



CICS

Supporting Individuals. Strengthening Communities.

Regional Governing Board September 24, 2020 @ 1:00PM

SPECIAL NOTE TO THE PUBLIC: Due to the COVID-19 virus, public access to the meeting will be provided via conference call. Members of the public who would like to call in: 1-312-626-6799 Meeting ID: 923 0088 8668 or Join the Zoom Meeting at <https://zoom.us/j/92300888668>

Tentative Agenda

1) Roll Call

- | | | | |
|---|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Boone | <input type="checkbox"/> Franklin | <input type="checkbox"/> Greene | <input type="checkbox"/> Hamilton |
| <input type="checkbox"/> Hardin | <input type="checkbox"/> Jasper | <input type="checkbox"/> Madison | <input type="checkbox"/> Marshall |
| <input type="checkbox"/> Poweshiek | <input type="checkbox"/> Story | <input type="checkbox"/> Warren | <input type="checkbox"/> JD Deambra |
| <input type="checkbox"/> Krystina Engle | <input type="checkbox"/> Robin Maas | <input type="checkbox"/> Julie Smith | <input type="checkbox"/> Allie Wulfekuhle |

2) Public Comments

Board Chair asks for public comments at this time

(Comments on counties joining will be heard during that agenda item.)

3) Agenda & Minutes (Bill)

September 24, 2020 Agenda

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

August 27, 2020 Minutes

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

4) Administration (Russell - CEO)

Potential Counties joining CICS (Cerro Gordo, Webster, Wright)

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

Roll call vote (mark if 'aye')

- | | | | |
|-------------------------------------|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Boone | <input type="checkbox"/> Franklin | <input type="checkbox"/> Greene | <input type="checkbox"/> Hamilton |
| <input type="checkbox"/> Hardin | <input type="checkbox"/> Jasper | <input type="checkbox"/> Madison | <input type="checkbox"/> Marshall |
| <input type="checkbox"/> Poweshiek | <input type="checkbox"/> Story | <input type="checkbox"/> Warren | <input type="checkbox"/> JD Deambra |
| <input type="checkbox"/> Robin Maas | <input type="checkbox"/> Allie Wulfekuhle | | |

5) Finance (Betsy)

Claims September 8, 2020 and September 22, 2020

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

Roll call vote (mark if 'aye')

- | | | | |
|-------------------------------------|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Boone | <input type="checkbox"/> Franklin | <input type="checkbox"/> Greene | <input type="checkbox"/> Hamilton |
| <input type="checkbox"/> Hardin | <input type="checkbox"/> Jasper | <input type="checkbox"/> Madison | <input type="checkbox"/> Marshall |
| <input type="checkbox"/> Poweshiek | <input type="checkbox"/> Story | <input type="checkbox"/> Warren | <input type="checkbox"/> JD Deambra |
| <input type="checkbox"/> Robin Maas | <input type="checkbox"/> Allie Wulfekuhle | | |

August Expenditure Report

Informational

Budget Amendment (Cares Act Dollars)

Informational

6) Planning & Development (Patti)

TRILIX (Betsy)

Informational

Cares Act Update – Grants (Patti)

Informational

Large Project RFP

Informational

Local Cares Dollars (Patti)

Informational

Community Based Crisis Stabilization – Eyerly Ball (Russell)

Informational

Access Center Designation (Russell)

Informational

7) Operations (Karla)

Contracts

Kadel Medical Services

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

Southern Iowa Mental Health Center Contract Termination

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

Access Center MOU for Southern Iowa Mental Health Center – Poweshiek & Jasper

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

8) Next Meeting – October 22, 2020





CICS

Supporting Individuals. Strengthening Communities.

Regional Governing Board Meeting Minutes

August 27, 2020

Electronic Meeting via Zoom

Board Members Present: Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Story, JD Deambra, Julie Smith, Allie Wulfekuhle. **Counties/Members Absent:** Warren, Greene, Poweshiek, Robin Maas, Krystina Engle. **Administrative Team Present:** Linn Adams, Patti Leeds, Betsy Stursma, Karla Webb, Russell Wood. **Others Present:** Dejah Roman, Kendra Alexander, Cindy Duhrkoph, Mark Campbell, Jen Sheehan, Karl Helgevold, Rob Burdess, Niki Conrad, Karen Dowell, Todd Lange, Chris Watts, A Leu, Sandy Loony.

Chair Patten called the meeting to order. Chair called for public comments. No Public comments were made

Agenda & Minutes:

Request to add an amendment to the agenda for the upcoming meetings in November and December. November 19 and December 17, 2020 for GB meeting. Due to the holidays.

Board Chair asks for motion to approve the August 27, 2020 agenda as presented. Motion by Hoffman, Second by Talsma. Motion carried.

Board Chair called for a motion to approve the July 30, 2020 Board minutes. Motion by Bailey, Second by Behn. Motion Carried.

Administration (Russell)

Conflict of Interest items. Russell stated if you serve on a board of an agency, have a financial interest or family member you should abstain from voting.

CEO report: Admin team has continued to meet on CARES Act money. Continuing to transition as we have moved to a new 5-member admin team. Doing more smaller group meetings. Russell includes admin team members at various levels in meetings with the State and other entities.

28E Changes Greene County will be added back in. Majority of quorum are voting members. October 24th voted to add voting members which took effect in November.

Board Chair asks for motion to approve changes in the 28 E Agreement changes. Motion made by Bailey, second by Talsma. Ayes carried, one Nay. Roll call vote. Ayes: Boone, Franklin, Hamilton, Madison, Marshall, Story, JD Deambra, Allie Wulfekuhle. Nays: Jasper.

Board Chair asks for motion to approve the changes in the by-laws. Motion made by Talsma, Second Bailey. Ayes carried. Roll call vote. Ayes: Boone, Franklin, Hamilton, Jasper, Madison, Marshall, Story, JD Deambra, Allie Wulfekuhle.

Cares Act Dollars 3.2 million was given to the CICS region. The money has been sent to Story county on August 17th. Admin team has agreed to look at doing mini grants to providers and schools. They can apply for up to 10, 000 to address COVID and mental health. Some of the idea's admin team have been looking at are:

- telehealth
- training for staff
- protective equipment
- hazard pay for staff
- paying for staff to work in residential with COVID 19 individuals
- first responders
- police departments
- nursing homes
- assisted living facilities
- elder services Having the ability to do telepresence in our drop-in centers by providing equipment for them to check out and participate in activities remotely.
- Option of getting providers equipment to give individuals virtual tours of RCF's, Hab homes etc.

Patti will be doing personal outreach to all the entities regarding the grant issues. Assess what may be needed and do larger projects region wide. Hardin county did approve upgrade for CDC compliance in their county. We were able to use dollars for COVID related issues for county service buildings. Patti will be reaching out to county liaisons to see what local offices need.

Cerro Gordo County and Webster County inquiry into potential membership: Betsy and Russell met with the counties to tell them about our structure. How they want to structure/or possibly bringing them into our region. This was for information only. Russell felt the meeting went very well. Russell and Betsy had conversation with Marissa Eyanson from DHS. If things are not resolved DHS can assign counties to other regions. Administrative cost would go down if we did take on other counties. Provider contracts would need to be looked at. Betsy stated bylaws, personnel polices were given to them to understand how we operate.

Questions raised during the discussion time were:

Lauris Olson (Story) asked will each supervisor on the governing board take it back to their boards to get input from them. BJ Hoffman (Hardin) agreed it needed to go back to local boards for information.

Chad Behn (Boone) asked about the CARES act giving us any fiscal advantage. Russell stated we need to spend CARE Dollars by the end of this year.

Mark Campbell (Webster) stated he felt the conversation was beneficial to them. They do not want to harm any other counties but prefer to benefit another region. The two counties combined would bring in over 78,000 individuals. They also bring along many providers. Chris Watts (Cerro Gordo) felt the meeting was good, looking at CICS because of their leadership. Bill Patten (Chair) stated the discussion was a



good thing to do. Some positive things to be gained by adding the counties and is willing to look at those things.

Chad Behn (Boone), asked if it is a package deal, and what are the reasons they were wanting to leave? CICS could vote separately and take only one county. Service development was one of the reasons for leaving the region. Mark Campbell (Webster) stated they appreciate where our region is, and they feel they want to mirror our region. Looking for services our counties do not have.

Doug Bailey (Hamilton) voiced concerns about this being done in the next couple of months. He felt it does not provide a lot of time to explore. It is concerning that the counties have had trouble in their own region and our region has not had problems. What happens to Wright and Humboldt if we take on Webster and Cerro Gordo. He feels we need to let DHS do their job. Carl Helgvold (Wright) stated that DHS is currently involved and would like to see where that goes. Lauris Olson (Story) asked if there was consensus with other board members on leaving the region. Both counties agreed that other board members are ok with looking at joining CICS. Mike Nolte (Franklin) did reach out to CSS region in the beginning when Franklin was looking at regions and decided it was not the region, they felt fit well.

