.M. Standard Time
This Schedule is part of Policy Number: UHX A068993 03

CARRIER, POLICY NUMBER & PERIOD	TYPE OF POLICY	APPLICABLE LIMITS OR AMOUNT OF INSURANCE
(a) Carrier: MASSACHUSETTS BAY INSURANCE COMPANY Policy Number: ZDX A068992 03 Policy Period: 07/30/2016 TO 07/30/2017	Commercial General Liability <input type="checkbox"/> Owned Autos <input type="checkbox"/> Non-owned & Hired Autos	\$1,000,000 Occurrence/ Each Claim \$1,000,000 Personal Injury \$1,000,000 Advertising Injury \$3,000,000 General Aggregate Incl in Gen Agg Product/Completed Operations Aggregate
(b) Carrier: ALLMERICA FINANCIAL BENEFITS Policy Number: AWX A069008 03 Policy Period: 07/30/2016 TO 07/30/2017	Comprehensive Automobile Liability including <input checked="" type="checkbox"/> Owned Autos <input checked="" type="checkbox"/> Non-Owned & Hired Autos	Bodily Injury and Property Damage Liability Combined: \$1,000,000 Each Accident Bodily Injury \$ Each Person \$ Each Accident Property Damage: \$ Each Accident
(c) Carrier: Policy Number: Policy Period:	Garage Liability <input type="checkbox"/> Dealers <input type="checkbox"/> Service	Bodily Injury and Property Damage Liability Combined: Each Accident Garage Operations \$ Auto Only \$ Other than Auto Only \$ Aggregate Garage Operations \$ Other than Auto Only
(d) Carrier: Excluded Policy Number: Policy Period:	Standard Workers' Compensation & Employers' Liability NEW YORK ONLY: The Umbrella Coverage for Workers' Compensation and Employers Liability is not applicable in situations where an employee is subject to the New York Workers' Compensation Law.	Coverage B – Employers Liability Bodily Injury by Accident \$ Each Accident Bodily Injury by Disease \$ Each Employee \$ Aggregate

An "X" marked in the box provided indicates these broadening or optional coverage are provided in the Underlying Insurance



(e) Carrier: Policy Number: Policy Period:	Liquor Liability	\$ \$ \$ \$	Each Common Cause Other Aggregate Other
(f) Carrier: MASSACHUSETTS BAY INSURANCE COMPANY Policy Number: ZDX A068992 03 Policy Period: 07/30/2016 TO 07/30/2017	Professional Liability Human Services	\$1,000,000 \$ \$ \$3,000,000 \$	Each Occurrence Each Claim Other Aggregate Other
(g) Carrier: Policy Number: Policy Period:	Directors & Officers Liability	\$ \$ \$ \$ \$	Each Occurrence Each Claim Other Aggregate Other
(h) Carrier: Policy Number: Policy Period:	Stop Gap Liability	Bodily Injury by Accident \$ Bodily Injury by Disease \$ \$	Each Accident Each Employee Aggregate
(i) Carrier: MASSACHUSETTS BAY INSURANCE COMPANY Policy Number: ZDX A068992 03 Policy Period: 07/30/2016 TO 07/30/2017	Abuse and Molestation Human Services	\$1,000,000 \$ \$ \$3,000,000	Each Occurrence Each Claim Other Aggregate
(j) Carrier: Policy Number: Policy Period:	Foreign	\$ \$ \$ \$	Each Occurrence Each Claim Other Aggregate
(k) Carrier: MASSACHUSETTS BAY INSURANCE COMPANY Policy Number: ZDX A068992 03 Policy Period: 07/30/2016 TO 07/30/2017	Employee Benefits Liability	\$ \$1,000,000 \$ \$3,000,000	Each Occurrence Each Claim Other Aggregate
(l) Carrier: Policy Number: Policy Period:	Other	\$ \$ \$ \$	Each Occurrence Each Claim Other Aggregate

An "X" marked in the box provided indicates these broadening or optional coverage are provided in the Underlying Insurance

