



# Health & Human Services Agenda Request

1C  
Agenda Item #

**Requested Meeting Date:** October 22, 2024

**Title of Item:** Approval of Bills

<input checked="" type="checkbox"/> REGULAR AGENDA	<b>Action Requested:</b>	<input type="checkbox"/> Direction Requested	
<input type="checkbox"/> CONSENT AGENDA		<input checked="" type="checkbox"/> Approve/Deny Motion	<input type="checkbox"/> Discussion Item
<input type="checkbox"/> INFORMATION ONLY		<input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Hold Public Hearing*

<b>Submitted by:</b> Carli Goble	<b>Department:</b> H&HS Accounting
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<b>Presenter (Name and Title):</b> Carli Goble, Fiscal Supervisor	<b>Estimated Time Needed:</b> 1-2 minutes
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**Summary of Issue:**  
Request approval of bills

**Alternatives, Options, Effects on Others/Comments:**

**Recommended Action/Motion:** Make a motion to approve the bills.

**Financial Impact:**  
 Is there a cost associated with this request?  Yes  No  
 What is the total cost, with tax and shipping? \$  
 Is this budgeted?  Yes  No *Please Explain:*

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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

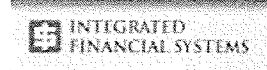


Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<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>	
1	<b>360 Arrowhead Econ Opp Agency</b> 05-430-720-3370-6038		904.39	DWP Empl Service-Qtrly Pmt 202 09/01/2024 12/31/2024		Mfip-Employment Services	N
2	05-430-720-3370-6038		14,850.35	MFIP Empl Service-Qtrly Paymen 09/01/2024 12/31/2024		Mfip-Employment Services	N
	<b>360 Arrowhead Econ Opp Agency</b>		<b>15,754.74</b>	<b>2 Transactions</b>			
5	<b>10286 Arrows Family Services</b> 05-430-710-3190-6020		68.00	Case management - Court-Relate 09/01/2024 09/13/2024		Court Related Services & Activities	N
6	05-430-710-3190-6020		180.00	Room rental - Court-Related Se 09/10/2024 09/24/2024		Court Related Services & Activities	N
	<b>10286 Arrows Family Services</b>		<b>248.00</b>	<b>2 Transactions</b>			
3	<b>87882 Central MN Mental Health Ctr</b> 05-430-730-3710-6080		2,000.00	Detoxification (Category I 08/02/2024 08/04/2024		Detoxification - Other	6
	<b>87882 Central MN Mental Health Ctr</b>		<b>2,000.00</b>	<b>1 Transactions</b>			
8	<b>11051 Department of Human Services</b> 05-430-720-3110-6069		361.00	BSFE County Match Invoice #A30 09/01/2024 09/30/2024		Bsf Child Care	N
	<b>11051 Department of Human Services</b>		<b>361.00</b>	<b>1 Transactions</b>			
31	<b>10342 DHS-Anoka Metro Rtc</b> 05-430-745-3720-6081		500.00	State-Operated Inpatient 12/01/2015 12/31/2015		State-Operated Inpatient - Rtc Or Cbhh	N
32	05-430-745-3720-6081		500.00	State-Operated Inpatient 12/01/2015 12/31/2015		State-Operated Inpatient - Rtc Or Cbhh	N
	<b>10342 DHS-Anoka Metro Rtc</b>		<b>1,000.00</b>	<b>2 Transactions</b>			
21	<b>10188 DHS-Moose Lake RTC</b> 05-430-745-3721-6081		1,372.50	State-operated inpatient 08/01/2024 08/31/2024		Commitment Costs - Poor Relief	N
23	05-430-745-3721-6081		675.00	State-operated inpatient 09/01/2024 09/30/2024		Commitment Costs - Poor Relief	N
	<b>10188 DHS-Moose Lake RTC</b>		<b>2,047.50</b>	<b>2 Transactions</b>			