Brandon Talsma (Jasper) will we as a board revisit this? It was decided we will revisit every month until we decide. Hoffman (Hardin) concurred with Brandon that we do not put this on the back burner. He would like to have something to take to his board to inform them. Phil Clifton (Madison) stated we talked about adding Greene and it was a small county who did not change things much for us. Feels it is a bigger thing adding the two additional counties, something to think about. Mike Nolte (Franklin) asked if we will have a committee to look at all the issues that we need to consider before bringing them on. Russell stated he is not trying to convince we need to grow or add counties to our region. He stated the staff you have hired have the capability of managing growth. Chad Behn (Boone) asked If there is an official request how big can we grow, in numbers and financially. Chris Watts (Cerro Gordo) Would the board have any problem with the two counties having additional conversations with admin staff. Lauris Olson (Story) said that you can never have too much information. Bill Patten (Marshall) agreed that it would be okay. Doug Bailey (Hamilton) it would be nice to know what DHS process is, or what the protocol is and what they are doing.

Finance

Betsy presented the July Expenditure Report. This format is closer to what you see in your individual counties. Looking at how much was spent and how much was left.

Betsy presented the claims for July 28-August 25. Board Chair asks for motion to approve July 28, 2020-August 25, 2020 claims. Motion made by Bailey, second by Talsma. Motion carried. Roll call vote. Ayes: Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Story, JD Deambra, Amy Wulfekuhle.

Betsy reported on the fiscal policy update it has been presented to finance committee Changes made

1. Deposits into the regional pool fund account, taking tax asking and sending to fiscal agent. Send notice twice a year due to the fund balance.
2. When a county withdraws from region and cash flow, they would take with them, updated policy on the legislative population, percentage on county population.



Fiscal Policy Update

Board Chair asks for motion to approve Fiscal Policy update. Motion made by Talsma, second by Hoffman. Motion carried. Roll call vote. Ayes: Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Story, JD Deambra, Allie Wulfekuhle.

Betsy gave an update on the fund transfer request from Franklin, went to the finance committee. Transfer of 200,000 to Franklin County. Reason for the need, Russell went to 100% when he became CEO and they employee two regional employees. They would be in the negative unless we move the money.

Funds Transfer Request from Franklin County: Board Chair asks for motion to approve fund transfer request form Franklin County. Motion made by Bailey, second by Behn. Abstained: Nolte. Motion carried. Roll call vote. Ayes: Boone, Hamilton, Jasper, Madison, Marshall, Story, JD Deambra, Allie Wulfekuhle. Abstentions: Franklin

Operations (Karla)

Adult Advisory Appointment – Nikki Fischer (Provider Rep from Boone)

Board Chair asks for motion to approve Nikki Fischer as the provider representative from Boone county to serve on the Adult Advisory Group. Motion made by Deambra, second by Olson. Motion carried.

FY21 Provider Agreements and Amendments: Karla presented the agreement and amendments Achieve Mental Health, Inc. Board Chair asks for motion to approve Achieve Mental Health Inc., Optima Life Services, Prairie Ridge Integrated Behavioral Healthcare and Youth Emergency Service and Shelter agreements and amendments. Motion made by Talsma. Second by Bailey. Motion carried.

Community and Family Resources: Board Chair asks for motion to approve Community and Family Resources contract. Motion by Clifton, second by Talsma Motion carried. Abstentions: Bailey, Olson.

Chair adjourned the meeting.

Next Meeting – September 24, 2020

Future Meeting Dates

- October 22, 2020
- November 19, 2020
- December 17, 2020





CICS

Supporting Individuals. Strengthening Communities.

CICS Governing Board,

In this attachment you will find information and thoughts regarding the counties who are requesting permission to join CICS, as well as some general thoughts about the advantages and disadvantages of adding counties to CICS. At this time, three counties (Cerro Gordo, Webster, and Wright) have applied to join CICS. These counties would bring in additional clients, expenditures, revenues, and providers.

FINANCES:

The administrative team has been looking at supplied information and performing some general analysis such as expenditures vs. revenues, numbers of clients in services and types of services being provided.

The following table shows the expenditures of each county. These are unaudited, non-accrual and have had adjustments made by CICS staff that are based on our assumptions. They are shown three ways.

- 1) The first column shows the expenditures for last fiscal year not including the administrative dollars. This is shown this way because CICS will have administrative expenses that are different than those of CSS.
- 2) The second column shows those expenditures and additionally removes costs that are associated with provider functions that CSS performs and also some one-time expenditures that CSS made last year.
- 3) The final column shows the expenditures without including the above and further removing all staff costs. This was done due to the fact that staff costs may be different than what they were last fiscal year and this gives a base cost.

Previous Year's Expenditures

		Expenditures Not including Administrative	Expenditures Not including Provider Staff	Expenditures Not including All Staff
Cerro Gordo	Expenditures	\$ 1,212,918.25	\$ 1,033,731.76	\$ 807,459.05
	Population	42450	42450	42450
	Per Capita	\$ 28.57	\$ 24.35	\$ 19.02
Webster	Expenditures	\$ 1,253,920.69	\$ 1,132,011.58	\$ 819,995.54
	Population	35908	35908	35908
	Per Capita	\$ 34.92	\$ 31.53	\$ 22.84
Wright	Expenditures			
	Population	12562	12562	12562
	Per Capita	\$ -	\$ -	\$ -

*Wright County data was not available at the time this was done.

In doing a revenue and expenditure analysis, CICS staff looked at the potential of the counties in question to generate tax dollars to cover the costs of the services that were funded for them. This looked at the current levy and the potential the county had to levy. Basically, can a county cover the costs that they bring to CICS or would CICS have to levy to cover it from current members.

The following table shows the amount of property taxes that the counties in CICS and those applying would generate under the current \$26.00 per capita amount and the maximum \$35.50 per capita amount.

Current and Maximum Levies

		Current Levy	Max Levy
Boone	26,234	\$ 682,084	\$ 931,307
Franklin	10,070	\$ 261,820	\$ 357,485
Greene	8,888	\$ 231,088	\$ 315,524
Hamilton	14,773	\$ 384,098	\$ 524,442
Hardin	16,846	\$ 437,996	\$ 598,033
Jasper	37,185	\$ 966,810	\$ 1,320,068
Madison	16,338	\$ 424,788	\$ 579,999
Marshall	39,369	\$ 1,023,594	\$ 1,397,600
Poweshiek	18,504	\$ 481,104	\$ 656,892
Story	97,117	\$ 2,525,042	\$ 3,447,654
Warren	51,466	\$ 1,338,116	\$ 1,827,043
CICS Totals	336,790	\$ 8,756,540	\$ 11,956,045

Cerro Gordo	42450	\$ 1,103,700	\$ 1,506,975
Webster	35908	\$ 933,608	\$ 1,274,734
Wright	12562	\$ 326,612	\$ 445,951
New Totals	427,710	11,120,460	15,183,705

CICS does not look at per capita expenditures by county when planning and funding services for current counties. This was done only to identify the expenses being brought into the region.

Based on the numbers, the counties who are requesting to join CICS could levy the amount necessary to cover the costs of the services they provide. Also, consider that CICS does provide some services that are not in CSS and others in ways different than CSS as every region is unique. This may change the numbers above. As such, they are only for planning and informational purposes and are not a guarantee of future expenditures.



POPULATION

The following shows the current regional layout in the state of Iowa with current regional populations:



Region	Population
Central Iowa Community Services	336,790
County Rural Offices of Social Services	78,160
County Social Services	419,880
Eastern Iowa MHDS Region	300,102
Heart of Iowa Region	109,638
MHDS of the East Central Region	600,915
Northwest Iowa Care Connection	63,408
Polk County Health Services	490,161
Rolling Hills Community Services Region	197,196
Sioux Rivers MHDS	102,798
South Central Behavioral Health Region	78,490
Southeast Iowa Link	161,163
Southern Hills Regional Mental Health	29,116
Southwest Iowa MHDS Region	187,253



The following shows the potential regional layout in the state.

(Population numbers for CICS are in the table above.)



The question has been asked: How big is too big?

The answer to the above question is: It is too big if your staff cannot provide the same, or better, quality services to your clients, taxpayers, and other stakeholders.

CICS has a different corporate structure than most regions as it has an administrative team with five individuals with specific duties and skill sets. CICS Administrative Team members will capitalize on their strengths and analyze the need for additional staff resources, or re-deployment of staff resources in additional or different areas.

Specific items that would need to be accomplished by the July 1, 2021 entry of any county would include:

- 1) Finance: Budgeting (regional and county) and potential addition to claims processing
- 2) Operations: Contracts with new providers and potential additional support for contracting
- 3) Service Coordination: Funding Authorizations for new clients and potential additional lead
- 4) Planning and Development: Gap Analysis to begin the development of necessary services
- 5) CEO: Work with new county on roles and responsibilities of Board and County members, learn from each county the unique needs of that county, identify current staff levels of each county and work to meet the needs of the county.