Countersigned By: _____
Authorized Representative of the Company

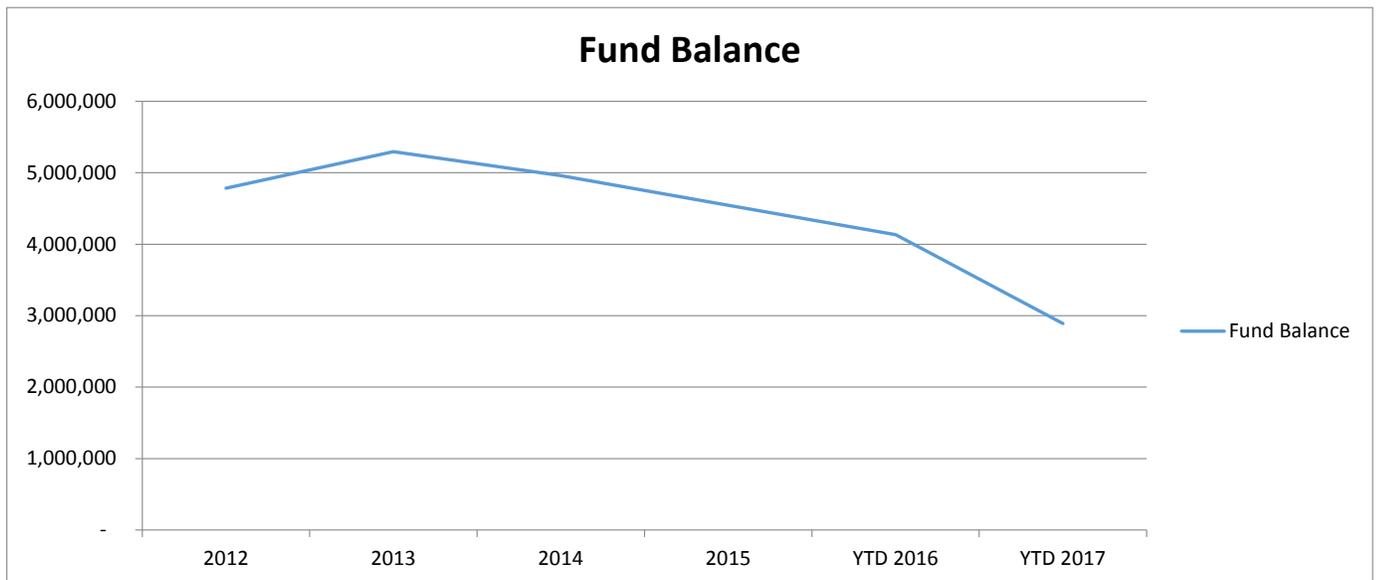
Date: _____

Aitkin County Health and Human Services

5-Year Trend

	2012	2013	2014	2015	YTD 2016	YTD 2017
Fund Balance	4,783,514	5,295,266	4,959,306	4,544,194	4,132,946	2,889,526

	2012	2013	2014	2015	YTD 2016	YTD 2017
Revenue:						
Tax Levy	(2,445,758)	(2,470,280)	(1,888,237)	(1,982,478)	(2,376,726)	-
Intergovernmental Revenue	(131,276)	(314,824)	(270,042)	(279,448)	(207,004)	-
State Revenue	(723,462)	(686,351)	(881,137)	(1,043,277)	(1,062,714)	(214,735)
Federal Revenue	(2,161,389)	(2,136,553)	(2,168,616)	(2,084,504)	(2,047,014)	(579,453)
Third Party Revenue	(204,217)	(216,749)	(207,346)	(258,635)	(341,275)	(72,247)
Misc. Revenue/Pass Thru	(451,664)	(359,291)	(315,012)	(388,502)	(311,493)	(65,501)
Expenditure:						
Payments for Recipients	1,604,609	1,417,258	1,635,621	1,719,526	1,881,399	633,591
Payroll	3,516,455	3,425,849	3,664,934	3,934,931	4,102,280	1,372,620
Services/Charges and Fees	397,600	423,064	336,723	343,675	347,003	88,704
Travel and Insurance	87,885	89,679	143,562	156,611	155,526	50,096
Supplies and Small Equipment	33,369	61,402	73,199	110,486	100,869	36,460
Capital Outlay	120,759	52,492	31,266	38,483	48,764	-
Misc. Expenditure/Pass Thru	168,640	184,723	180,414	150,934	120,507	30,046
Net Change to Fund Balance:	(188,448)	(529,581)	335,329	417,802	410,121	1,279,581

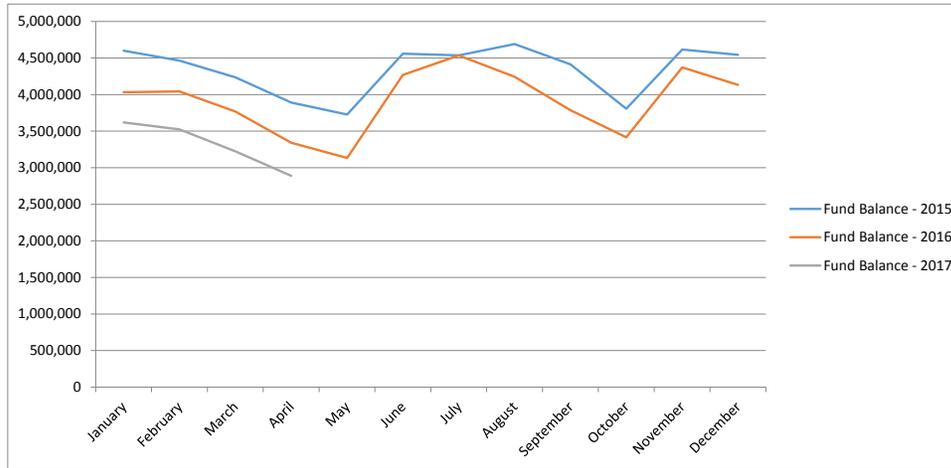


Aitkin County Health and Human Services

Financial Statement for Board

	January	February	March	April	May	June	July	August	September	October	November	December
Fund Balance - 2015	4,600,651	4,463,903	4,236,061	3,892,021	3,727,220	4,560,231	4,534,967	4,690,698	4,413,847	3,806,907	4,615,850	4,544,194
Fund Balance - 2016	4,031,619	4,044,030	3,768,001	3,340,621	3,133,611	4,268,703	4,534,967	4,244,044	3,785,410	3,417,297	4,372,735	4,132,946
Fund Balance - 2017	3,619,229	3,524,864	3,223,404	2,889,526								