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Audit List for Board

## COMMISSIONER'S VOUCHERS ENTRIES

<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>	
	<b>9220 Dhs-Msop</b>						
17	05-430-745-3721-6081		1,509.70	State-operated inpatient 08/01/2024 08/31/2024		Commitment Costs - Poor Relief	N
18	05-430-745-3721-6081		3,774.25	State-operated inpatient 08/01/2024 08/31/2024		Commitment Costs - Poor Relief	N
19	05-430-745-3721-6081		3,774.25	State-operated inpatient 08/01/2024 08/31/2024		Commitment Costs - Poor Relief	N
20	05-430-745-3721-6081		1,509.70	State-operated inpatient 08/01/2024 08/31/2024		Commitment Costs - Poor Relief	N
24	05-430-745-3721-6081		1,461.00	State-operated inpatient 09/01/2024 09/30/2024		Commitment Costs - Poor Relief	N
25	05-430-745-3721-6081		3,652.50	State-operated inpatient 09/01/2024 09/30/2024		Commitment Costs - Poor Relief	N
26	05-430-745-3721-6081		3,652.50	State-operated inpatient 09/01/2024 09/30/2024		Commitment Costs - Poor Relief	N
27	05-430-745-3721-6081		1,461.00	State-operated inpatient 09/01/2024 09/30/2024		Commitment Costs - Poor Relief	N
	<b>9220 Dhs-Msop</b>		<b>20,794.90</b>	<b>8 Transactions</b>			
	<b>89965 DHS-ST PETER-SEE LIST</b>						
22	05-430-745-3721-6081		4,902.00	State-operated inpatient 08/01/2024 08/12/2024		Commitment Costs - Poor Relief	N
28	05-430-745-3721-6081		3,115.80	State-operated inpatient 09/04/2024 09/30/2024		Commitment Costs - Poor Relief	N
	<b>89965 DHS-ST PETER-SEE LIST</b>		<b>8,017.80</b>	<b>2 Transactions</b>			
	<b>9271 Family Pathways</b>						
4	05-430-710-3040-6020		450.00	Supervised visitation - Child 09/11/2024 09/25/2024		Child Protect Assess/Investigation	N
	<b>9271 Family Pathways</b>		<b>450.00</b>	<b>1 Transactions</b>			
	<b>9983 FamilyWise Services</b>						
7	05-430-710-3190-6020		954.00	Parenting Education - Court-Re 09/01/2024 09/30/2024		Court Related Services & Activities	Y
	<b>9983 FamilyWise Services</b>		<b>954.00</b>	<b>1 Transactions</b>			
	<b>6110 Lakes &amp; Pines CAC, Inc</b>						
30	05-430-745-3030-6071		6,463.23	Family Resource Coach - 2024		Client Outreach - Csp	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>
<b>6110</b>	<b>Lakes &amp; Pines CAC, Inc</b>		<b>6,463.23</b>	<b>1 Transactions</b>		
				09/01/2024 09/30/2024		
<b>11072</b>	<b>Lutheran Social Service MN Guardianship</b>					
38	05-430-750-3950-6020		176.90	Public Guardianship 09/01/2024 09/30/2024	Public Guardianship DD	N
39	05-430-750-3950-6020		231.80	Public Guardianship 09/01/2024 09/30/2024	Public Guardianship DD	N
40	05-430-750-3950-6020		323.30	Public Guardianship 09/01/2024 09/30/2024	Public Guardianship DD	N
41	05-430-760-3950-6020		240.95	Guardianship/Conservatorship 09/01/2024 09/30/2024	Guardianship/Conservatorship	N
<b>11072</b>	<b>Lutheran Social Service MN Guardianship</b>		<b>972.95</b>	<b>4 Transactions</b>		
<b>14040</b>	<b>MIDWEST PATROL</b>					
43	05-430-700-4800-6805		136.17	Invoice #50034716 - Transporta 09/30/2024 09/30/2024	Mh Init - Transportation (416)	N
44	05-430-700-4800-6805		122.88	Invoice #50034716 - Transporta 09/30/2024 09/30/2024	Mh Init - Transportation (416)	N
45	05-430-700-4800-6805		400.50	Invoice #50034716 - Transporta 09/11/2024 09/11/2024	Mh Init - Transportation (416)	N
46	05-430-700-4800-6805		271.36	Invoice #50034716 - Transporta 09/11/2024 09/11/2024	Mh Init - Transportation (416)	N
<b>14040</b>	<b>MIDWEST PATROL</b>		<b>930.91</b>	<b>4 Transactions</b>		
<b>3639</b>	<b>Northland Counseling Ctr Inc</b>					
9	05-430-730-3710-6020		390.00	Detoxification (Category I) 09/08/2024 09/08/2024	Detoxification - Grand Rapids	6
16	05-430-740-3050-6020		320.00	Child Outpatient Diagnostic As 10/08/2024 10/08/2024	Child Outpat Assess/Psyc. Testing	N
10	05-430-745-3085-6020		114.79	Adult Outpatient Diagnostic As 09/10/2024 09/10/2024	Adult Outpat Diagnostic Assess/Psyc	N
11	05-430-745-3085-6020		320.00	Adult Outpatient Diagnostic As 09/10/2024 09/10/2024	Adult Outpat Diagnostic Assess/Psyc	N
12	05-430-745-3085-6020		320.00	Adult Outpatient Diagnostic As 10/08/2024 10/08/2024	Adult Outpat Diagnostic Assess/Psyc	N
13	05-430-745-3085-6020		320.00	Adult Outpatient Diagnostic As 09/10/2024 09/10/2024	Adult Outpat Diagnostic Assess/Psyc	N