The above activities are why the decision to add counties would be better now than later.



General advantages and disadvantages to adding counties

- 1) Any change creates change. This is an uncertain and is always the first objection to doing things differently. CICS is operating well and adding other counties may make things better or worse, but we won't know which until we change.
- 2) Adding counties adds covered lives. From an insurance perspective this allows the region and additional counties to spread their financial risk across a greater population.
- 3) Adding counties adds contract providers. This allows CICS to do negotiating and prioritizing of investments with providers to meet the needs of our clients. Additional providers also allow for diversification in contracting and allow for reduced risk in contracting by ensuring a provider panel that is both robust and deep.
- 4) Adding counties adds some specialist providers to the region including a hospital with a behavioral health inpatient unit and many medication prescribers.
- 5) Adding counties adds "critical mass" when looking at the development of new services. The region's intensive services could benefit by having other "service anchors". This can only be accomplished if the client numbers and available funds are enough to meet the need. This would apply to things like access centers, sub-acute, intensive residential, ACT and other complex needs services.
- 6) Adding counties allows for capitalization on specific skill sets. CICS staff can use and obtain skills that benefit the clients we serve. Adding population allows for specialization for staff and can help ensure services have outcomes that meet the goals of clients without overtaxing the system.

There are many reasons not listed why adding counties may or may not be good for CICS.

Ultimately, the question that comes before the governing board is does adding counties **better equip or interfere with** our goal of "improving the health, hope, and successful outcomes for the adults in our region who have mental health disabilities, intellectual/developmental disabilities, and brain injuries, including those with multi-occurring issues and other complex human service needs, and for children who have a diagnosis of serious emotional disturbance."

Thank you for reading this report,



Russell Wood, Chief Executive Officer
Central Iowa Community Services



Disbursement Date 09/08/2020

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
1183 V	60	Linn Adams		Services Management - Mil	41500	04022	413	62				44.00	
1183 V	60	Linn Adams		Services Management - Mil	41500	04222	413	62				42.69	
1183 V	60	Linn Adams		Services Management - Mil	41500	04322	413	62				42.69	
				Disbursement#	2831							Disbursement Total	129.38
1223 V	7342	Ames Tribune		Direct Admin - Publicatio	41500	04411	400	62				154.71	
1223 V	7342	Ames Tribune		Direct Admin - Publicatio	41500	04411	400	62				178.87	
				Disbursement#	2832							Disbursement Total	333.58
1186 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04042	366	62				22.41	
1186 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04242	366	62				545.12	
1186 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04342	366	62				7.47	
				Disbursement#	2833							Disbursement Total	575.00
1188 V	790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				35.75	
				Disbursement#	2834							Disbursement Total	35.75
1189 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				36.25	
1190 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				13.55	
				Disbursement#	2835							Disbursement Total	49.80
1191 V	973	Buchanan County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				32.80	
				Disbursement#	2836							Disbursement Total	32.80
1195 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45	
1195 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45	
1195 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45	
1195 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09	
1195 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45	
1195 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45	
1195 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45	
1195 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90	
				Disbursement#	2837							Disbursement Total	811.69
1197 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				294.00	
1197 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				490.00	
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				138.88	
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				416.63	
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				277.75	
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				492.38	
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				303.00	
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				404.00	
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				454.51	
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				366.13	
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				492.38	
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				404.00	
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				378.75	
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				315.63	
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				441.88	
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				366.13	

Disbursement Date 09/08/2020

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				189.38
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				214.63
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				303.00
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				265.13
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				378.75
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.25
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.63
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				151.50
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				366.13
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				303.00
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				189.38
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				176.75
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				340.88
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				353.50
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				404.00
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				429.25
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				315.63
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				252.50
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				239.88
1198 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				227.25
				Disbursement#	2838							
						Disbursement	Total					11,982.47
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				290.38
1198 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				290.38
				Disbursement#	2839							
						Disbursement	Total					580.76
1199 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				311.22
				Disbursement#	2840							
						Disbursement	Total					311.22
1196 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04232	329	62				51.00
1196 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04232	329	62				51.00
1196 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04232	329	62				411.84
1196 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04332	329	62				263.12
				Disbursement#	2841							
						Disbursement	Total					776.96
1200 V	1603	Community & Family Resource		Crisis Stabilization Resi	41500	04044	313	62				1750.00
				Disbursement#	2842							
						Disbursement	Total					1,750.00
1192 V	1089	County Social Services		Crisis Evaluation	41500	04044	301	62				450.00
1192 V	1089	County Social Services		Crisis Evaluation	41500	04044	301	62				450.00
				Disbursement#	2843							
						Disbursement	Total					900.00
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	306	62				132.81
1217 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				167.49-

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
1217 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				4640.00
1217 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				5410.77
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				228.34
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	306	62				72.45
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	306	62				28.98
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	306	62				101.60
1217 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	306	62				72.45
1218 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				5634.09
1218 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1218 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				59.43
1218 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1218 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				155.61
1218 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	306	62				263.30
				Disbursement#	2844							18,230.72
				Disbursement Total								
1231 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				65.65
				Disbursement#	2845							65.65
				Disbursement Total								
1201 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				149.50
1201 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				162.50
1201 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				188.50
				Disbursement#	2846							500.50
				Disbursement Total								
1202 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				120.00
				Disbursement#	2847							120.00
				Disbursement Total								
1203 V	2840	Sandra Hart, Attorney at Law		Commitment - Legal Repres	41500	04074	393	62				220.50
				Disbursement#	2848							220.50
				Disbursement Total								
1206 V	3132	Horn Law Offices		Commitment - Legal Repres	41500	04074	393	62				94.50
				Disbursement#	2849							94.50
				Disbursement Total								
1207 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				331.84
1207 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				390.40
1207 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				144.63
1207 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				51.00
1207 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				156.16
1207 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				204.96
				Disbursement#	2850							1,278.99
				Disbursement Total								
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				248.34
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				248.34
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				537.33
1209 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
				Disbursement#	2851	Disbursement		Total				3,553.62
1210 V	3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				825.01
				Disbursement#	2852	Disbursement		Total				825.01
1211 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				9.00
1211 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				315.90
1211 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
1211 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				32.00
1211 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
1211 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				56.00
1211 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
				Disbursement#	2853	Disbursement		Total				505.90
1212 V	4757	Mercy Medical Center-North IA		Other Priv./Public Hospit	41500	04073	319	62				1318.00
				Disbursement#	2854	Disbursement		Total				1,318.00
1213 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				6100.00
				Disbursement#	2855	Disbursement		Total				6,100.00
1214 V	5074	Mosley Law & Associates, PC		Commitment - Legal Repres	41500	04074	393	62				162.00
				Disbursement#	2856	Disbursement		Total				162.00
1215 V	5112	NeighborCare Pharm. Svcs		Prescription Medication (	41500	04046	306	62				346.02
				Disbursement#	2857	Disbursement		Total				346.02
1216 V	5250	North Iowa Juvenile Detention		Transportation - General	41500	04031	354	62				140.00
				Disbursement#	2858	Disbursement		Total				140.00
1233 V	83116	North Star Community Services		Support Services - Suppor	41500	04032	329	62				178.18
				Disbursement#	2859	Disbursement		Total				178.18
1230 V	7964	Olberding Law Office		Commitment - Legal Repres	41500	04074	393	62				94.50
				Disbursement#	2860	Disbursement		Total				94.50
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				6007.10
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				1890.00
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				1050.00
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				315.00
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				102.00
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				110.90
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				51.00
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				51.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				425.80
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				102.00
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				320.90
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				163.20
1204 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				68.12
1204 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				68.12
1204 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				68.12
1204 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				68.12
1204 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				68.12
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				637.00
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				840.00
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				110.25
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				110.25
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				85.75
1204 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				392.00
1204 V	2872	Optimae LifeServices, Inc.		Day Habilitation	41500	04350	367	62				36.40
1204 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				202.75
1204 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				202.75
1205 V	2872	Optimae LifeServices, Inc.		Justice System Involved C	41500	04025	376	62				5882.00
1205 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				2422.00
1205 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				14684.50
1205 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				980.00
1205 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				2453.25
				Disbursement#	2861	Disbursement	Total					39,746.60
1219 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				60.08
1220 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				69.33
1220 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				126.36
				Disbursement#	2862	Disbursement	Total					255.77
1232 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	366	62				5791.46
				Disbursement#	2863	Disbursement	Total					5,791.46
1221 V	5825	Premier Payee, Inc		Support Services - Suppor	41500	04732	329	62				117.39
1221 V	5825	Premier Payee, Inc		Support Services - Repres	41500	04032	327	62				44.00
				Disbursement#	2864	Disbursement	Total					161.39
1184 V	322	Salvation Army		Support Services - Repres	41500	04032	327	62				783.20
1184 V	322	Salvation Army		Support Services - Repres	41500	04232	327	62				220.00
				Disbursement#	2865	Disbursement	Total					1,003.20
1187 V	771	Sioux Rivers Region		Mental Health Advocate -	41500	04075	395	62				181.97
				Disbursement#	2866	Disbursement	Total					181.97
1193 V	1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				36.00
1194 V	1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				99.00
1194 V	1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				123.00
				Disbursement#	2867	Disbursement	Total					258.00
1208 V	3439	St. Luke's Hospital		Commitment - Diagnostic E	41500	04074	300	62				128.82