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD 2017
Revenue:													
Tax Levy	0	0	0	0									0
Intergovernmental Revenue	0	0	0	0									0
State Revenue	(18,231)	(73,976)	(122,527)	0									(214,735)
Federal Revenue	(73,411)	(246,644)	(282,877)	23,479									(579,453)
Third Party Revenue	(14,677)	(30,438)	(27,132)	0									(72,247)
Misc. Revenue/Pass Thru	(20,882)	(13,003)	(30,908)	(708)									(65,501)
Expenditure:													
Payments for Recipients	140,882	196,989	143,567	152,154									633,591
Payroll	433,107	312,632	447,030	179,850									1,372,620
Services/Charges and Fees	33,393	16,350	28,873	10,088									88,704
Travel and Insurance	39,506	2,407	5,604	2,580									50,096
Supplies and Small Equipment	4,846	28,485	3,083	46									36,460
Capital Outlay	0	0	0	0									0
Misc. Expenditure/Pass Thru	9,649	10,146	8,420	1,832									30,046
Net:	534,182	202,947	173,132	369,320	0	1,279,581							



Foster Care Report

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Foster Care Expense	911,375	847,823	818,453	834,512	950,273	970,888	886,243	816,028	590,994	628,755	626,426	686,956	316,421
# of Children	69	73	75	63	64	57	56	49	50	53	65	62	

Foster Care	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Child Shelter	339	3,017	5,139	0	850	0	177	2,696	2,817	0	1,071	2,384	
ICWA	185	2,448	0	0	709	0	0	0	0	0	0	0	
Corrections	0	35,626	6,465	5,444	4,227	9,488	2,656	6,151	1,378	1,968	0	0	
Treatment Foster Care	0	0	8,451	0	0	33,227	101,130	96,216	79,138	35,418	18,948	0	
ICWA	0	0	0	0	0	0	0	0	0	0	7,870	18,632	4,006
Corrections	0	0	0	33,530	33,811	22,857	0	0	0	0	0	0	
Child Foster Care	388,841	318,577	462,600	384,829	396,552	346,845	167,154	174,298	241,526	158,688	190,403	289,650	76,676
ICWA	22,292	49,915	101,147	131,779	99,413	111,278	138,816	92,451	11,382	24,570	52,441	72,284	36,448
Corrections	1,365	19,740	0	0	0	18,695	11,627	9,783	0	1,998	10,011	0	0
Rule 8	2,750	53,677	12,310	3,174	19,938	14,710	45,321	7,062	0	100	35,955	0	7,930
ICWA	0	0	0	23,947	10,952	48,097	16,400	25,716	7,306	888	0	0	
Corrections	3,565	0	18,675	8,132	44,677	13,373	17,570	43,317	0	0	0	0	
Correction Facilities	0	0	0	0	0	0	0	0	24,953	0	0	0	48,411
ICWA	0	37,418	46,204	35,438	68,751	103,404	107,921	56,691	21,011	68,770	27,341	47,201	890
Corrections	338,671	264,032	141,084	107,867	120,751	66,821	208,353	188,862	142,442	292,193	142,279	149,222	
Northstar Adoption/Kinship	0	0	0	0	0	0	0	0	0	0	0	1,973	
Extended Foster Care	0	0	0	0	0	0	1,228	0	0	100	0	0	
Electronic Monitoring	2,800	976	1,848	0	1,504	1,201	0	352	2,904	0	0	0	
Rule 5	109,597	56,466	0	61,170	95,415	103,210	70,889	99,575	21,835	119,466	96,403	139,532	138,189
ICWA	0	0	7,175	36,321	42,836	36,960	0	0	36,571	0	48,012	27,891	
Corrections	28,130	0	0	0	0	0	0	0	0	0	0	0	
Respite	1,889	428	115	882	7,862	34,851	8,645	9,183	2,358	919	5,765	1,276	1,030
Child Care	5,369	1,406	2,178	0	671	1,579	1,167	0	718	592	4,495	981	179
Health Services	5,546	386	695	0	455	82	194	382	111	2,607	3,108	195	132
Transportation	4,514	4,436	5,897	5,464	10,803	9,584	10,268	7,188	14,129	9,790	7,789	6,098	4,398
Total Foster Care Expenses:	915,854	848,548	819,983	837,977	960,176	976,259	909,516	819,923	610,578	718,066	651,892	757,319	318,287

Foster Care Expense

