



Health & Human Services Agenda Request

1C
Agenda Item #

Requested Meeting Date: May 23, 2023

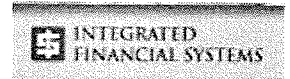
Title of Item: Approval of Bills

<input checked="checked" type="checkbox"/> REGULAR AGENDA <input type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input checked="checked" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
Submitted by: Carli Goble		Department: H&HS Accounting
Presenter (Name and Title): Carli Goble, Fiscal Supervisor		Estimated Time Needed: 1-2 minutes
Summary of Issue:		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion:		
Financial Impact: Is there a cost associated with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

Aitkin County

Audit List for Board

COMMISSIONER'S VOUCHERS ENTRIES



Print List in Order By: 4
1 - Fund (Page Break by Fund)
2 - Department (Totals by Dept)
3 - Vendor Number
4 - Vendor Name

Explode Dist. Formulas?: Y

Paid on Behalf Of Name
on Audit List?: N

Type of Audit List: D
D - Detailed Audit List
S - Condensed Audit List

Save Report Options?: N

Aitkin County



<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>	<u>1099</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>		<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>	
4	88284 Aitkin Co Recorder 05-430-710-3190-6020		26.00	Birth Certificate - Court-Rela 04/24/2023 04/24/2023		Court Related Services & Activities	N
	88284 Aitkin Co Recorder		26.00	1 Transactions			
1	360 Arrowhead Econ Opp Agency 05-430-720-3370-6038		980.36	DWP Empl Service-Qtrly Pmt 04/01/2023 06/30/2023		Mfip-Employment Services	N
2	05-430-720-3370-6038		16,124.14	MFIP Empl Service-Qtrly Paymen 04/01/2023 06/30/2023		Mfip-Employment Services	N
	360 Arrowhead Econ Opp Agency		17,104.50	2 Transactions			
5	11051 Department of Human Services 05-430-720-3110-6069		361.00	BSFE County Match Invoice #A30 04/01/2023 04/30/2023		Bsf Child Care	N
25	05-430-730-3590-6072		3,298.67	CCDTF Maintenance of Effort 04/01/2023 04/30/2023		Ccdtf County % State Billings	N
	11051 Department of Human Services		3,659.67	2 Transactions			
27	10342 DHS-Anoka Metro Rtc 05-430-745-3720-6081		500.00	State-operated inpatient 11/01/2015 11/30/2015		State-Operated Inpatient - Rtc Or Cbhh	N
	10342 DHS-Anoka Metro Rtc		500.00	1 Transactions			
21	10188 DHS-Moose Lake RTC 05-430-745-3721-6081		2,559.30	State-operated inpatient 04/01/2023 04/30/2023		Commitment Costs - Poor Relief	N
	10188 DHS-Moose Lake RTC		2,559.30	1 Transactions			
17	9220 Dhs-Msop 05-430-745-3721-6081		1,287.00	State-operated inpatient 04/01/2023 04/30/2023		Commitment Costs - Poor Relief	N
18	05-430-745-3721-6081		3,217.50	State-operated inpatient 04/01/2023 04/30/2023		Commitment Costs - Poor Relief	N
19	05-430-745-3721-6081		3,217.50	State-operated inpatient 04/01/2023 04/30/2023		Commitment Costs - Poor Relief	N
20	05-430-745-3721-6081		1,287.00	State-operated inpatient 04/01/2023 04/30/2023		Commitment Costs - Poor Relief	N

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Vendor	Name	Rpt	Warrant Description	Invoice #	Account/Formula Description	1099
No.	Account/Formula	Accr	Amount	Service Dates	Paid On Bhf #	On Behalf of Name
9220	Dhs-Msop		9,009.00	4 Transactions		
89965	DHS-ST PETER-SEE LIST					
22	05-430-745-3721-6081		2,976.00	State-operated inpatient 04/01/2023 04/30/2023	Commitment Costs - Poor Relief	N
23	05-430-745-3721-6081		10,515.00	State-operated inpatient 04/01/2023 04/30/2023	Commitment Costs - Poor Relief	N
89965	DHS-ST PETER-SEE LIST		13,491.00	2 Transactions		
9842	Haffner/Tiffany					
30	05-430-750-3950-6020		70.00	Public Guardianship 01/01/2023 01/30/2023	Public Guardianship DD	Y
31	05-430-750-3950-6020		17.50	Public Guardianship 02/01/2023 02/28/2023	Public Guardianship DD	Y
32	05-430-750-3950-6020		70.00	Public Guardianship 03/01/2023 03/31/2023	Public Guardianship DD	Y
33	05-430-750-3950-6020		70.00	Public Guardianship 04/01/2023 04/30/2023	Public Guardianship DD	Y
37	05-430-760-3950-6020		70.00	Guardianship/Conservatorship 01/01/2023 01/30/2023	Guardianship/Conservatorship	Y
38	05-430-760-3950-6020		70.00	Guardianship/Conservatorship 02/01/2023 02/28/2023	Guardianship/Conservatorship	Y
39	05-430-760-3950-6020		70.00	Guardianship/Conservatorship 03/01/2023 03/31/2023	Guardianship/Conservatorship	Y
40	05-430-760-3950-6020		70.00	Guardianship/Conservatorship 04/01/2023 04/29/2023	Guardianship/Conservatorship	Y
9842	Haffner/Tiffany		507.50	8 Transactions		
6110	Lakes & Pines CAC, Inc					
26	05-430-745-3030-6071		5,912.92	Family Resource Specialist pos 04/01/2023 04/30/2023	Client Outreach - Csp	N
6110	Lakes & Pines CAC, Inc		5,912.92	1 Transactions		
11072	Lutheran Social Service MN Guardianship					
34	05-430-750-3950-6020		83.38	Public Guardianship 04/01/2023 04/30/2023	Public Guardianship DD	N
35	05-430-750-3950-6020		293.25	Public Guardianship 04/01/2023 04/30/2023	Public Guardianship DD	N