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	2868	Disbursement	Total					128.82
1222	V 7125	Story County Treasurer		Prescription Medication (	41500	04046	306	62				249.10
				Disbursement#	2869	Disbursement	Total					249.10
1185	V 367	Betsy Stursma		Direct Admin - Mileage &	41500	04411	413	62				178.83
				Disbursement#	2870	Disbursement	Total					178.83
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				871.13-
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				3513.74-
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				2073.92
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				7335.06
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				4735.80
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				404.00
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				847.00
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				3113.72-
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				4545.08-
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				4044.10-
1224	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				5027.68
1225	V 7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				2407.94
				Disbursement#	2871	Disbursement	Total					6,743.63
1226	V 7601	VISA		Direct Admin - Informatio	41500	04411	632	62				807.74
				Disbursement#	2872	Disbursement	Total					807.74
1227	V 7604	Brian Vold ARNP PLC		Psychotherapeutic Treatme	41500	04042	306	62				232.09
				Disbursement#	2873	Disbursement	Total					232.09
1228	V 7772	Wild, Baxter, and Sand PC		Commitment - Legal Repres	41500	04074	393	62				237.60
1229	V 7772	Wild, Baxter, and Sand PC		Commitment - Legal Repres	41500	04074	393	62				113.95
				Disbursement#	2874	Disbursement	Total					351.55
					44	Total Disbursements						108,093.65
					0	Total ACH						.00
					0	Total EFT						.00
					44	Grand Total						108,093.65
						Credits/Refunds Included						16,366.16

Totals by Fund
 41500 Central Iowa Community Service 108,093.65
 Final Total 108,093.65

End of report

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
1434 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04042	366	62				3500.00
1434 V	508	ARC of Story County		Services Management - Pla	41500	04222	372	62				183.47
				Disbursement# 2875								Disbursement Total 3,683.47
1435 V	686	Benson Law P.C.		Commitment - Legal Repres	41500	04074	393	62				63.00
				Disbursement# 2876								Disbursement Total 63.00
1439 V	884	Boone County Jail		Prescription Medication (	41500	04046	306	62				81.89
				Disbursement# 2877								Disbursement Total 81.89
1440 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				155.61
1440 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1440 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				72.45
1440 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				155.61
1441 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				1038.78
1441 V	1230	Capstone Behavioral Healthcare		Justice System Involved C	41500	04025	376	62				6051.00
1441 V	1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				1992.70
1441 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				155.61
1441 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				59.43
1441 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				59.43
1441 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				274.47
1441 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				155.61
1441 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				215.04
1441 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				7104.00
1441 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				6651.00
1441 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				62.28
1441 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				68.50
1441 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				59.43
1441 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1441 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				59.43
1441 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				114.17
1441 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				232.09
1441 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				72.45
1441 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				342.51
1441 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				114.17
				Disbursement# 2878								Disbursement Total 25,494.11
1446 V	2097	Cedar Valley Ranch, Inc.		Comm Based Settings (6+ B	41500	04064	314	62				4910.40
				Disbursement# 2879								Disbursement Total 4,910.40
1442 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
1442 V	1327	Center Associates		Justice System Involved C	41500	04025	376	62				6480.00
1442 V	1327	Center Associates		Crisis Evaluation	41500	04044	301	62				342.51
				Disbursement# 2880								Disbursement Total 6,894.96
1444 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				683.55
1444 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04332	329	62				234.36
1444 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04350	367	62				1008.35
1444 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				7125.00
1444 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				7125.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
1444	V 1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				5377.00
				Disbursement# 2881		Disbursement		Total				21,553.26
1443	V 1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04032	329	62				51.00
1443	V 1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04032	329	62				51.00
1443	V 1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04232	329	62				51.00
1443	V 1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04232	329	62				462.84
1443	V 1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04332	329	62				366.08
				Disbursement# 2882		Disbursement		Total				981.92
1445	V 1493	Clay County Sheriff's Office		Commitment - Sheriff Tran	41500	04074	353	62				57.50
				Disbursement# 2883		Disbursement		Total				57.50
1488	V 83451	Community Care of Knoxville		Comm Based Settings (6+ B	41500	04064	314	62				2170.00
				Disbursement# 2884		Disbursement		Total				2,170.00
1484	V 72493	Jill Eaton		Direct Admin - Mileage &	41500	04411	413	62				73.60
				Disbursement# 2885		Disbursement		Total				73.60
1469	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				64006.74
1469	V 5696	Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				6863.00
1469	V 5696	Eyerly Ball CMHS		Crisis Evaluation	41500	04044	301	62				3917.00
				Disbursement# 2886		Disbursement		Total				74,786.74
1447	V 2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				2294.48
1447	V 2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04242	366	62				3154.90
1447	V 2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04342	366	62				573.62
				Disbursement# 2887		Disbursement		Total				6,023.00
1449	V 2438	Foundation 2, Inc.		Mobile Response	41500	04044	307	62				6792.00
				Disbursement# 2888		Disbursement		Total				6,792.00
1448	V 2420	Franklin County Auditor		MHDS Fiscal Agent Reimbur	41500	04414	951	62				200000.00
				Disbursement# 2889		Disbursement		Total				200,000.00
1450	V 2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				130.00
				Disbursement# 2890		Disbursement		Total				130.00
1451	V 2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				32.00
1451	V 2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				62.00
				Disbursement# 2891		Disbursement		Total				94.00
1452	V 2726	Hamilton County Jail		Prescription Medication (	41500	04046	306	62				54.44
				Disbursement# 2892		Disbursement		Total				54.44
1436	V 721	Heart of Iowa Community Srvs		Mental Health Advocate -	41500	04075	395	62				87.81
1436	V 721	Heart of Iowa Community Srvs		Mental Health Advocate -	41500	04075	395	62				69.43
1437	V 721	Heart of Iowa Community Srvs		Mental Health Advocate -	41500	04075	395	62				58.91
1437	V 721	Heart of Iowa Community Srvs		Public Education Services	41500	04005	373	62				113.70
				Disbursement# 2893		Disbursement		Total				329.85

Disbursement Date 09/22/2020

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
1453	V 3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				8029.62
				Disbursement# 2894		Disbursement		Total				8,029.62
1464	V 5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				113.08
1464	V 5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				454.08
1464	V 5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				188.43
				Disbursement# 2895		Disbursement		Total				755.59
1454	V 3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				27.07
1454	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				408.00
1455	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				341.60
1455	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04050	367	62				1347.27
1455	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				3321.00
1455	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				4049.92
1455	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04250	367	62				542.48
1455	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				3275.70
1455	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				4616.48
1455	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04350	367	62				1757.00
1455	V 3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				493.84
1455	V 3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				498.05
				Disbursement# 2896		Disbursement		Total				20,678.41
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2030.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
1456	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00

Disbursement Date 09/22/2020

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
1456 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
1456 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
1456 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
1456 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04244	301	62				290.00
				Disbursement#	2897						Disbursement Total	28,130.00
1457 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				840.43
1457 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				415.50
1457 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				73.25
1457 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				375.05
1457 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				403.88
				Disbursement#	2898						Disbursement Total	2,108.11
1458 V	3852	Kathleen's Care, Inc		Comm Based Settings (6+ B	41500	04064	314	62				1913.63
				Disbursement#	2899						Disbursement Total	1,913.63
1459 V	4025	La Luz Hispana		Direct Admin - Educationa	41500	04411	422	62				350.00
				Disbursement#	2900						Disbursement Total	350.00
1460 V	4136	Legal Aid Society of Story Co.		Basic Needs - Other	41500	04033	399	62				473.88
				Disbursement#	2901						Disbursement Total	473.88
1461 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
1461 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
				Disbursement#	2902						Disbursement Total	62.00
1462 V	4721	Medicap Pharmacy		Prescription Medication (	41500	04046	306	62				357.20
				Disbursement#	2903						Disbursement Total	357.20
1463 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04050	368	62				69.71
1463 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04250	362	62				412.40
1463 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04250	368	62				372.46
1463 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				412.40
1463 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04350	368	62				209.13
1463 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04750	362	62				82.48
				Disbursement#	2904						Disbursement Total	1,558.58
1486 V	83116	North Star Community Services		Support Services - Suppor	41500	04032	329	62				89.09
				Disbursement#	2905						Disbursement Total	89.09
1465 V	5317	Nyemaster Goode, PC		Purchased Admin - Legal &	41500	04412	425	62				225.00
1466 V	5317	Nyemaster Goode, PC		Purchased Admin - Legal &	41500	04412	425	62				275.00
1466 V	5317	Nyemaster Goode, PC		Purchased Admin - Legal &	41500	04412	425	62				25.00
				Disbursement#	2906						Disbursement Total	525.00
1479 V	6871	Partnership for Progress		Comm Based Settings (6+ B	41500	04064	314	62				1922.00
				Disbursement#	2907						Disbursement Total	1,922.00
1468 V	5596	Penn Center		Comm Based Settings (6+ B	41500	04064	314	62				5830.60
				Disbursement#	2908						Disbursement Total	5,830.60