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<u>Vendor</u>	<u>Name</u>	<u>Rpt</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>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
14	05-430-745-3085-6020		320.00	Adult Outpatient Diagnostic As 10/08/2024 10/08/2024	Adult Outpat Diagnostic Assess/Psyc	N
<b>3639</b>	<b>Northland Counseling Ctr Inc</b>		<b>2,104.79</b>	<b>7 Transactions</b>		
33	05-430-750-3340-6073		389.60	Semi-Independent Living Servic 09/04/2024 09/25/2024	Semi-Independent Living Serv (Sils)	N
<b>90748</b>	<b>Oakridge Homes Sils, Inc.</b>		<b>389.60</b>	<b>1 Transactions</b>		
34	05-430-750-3950-6020		235.45	Guardianship/Conservatorship 08/01/2024 08/31/2024	Public Guardianship DD	Y
<b>10394</b>	<b>Resource Training &amp; Solutions</b>					
35	05-430-750-3950-6020		235.45	Guardianship/Conservatorship 08/01/2024 08/31/2024	Public Guardianship DD	Y
36	05-430-750-3950-6020		235.45	Public Guardianship 08/01/2024 08/31/2024	Public Guardianship DD	Y
<b>10394</b>	<b>Resource Training &amp; Solutions</b>		<b>706.35</b>	<b>3 Transactions</b>		
37	05-430-750-3950-6020		26.25	Public guardianship 09/01/2024 09/30/2024	Public Guardianship DD	Y
<b>4242</b>	<b>Ryan, Brucker &amp; Kalis, Ltd</b>		<b>26.25</b>	<b>1 Transactions</b>		
29	05-430-740-3900-6020		90.00	Clinical supervision-Child Rul 09/12/2024 09/12/2024	Child Rule 79 Case Mgmt	6
15	05-430-745-3910-6020		270.00	Clinical supervision-Adult Rul 09/09/2024 09/12/2024	Adult Rule 79 Case Mgmt	6
<b>14390</b>	<b>TANGE, MSW/PHILIP B</b>		<b>360.00</b>	<b>2 Transactions</b>		
42	05-430-700-4800-6803		1,031.91	Peer Support - Consumer Suppor 09/01/2024 09/30/2024	Mh Init - Consumer Support (434)	N
<b>13084</b>	<b>WELLNESS IN THE WOODS</b>		<b>1,031.91</b>	<b>1 Transactions</b>		
<b>Final Total .....</b>			<b>64,613.93</b>	<b>19 Vendors</b>	<b>46 Transactions</b>	

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COMMISSIONER'S VOUCHERS ENTRIES

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<u>Recap by Fund</u>	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	64,613.93	Health & Human Services	
All Funds		64,613.93	Total	Approved by, .....
				.....
				.....