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SLM1
5/19/23 12:52PM
Health & Human Services

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<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>		<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>	
36	05-430-750-3950-6020		120.75	Public Guardianship 04/01/2023 04/30/2023		Public Guardianship DD	N
41	05-430-760-3950-6020		598.00	Guardianship/Conservatorship 04/01/2023 04/30/2023		Guardianship/Conservatorship	N
42	05-430-760-3950-6020		891.25	Guardianship/Conservatorship 04/01/2023 04/30/2023		Guardianship/Conservatorship	N
11072	Lutheran Social Service MN Guardianship		1,986.63	5 Transactions			
10112	Mid Minnesota Federal Credit Union						
43	05-430-760-3040-6020		30.00	Bank statement copies - Adult 04/28/2023 04/28/2023		APS Assessment/Investigation	Y
10112	Mid Minnesota Federal Credit Union		30.00	1 Transactions			
3639	Northland Counseling Ctr Inc						
6	05-430-730-3710-6020		1,625.00	Detoxification (Category I) 04/06/2023 04/11/2023		Detoxification - Grand Rapids	6
15	05-430-740-3050-6020		600.00	Child Outpatient Diagnostic As 03/14/2023 03/14/2023		Child Outpat Assess/Psyc. Testing	N
16	05-430-740-3050-6020		111.33	Child Outpatient Diagnostic As 04/11/2023 04/11/2023		Child Outpat Assess/Psyc. Testing	N
7	05-430-745-3085-6020		300.00	Adult Outpatient Diagnostic As 03/14/2023 03/14/2023		Adult Outpat Diagnostic Assess/Psyc	N
8	05-430-745-3085-6020		300.00	Adult Outpatient Diagnostic As 03/14/2023 03/14/2023		Adult Outpat Diagnostic Assess/Psyc	N
9	05-430-745-3085-6020		300.00	Adult Outpatient Diagnostic As 04/11/2023 04/11/2023		Adult Outpat Diagnostic Assess/Psyc	N
10	05-430-745-3085-6020		300.00	Adult Outpatient Diagnostic As 04/11/2023 04/11/2023		Adult Outpat Diagnostic Assess/Psyc	N
11	05-430-745-3085-6020		300.00	Adult Outpatient Diagnostic As 04/11/2023 04/11/2023		Adult Outpat Diagnostic Assess/Psyc	N
3639	Northland Counseling Ctr Inc		3,836.33	8 Transactions			
90748	Oakridge Homes Sils, Inc.						
28	05-430-750-3340-6073		808.42	Semi-Independent Living Servic 04/04/2023 04/27/2023		Semi-Independent Living Serv (Sils)	N
29	05-430-750-3340-6073		340.90	Semi-Independent Living Servic 04/03/2023 04/19/2023		Semi-Independent Living Serv (Sils)	N

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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>
90748	Oakridge Homes Sils, Inc.		1,149.32	2 Transactions		
3	9489 Redwood Toxicology Laboratory, Inc 05-430-710-3190-6020		21.15	Account # 022622 Drug Testing 04/04/2023 04/04/2023	Court Related Services & Activities	6
	9489 Redwood Toxicology Laboratory, Inc		21.15	1 Transactions		
24	14390 TANGE, MSW/PHILIP B 05-430-740-3900-6020		90.00	Clinical supervision-Child Rul 04/13/2023 04/13/2023	Child Rule 79 Case Mgmt	6
12	05-430-745-3090-6050		180.00	Pre-Petition Screening/Hearing 04/01/2023 04/03/2023	Pre-Petition Screening/Hearing	6
13	05-430-745-3090-6050		45.00	Pre-Petition Screening/Hearing 04/14/2023 04/14/2023	Pre-Petition Screening/Hearing	6
14	05-430-745-3910-6020		405.00	Clinical supervision-Adult Rul 04/01/2023 04/25/2023	Adult Rule 79 Case Mgmt	6
	14390 TANGE, MSW/PHILIP B		720.00	4 Transactions		
Final Total			60,513.32	15 Vendors	43 Transactions	

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COMMISSIONER'S VOUCHERS ENTRIES



Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
5	60,513.32	Health & Human Services
All Funds	60,513.32	Total

Approved by,
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