Disbursement Date 09/22/2020

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
1470 V	5750	Polk County Sheriff's Office		Commitment - Sheriff Tran	41500	04074	353	62				32.30
				Disbursement# 2909		Disbursement		Total				32.30
1471 V	5788	Pottawattamie Co Sheriff's Off		Commitment - Sheriff Tran	41500	04074	353	62				35.00
				Disbursement# 2910		Disbursement		Total				35.00
1472 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				57.08
				Disbursement# 2911		Disbursement		Total				57.08
1485 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	366	62				3309.40
1485 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04242	366	62				2068.39
1485 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04742	366	62				413.67
				Disbursement# 2912		Disbursement		Total				5,791.46
1487 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				19844.65
				Disbursement# 2913		Disbursement		Total				19,844.65
1473 V	5840	Progress Industries		Support Services - Suppor	41500	04032	329	62				3222.60
1473 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04050	368	62				985.54
1473 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				1117.38
1473 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04350	368	62				744.92
1473 V	5840	Progress Industries		Support Services - Suppor	41500	04732	329	62				225.33
1473 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04750	368	62				272.48
				Disbursement# 2914		Disbursement		Total				6,568.25
1467 V	5533	Region Six Planning Commission		Transportation - General	41500	04031	354	62				60.00
1467 V	5533	Region Six Planning Commission		Transportation - General	41500	04231	354	62				50.00
1467 V	5533	Region Six Planning Commission		Transportation - General	41500	04331	354	62				111.00
				Disbursement# 2915		Disbursement		Total				221.00
1474 V	6126	Ellen Ritter		Services Management - Edu	41500	04022	422	62	56			21.60
1474 V	6126	Ellen Ritter		Services Management - Edu	41500	04222	422	62	56			20.97
1474 V	6126	Ellen Ritter		Services Management - Edu	41500	04322	422	62	56			20.97
				Disbursement# 2916		Disbursement		Total				63.54
1430 V	322	Salvation Army		Support Services - Repres	41500	04332	327	62				44.00
1430 V	322	Salvation Army		Support Services - Repres	41500	04332	327	62				88.00
1431 V	322	Salvation Army		Support Services - Repres	41500	04032	327	62				739.20
1431 V	322	Salvation Army		Support Services - Repres	41500	04232	327	62				220.00
1431 V	322	Salvation Army		Support Services - Repres	41500	04332	327	62				132.00
1431 V	322	Salvation Army		Support Services - Repres	41500	04332	327	62				132.00
				Disbursement# 2917		Disbursement		Total				1,355.20
1476 V	6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				9.78
1477 V	6470	Kim Schomaker		Services Management - Mil	41500	04022	413	62				11.50
1477 V	6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				29.32
				Disbursement# 2918		Disbursement		Total				50.60
1475 V	6455	Scott County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				37.21
				Disbursement# 2919		Disbursement		Total				37.21

Disbursement Date 09/22/2020

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
1438 V	771	Sioux Rivers Region		Mental Health Advocate -	41500	04075	395	62				248.42
				Disbursement#	2920	Disbursement	Total					248.42
1432 V	499	Stiefel Law Office		Commitment - Legal Repres	41500	04074	393	62				60.00
1433 V	499	Stiefel Law Office		Commitment - Legal Repres	41500	04074	393	62				47.94
				Disbursement#	2921	Disbursement	Total					107.94
1478 V	6706	Story County Community Serv		Direct Admin - Mileage &	41500	04411	413	62				4.60
				Disbursement#	2922	Disbursement	Total					4.60
1480 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				350.00
				Disbursement#	2923	Disbursement	Total					350.00
1481 V	7739	Wheatsfield Cooperative		Direct Admin - Stationary	41500	04411	260	62	56			49.90
				Disbursement#	2924	Disbursement	Total					49.90
1482 V	7772	Wild, Baxter, and Sand PC		Commitment - Legal Repres	41500	04074	393	62				83.95
1482 V	7772	Wild, Baxter, and Sand PC		Commitment - Legal Repres	41500	04074	393	62				164.95
				Disbursement#	2925	Disbursement	Total					248.90
1483 V	7806	Russell Wood		Direct Admin - Mileage &	41500	04411	413	62				666.93
				Disbursement#	2926	Disbursement	Total					666.93
					52	Total Disbursements						462,690.83
					0	Total ACH						.00
					0	Total EFT						.00
					52	Grand Total						462,690.83
						Credits/Refunds Included						.00

Totals by Fund	
41500 Central Iowa Community Service	462,690.83
Final Total	462,690.83

End of report

August 2020 Expenditure Report

FY 2021	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY21 Budget	Budget Remaining	% of Budget Used
Core Domains						
COA	Treatment					
42305	Mental health outpatient therapy	\$ 569	\$ 1,020	\$ 150,000	\$ 148,980	1%
42306	Medication prescribing & management	\$ 623	\$ 4,421	\$ 20,000	\$ 15,579	22%
43301	Assessment & evaluation	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
71319	Mental health inpatient therapy-MHI	\$ -	\$ -	\$ 200,000	\$ 200,000	0%
73319	Mental health inpatient therapy	\$ -	\$ -	\$ 25,000	\$ 25,000	0%
Crisis Services						
32322	Personal emergency response system	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
44301	Crisis evaluation	\$ 64,810	\$ 82,657	\$ 750,000	\$ 667,343	11%
44302	23 hour crisis observation & holding	\$ -	\$ -	\$ 40,000	\$ 40,000	0%
44305	24 hour access to crisis response	\$ -	\$ 6,918	\$ -	\$ (6,918)	
44307	Mobile response	\$ 64,479	\$ 131,097	\$ 950,000	\$ 818,903	14%
44312	Crisis Stabilization community-based services	\$ -	\$ -	\$ 100,000	\$ 100,000	0%
44313	Crisis Stabilization residential services	\$ 1,925	\$ 1,925	\$ 225,000	\$ 223,075	1%
44396	Access Centers: start-up / sustainability	\$ -	\$ -	\$ 300,000	\$ 300,000	0%
Support for Community Living						
32320	Home health aide	\$ -	\$ -	\$ -	\$ -	
32325	Respite	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -	
32329	Supported community living	\$ 30,220	\$ 86,421	\$ 1,100,000	\$ 1,013,579	8%
42329	Intensive residential services	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
Support for Employment						
50362	Prevocational services	\$ 825	\$ 825	\$ 25,000	\$ 24,175	3%
50364	Job development	\$ -	\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 4,601	\$ 7,187	\$ 225,000	\$ 217,813	3%
50368	Supported employment	\$ 8,642	\$ 15,433	\$ 100,000	\$ 84,567	15%
50369	Group Supported employment-enclave	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
Recovery Services						
45323	Family support	\$ -	\$ 4,160	\$ 25,000	\$ 20,840	17%
45366	Peer support	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
Service Coordination						
21375	Case management	\$ -	\$ -	\$ -	\$ -	
24376	Health homes	\$ -	\$ -	\$ -	\$ -	
Sub-Acute Services						
63309	Subacute services-1-5 beds	\$ -	\$ -	\$ 100,000	\$ 100,000	0%
64309	Subacute services-6 and over beds	\$ -	\$ -	\$ 100,000	\$ 100,000	0%
Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	\$ -	\$ -	\$ 15,000	\$ 15,000	0%
32396	Supported housing	\$ -	\$ -	\$ -	\$ -	
42398	Assertive community treatment (ACT)	\$ -	\$ -	\$ 125,000	\$ 125,000	0%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
Core Domains Total		\$ 176,695	\$ 342,064	\$ 5,155,000	\$ 4,812,936	7%
Mandated Services						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 9,293	\$ 19,660	\$ 400,000	\$ 380,340	5%
75XXX	Mental health advocate	\$ 14,893	\$ 27,988	\$ 250,000	\$ 222,012	11%
Mandated Services Total		\$ 24,185	\$ 47,648	\$ 700,000	\$ 652,352	7%
Additional Core Domains						
Justice system-involved services						
25xxx	Coordination services	\$ 19,394	\$ 19,394	\$ 600,000	\$ 580,606	3%
44346	24 hour crisis line**	\$ 40,752	\$ 40,752	\$ -	\$ (40,752)	
44366	Warm line**	\$ -	\$ 1,086	\$ 10,000	\$ 8,914	11%
46305	Mental health services in jails	\$ 2,030	\$ 8,582	\$ 250,000	\$ 241,418	3%
46399	Justice system-involved services-other	\$ -	\$ -	\$ -	\$ -	
46422	Crisis prevention training	\$ -	\$ -	\$ 25,000	\$ 25,000	0%
46425	Mental health court related costs	\$ -	\$ -	\$ -	\$ -	
74301	Civil commitment prescreening evaluation	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	\$ 43,480	\$ 107,845	\$ 785,000	\$ 677,155	14%
42397	Psychiatric rehabilitation (IPR)	\$ -	\$ 91	\$ 60,000	\$ 59,909	0%
Additional Core Domains Total		\$ 105,656	\$ 177,749	\$ 1,735,000	\$ 1,557,251	10%
Other Informational Services						
03371	Information & referral	\$ 8	\$ 8	\$ -	\$ (8)	
04372	Planning and/or Consultation (client related)	\$ -	\$ -	\$ -	\$ -	
04377	Provider Incentive Payment	\$ -	\$ -	\$ -	\$ -	
04399	Consultation Other	\$ -	\$ -	\$ -	\$ -	
04429	Planning and Management Consultants (non-client related)	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
05373	Public education	\$ 3,069	\$ 6,746	\$ 200,000	\$ 193,254	3%
Other Informational Services Total		\$ 3,077	\$ 6,753	\$ 250,000	\$ 243,247	3%

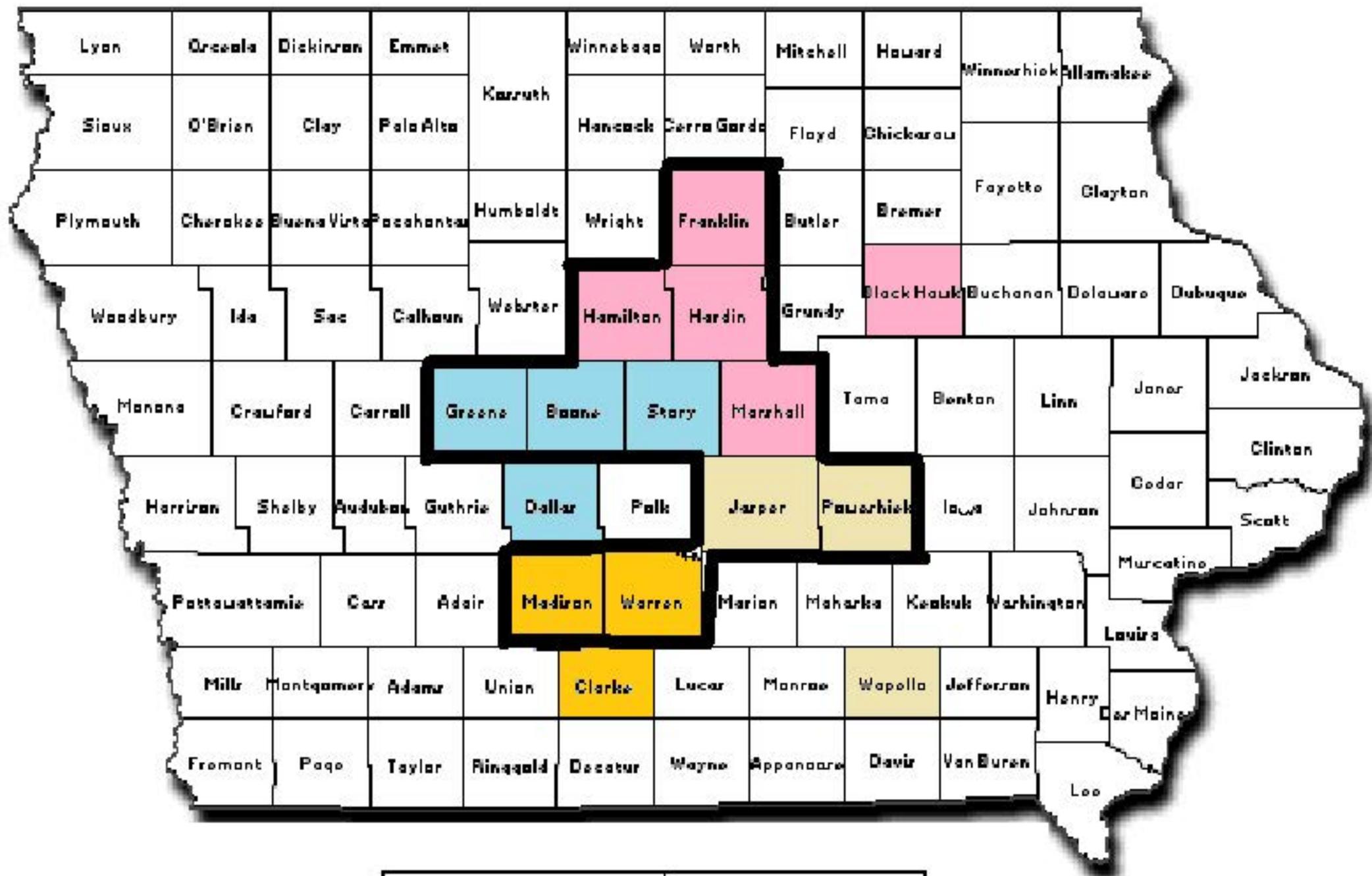
August 2020 Expenditure Report

FY 2021	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY21 Budget	Budget Remaining	% of Budget Used
Essential Community Living Support Services						
06399	Academic services		\$ -	\$ -	\$ -	
22XXX	Services management	\$ 107,725	\$ 226,206	\$ 1,600,000	\$ 1,373,794	14%
23376	Crisis care coordination	\$ -	\$ 44,197	\$ -	\$ (44,197)	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 11,534	\$ 19,270	\$ 250,000	\$ 230,730	8%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
32327	Representative payee	\$ 44	\$ 739	\$ 20,000	\$ 19,261	4%
32335	CDAC		\$ -	\$ 200,000	\$ 200,000	0%
32399	Other support		\$ -	\$ 80,000	\$ 80,000	0%
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 2,160	\$ 7,004	\$ -	\$ (7,004)	
33345	Ongoing rent subsidy	\$ -	\$ -	\$ -	\$ -	
33399	Other basic needs	\$ 941	\$ 4,682	\$ -	\$ (4,682)	
41305	Physiological outpatient treatment	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
41306	Prescription meds	\$ -	\$ 65	\$ 15,000	\$ 14,935	0%
41307	In-home nursing		\$ -	\$ -	\$ -	
41308	Health supplies		\$ -	\$ -	\$ -	
41399	Other physiological treatment		\$ -	\$ -	\$ -	
42309	Partial hospitalization		\$ -	\$ -	\$ -	
42310	Transitional living program	\$ -	\$ 26,785	\$ 400,000	\$ 373,215	7%
42363	Day treatment		\$ -	\$ -	\$ -	
42396	Community support programs	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
42399	Other psychotherapeutic treatment	\$ -	\$ -	\$ -	\$ -	
43399	Other non-crisis evaluation		\$ -	\$ -	\$ -	
44304	Emergency care		\$ -	\$ -	\$ -	
44399	Other crisis services		\$ -	\$ -	\$ -	
45399	Other family & peer support		\$ -	\$ -	\$ -	
46306	Psychiatric medications in jail	\$ 939	\$ 1,816	\$ 50,000	\$ 48,184	4%
50361	Vocational skills training		\$ -	\$ -	\$ -	
50365	Supported education		\$ -	\$ -	\$ -	
50399	Other vocational & day services		\$ -	\$ -	\$ -	
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$ 981	\$ 981	\$ -	\$ (981)	
63XXX	ICF 1-5 beds (63317 & 63318)		\$ -	\$ -	\$ -	
63329	SCL 1-5 beds		\$ -	\$ -	\$ -	
63399	Other 1-5 beds		\$ -	\$ -	\$ -	
Essential Comm Living Support Services Total		\$ 124,325	\$ 331,746	\$ 2,635,000	\$ 2,303,254	13%
Other Congregate Services						
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 48,872	\$ 93,849	\$ 900,000	\$ 806,151	10%
64XXX	ICF 6 and over beds (64317 & 64318)		\$ -	\$ -	\$ -	
64329	SCL 6 and over beds	\$ -	\$ -	\$ -	\$ -	
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
Other Congregate Services Total		\$ 48,872	\$ 93,849	\$ 900,000	\$ 806,151	10%
Administration						
11XXX	Direct Administration	\$ 118,147	\$ 286,333	\$ 1,500,000	\$ 1,213,667	19%
12XXX	Purchased Administration	\$ 3,667	\$ 101,354	\$ 125,000	\$ 23,646	81%
Administration Total		\$ 121,814	\$ 387,687	\$ 1,625,000	\$ 1,237,313	24%
Regional Totals		\$ 604,623.12	\$ 1,387,495.91	\$ 13,000,000	\$ 11,612,504	11%
(45XX-XXX) County Provided Case Management						
(46XX-XXX) County Provided Services						

Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)

13951	Distribution to MHDS regional fiscal agent from member county	\$ -	\$ 68,047			
14951	MHDS fiscal agent reimbursement to MHDS regional member county					

PROVIDER	MOU EFFECTIVE DATE	DATE MOU APPROVED BY CICS	\$ AMOUNT APPROVED	COA	COVID-19 JUSTIFICATION
Access Inc.	9/4/2020	9/17/2020	\$8,000.00	32329	SCL Hazard Pay
Access Inc.	9/4/2020	9/17/2020	\$1,500.00	32329	SCL PPE
Access Inc.	9/4/2020	9/17/2020	\$500.00	32329	SCL IT Support for remote workers
Access Inc. Total			\$10,000.00		
Progress Industries	9/14/2020		\$10,000.00	32329	SCL Ford Transit Van
Progress Industries Total			\$10,000.00		
Newton Community School District	9/15/2020		\$10,000.00	05373	Public Education Social Emotional Learning Training
Newton Community School District Total			\$10,000.00		
Iowa Falls-Alden Community School District	9/18/2020		\$5,250.00	05373	Public Education Equipment
Iowa Falls-Alden Community School District	9/18/2020		\$650.00	05373	Public Education Supplies
Iowa Falls-Alden Community School District	9/18/2020		\$4,100.00	05373	Public Education Labor
Iowa Falls-Alden Community School District Total			\$10,000.00		
Alden Elementary School	9/18/2020		\$2,507.92	05373	Public Education Equipment
Alden Elementary School	9/18/2020		\$5,736.00	05373	Public Education Staff Support
Alden Elementary School Total			\$8,243.92		
LSI	9/18/2020		\$2,650.00	42305	Outpatient Therapy Training
LSI	9/18/2020		\$1,244.98	42305	Outpatient Therapy Equipment
LSI Total			\$3,894.98		
Colo-Nesco Community Schools	9/18/2020		\$3,000.00	05373	Public Education Education/Training
Colo-Nesco Community Schools Total			\$3,000.00		
Norwalk Community School District	9/17/2020		\$10,000.00	05373	Public Education Staff Compensation
Norwalk Community School District Total			\$10,000.00		
Winterset Community School District	9/17/2020	9/21/2020	\$10,000.00	05373	Public Education Supplies
Winterset Community School District Total			\$10,000.00		
Optimae Life Services	9/21/2020		\$6,399.84	32329	SCL Technology
Optimae Life Services	9/21/2020		\$2,245.00	32329	SCL Supplies
Optimae Life Services	9/21/2020		\$569.97	32329	SCL Equipment
Optimae Life Services Total			\$9,214.81		



Location	Miles to Access Center
Story - Ames	53
Boone - Boone	38
Franklin - Hampton	58
Hardin - Eldora	50
Hamilton - Webster City	81
Jasper - Newton	69
Marshall - Marshalltown	57
Greene - Jefferson	46
Poweshiek - Grinnell	60
Warren - Indianola	29
Madison - Winterset	34

**Central Iowa Community Services
Provider and Program Participation Agreement**

THIS PROVIDER AND PROGRAM PARTICIPATION AGREEMENT (“Agreement”), entered into this First day of August, 2020, is by and between Central Iowa Community Services (“CICS”) and Kadel Medical Services, LLC (“**Provider**”).

RECITALS:

A. CICS is a governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board. Mental health and disability services are funded and administered by CICS within the scope and according to the criteria of the Regional Management Plan. CICS desires to contract with Provider to provide Covered Services for the benefit of CICS Individuals.

B. Provider is licensed, certified and/or accredited under the laws of the State of Iowa to provide mental health, intellectual disabilities, and/or developmental disability services and desires to contract with CICS to provide Covered Services for the benefit of CICS Individuals.

C. An effective service delivery environment should be based on individualized, person centered, strengths-based practices which are trauma informed, co-occurring capable, culturally competent and utilize the 5 Star Quality Model.

In consideration of the premises and promises contained herein, it is mutually agreed by and between CICS and Provider as follows:

SECTION 1
Definitions

Administrative Team: Community Service Directors of Region member counties.

CICS Governing Board: The board of CICS responsible for governing CICS.

CICS Individual: A person who is eligible and authorized to receive funding as defined in the Regional Management Plan as approved by the Director of the Department of Human Services, State of Iowa.

Co-payment: The amount that may be charged to CICS Individual at the time services are rendered.

Covered Services: Services enumerated in the Regional Management Plan, as approved by the Director of the Department of Human Services, State of Iowa.

HIPAA: Collectively, the Health Information Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and all implementing regulations.

Individual Authorization: An Individual Authorization is a standard form, signed by an individual, to allow disclosure of the individual's Protected Health Information. The form must comply with HIPAA and all other applicable federal and state laws. The individual may revoke the Individual Authorization at any time in accordance with its terms.

Protected Health Information: Individually identifiable health information that is transmitted by or maintained in electronic media, or transmitted by or maintained in any other form or medium.

Region: The inter-governmental entity created under Chapter 28E of the Code of Iowa and Section 331.390 of the Code of Iowa that includes member counties of CICS.

Regional Management Plan: CICS' plan, developed pursuant to Iowa Code Section 331.393, for providing an array of cost-effective individualized services and supports that assist CICS Individuals in the Region to be as independent, productive, and integrated into the community as possible, within the constraints of the services fund.

SECTION 2

Duties of Provider

Section 2.1 Provision of Covered Services. Provider shall provide Covered Services to each CICS Individual who is authorized by the Administrative Team or Administrative Team designee ("**Designee**") to receive such services to the extent designated in Attachment A, Service Definitions and Rates. Such services shall be rendered in compliance with applicable laws and regulations and the Regional Management Plan. Provider shall provide Covered Services in a manner that: (a) documents the services provided, in conformance with applicable federal, state and local laws and regulations and the Regional Management Plan, and (b) protects the confidentiality of the CICS Individual's medical records, including, without limitation, any Protected Health Information. Provider may decline providing services to a CICS Individual provided that Provider communicates this decision to Administrative Team or Designee within twenty-four (24) hours of declining such services.

Section 2.2 Compliance with the Regional Management Plan. Provider and its staff shall be bound by and provide Covered Services in compliance with the Regional Management Plan. Failure to comply with the Regional Management Plan may result in sanctions including, without limitation, the loss of reimbursement and/or termination of the Agreement. If Provider does not agree with the sanction, Provider may appeal such action to the CICS Governing Board. The decision of the CICS Governing Board shall be final and conclusive and non-appealable.

Section 2.3 Authorization and Notification Requirements. All Covered Services provided to CICS Individuals by Provider must be authorized by CICS prior to or at the time of rendering services or in accordance with the Regional Management Plan. The Regional Management Plan

shall not diminish Provider's obligation to render Covered Services consistent with the applicable standard of care. Provider shall be required to obtain from each CICS Individual an Individual Authorization that allows Provider to disclose any information about the Individual to CICS.

Section 2.4 Access to Books and Records. Unless otherwise required by applicable statutes or regulation, Provider shall allow CICS access to books, records, or cost reports as needed to establish rates or for purposes of appeals, utilization, grievance, claims payment review, individual medical records review, or financial audits, during the term of this Agreement and seven (7) years following its termination. Provider shall obtain any necessary Individual Authorization to allow CICS to exercise its rights under this Agreement.

Section 2.5 Licenses. At all times, Provider and the providers it employs or contracts with to provide services to CICS Individuals shall have all necessary licenses and certifications to perform the Covered Services.

SECTION 3 **Service Delivery and Assessment**

Section 3.1 Service Delivery

The Region encourages the use of Evidence Based Practices, Research Based Practices and Promising Practices in service delivery.

Section 3.2 Service Assessment

The Region is charged with the responsibility of collecting Outcome measurement information. Measures in the following areas have been developed:

- Access
- Community Integration
- Competitive Employment
- Housing
- Somatic Care
- Administrative

Provider is required to follow the reporting requirements for any checked outcome measures. If the Region implements additional measures, this contract will be amended to reflect said changes.

Section 3.3 Incentives

Provider may qualify for incentive payments if it meets reporting and outcome participation requirements established by CICS.

SECTION 4
Claims Submission and Payment

Section 4.1 Claims Submission. Provider agrees to submit all claims for Covered Services in accordance with the Regional Management Plan.

Section 4.2 Claims Payment. CICS will pay claims for Covered Services in accordance with the Regional Management Plan.

Section 4.3 Compensation to Provider. Provider agrees to accept payment from CICS for Covered Services provided to CICS Individuals under this Agreement as payment in full, less any Co-payment or other amount that is due from CICS Individuals for such services. Provider shall not negotiate and/or accept lower rates or more favorable terms than those provided for in this Agreement from any other Region or county. Rates of compensation for Covered Services are set forth in Attachment A, Service Definitions and Rates.

SECTION 5
Relationship Between the Parties

Section 5.1 Relationship Between CICS and Provider. The relationship between CICS and Provider is solely that of independent contractors and nothing in this Agreement shall be construed or deemed to create any other relationship including one of employment, agency, or joint venture. Provider shall maintain social security, workers' compensation and all other employee benefits covering Provider's employees as required by law.

SECTION 6
Liability Insurance

Section 6.1 Provider Liability Insurance. Provider agrees to carry professional liability and comprehensive general liability insurance (claims-made with appropriate tail coverage or occurrence-based), at its own expense, each in an amount of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate, covering any claims with respect to Covered Services that may arise out of an incident occurring during the term of this Agreement. Such insurance shall include coverage for claims in connection with the performance of Provider's responsibilities under this Agreement. Provider shall furnish to CICS, from time to time, as requested by CICS, proof of such insurance, which proof will include the name of the carrier, effective dates of coverage and coverage amounts.

SECTION 7
Laws and Regulations

Section 7.1 Laws and Regulations. Provider represents, covenants, and warrants that it is, and during the term of this Agreement will continue to be, operating in full compliance with all applicable federal and state laws.

Section 7.2 Compliance with Civil Rights Laws. Provider agrees not to discriminate or differentiate in the treatment of any individual based on age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability. Provider agrees to ensure mental health and disability services are rendered to CICS Individuals in the same manner, and in accordance with the same standards and with the same availability, as offered to any other individual receiving services from Provider.

Section 7.3 Equal Opportunity Employer. CICS counties are equal employment opportunity employers. CICS supports a policy which prohibits discrimination against any employee or applicant for employment on the basis of age, race, sex, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability, or any other classification protected by law or ordinance. Provider agrees that it is in full compliance with this policy.

Section 7.4 Confidentiality of Records. CICS and Provider agree to maintain the confidentiality of all information regarding Covered Services provided to CICS Individuals under this Agreement in accordance with any applicable laws and regulations, including, without limitation, HIPAA. Provider acknowledges that in receiving, storing, processing, or otherwise dealing with information from CICS about CICS Individuals, it is fully bound by federal and state laws and regulations, including, without limitation, HIPAA, governing the confidentiality of medical records, mental health and disability services records, and Protected Health Information.

SECTION 8
Term and Termination

Section 8.1 Term. The term of this Agreement shall be for a period of one (1) year commencing on the date first above written, or until the end of the current fiscal year, whichever occurs first.

Section 8.2 Termination Without Cause. Either party may terminate this Agreement without cause upon sixty (60) days prior written notice of termination to the other party.

Section 8.3 Termination With Cause by CICS. CICS shall have the right to terminate this Agreement immediately by giving written notice to Provider upon the occurrence of any of the following events: (a) restriction, suspension or revocation of Provider's license, certification or accreditation or the license of any provider employed by or contracted with Provider to perform services under this Agreement; (b) Provider's loss of any liability insurance required under this Agreement; or (c) bankruptcy filing by the Provider.

Section 8.4 Termination by Provider. Provider may terminate this Agreement pursuant to Section 9.2 or 9.3; provided that Provider notifies CICS within thirty (30) days of the effective date of such amendment of its disagreement with such amendment.

Section 8.5 Termination for Breach. Either party shall have the right to terminate this Agreement for material breach of this Agreement by the other party that is not cured within thirty (30) days after written notice to the other party is provided.

Section 8.6 Information to CICS Individuals. Provider acknowledges the right of CICS to inform CICS Individuals of Provider's termination of this Agreement and agrees to cooperate with CICS in deciding on the form of such notification.

Section 8.7 Continuation of Services After Termination. Upon request by CICS for up to sixty (60) days upon termination notification, Provider shall continue to render Covered Services in accordance with this Agreement until CICS has transferred CICS Individuals to another provider or until such CICS Individual(s) are discharged.

Section 8.8 Notices to CICS. Any notice, request, demand, waiver, consent, approval or other communication to CICS which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

CICS Operations Officer
126 S. Kellogg Ave., Ste. 001
Ames, IA 50010

Section 8.9 Notices to Provider. Any notice, request, demand, waiver, consent, approval or other communication to Provider which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

Kadel Medical Services, LLC
Attention: Jeni Kadel
PO Box 551
Altoona, Iowa 50009

SECTION 9 **Amendments**

Section 9.1 Amendment. Subject to Sections 9.1 and 9.2, this Agreement may be amended at any time only by the mutual written agreement of the parties.

Section 9.2 Regulatory Amendment. CICS may amend this Agreement to comply with applicable statutes and regulations and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice. If

the Provider does not agree with the amendment, Provider may terminate this Agreement as provided in Section 8.4.

Section 9.3 Regional Management Plan Amendment. CICS may also amend this Agreement to comply with changes in the Regional Management Plan and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice. If Provider does not agree with the Amendment, Provider may terminate this Agreement as provided in Section 8.4.

SECTION 10

Other Terms and Conditions

Section 10.1 Non-Exclusivity. This Agreement does not confer upon the Provider any exclusive right to provide services to CICS Individuals in Provider's geographical area. CICS reserves the right to contract with other providers. The parties agree that Provider may continue to contract with other organizations.

Section 10.2 Assignment. Provider may not assign any of its rights and responsibilities under this Agreement to any person or entity without the prior written approval of CICS. Any assignment not in accordance with this Section 10.2 shall be null and void.

Section 10.3 Subcontracting. Provider may not subcontract any of its rights and responsibilities under this Agreement to any person or entity without prior notification to CICS. Mutual agreement must be obtained between Provider, CICS, and any subcontractor.

Section 10.4 Entire Agreement and Amendments. This Agreement and its attachments constitute the entire agreement between CICS and Provider, and supersedes or replaces any prior agreements between CICS and Provider relating to its subject matter. This Agreement may be amended only pursuant to a written document executed by both parties.

Section 10.5 Rights of Provider and CICS. Provider agrees that CICS may use Provider's name, address, telephone number, description of Provider, and Provider's care and specialty services in any promotional activities. Otherwise, Provider and CICS shall not use each other's name, symbol or service mark without prior written approval of the other party.

Section 10.6 Invalidity. If any term, provision or condition of this Agreement shall be determined invalid by a court of law, such invalidity shall in no way affect the validity of any other term, provision or condition of this Agreement, and the remainder of the Agreement shall survive in full force and effect unless to do so would substantially impair the rights and obligations of the parties to this Agreement.

Section 10.7 No Waiver. The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.

Section 10.8 Execution. This Agreement has been executed by the parties hereto, through their duly authorized officials.

Section 10.9 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Iowa (but without regard to provisions thereof relating to conflicts of laws).

Section 10.10 No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein made confer, upon any person other than the parties to this Agreement and their respective successors or assigns of the parties, any rights, remedies, obligations or liabilities whatsoever.

Section 10.11 Survival. Sections 2.4, 6.1, 8.6, 8.8, 8.9, and Section 10 shall survive any termination of this Agreement.

Section 10.12 Waiver of Jury Trial. EACH PARTY HEREBY UNCONDITIONALLY WAIVES ANY RIGHT TO A JURY TRIAL WITH RESPECT TO AND IN ANY ACTION, PROCEEDING, CLAIM, COUNTERCLAIM, DEMAND OR OTHER MATTER WHATSOEVER ARISING OUT OF THIS AGREEMENT.

Central Iowa Community Services:

Kadel Medical Services, LLC:

By: _____

By: Jeni Kadel

Print Name: _____

Print Name: Jeni Kadel

Print Title: Chair, CICS Governing Board

Print Title: Chief of Operations

Date: _____

Date: 8/29/20

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Kadel Medical Services, LLC**

Chart of Account	Service Description	Unit of Service	Rate
31354	Warren County Transportation	One Way Trip	\$10.74

OTHER TERMS:

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Modifications to Section 3.2 Service Assessment may be executed through a written agreement between CICS and Provider.

Funding for all contracted services requires prior authorization and individuals shall meet CICS Management Plan criteria. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Kadel Medical Services, LLC:

By: Jeri Kadel

Print Name: Jeri Kadel

Print Title: Chief of Operations

Date: 9/24/20



CICS

Supporting Individuals. Strengthening Communities.

9/24/20

Southern Iowa Mental Health Center
Attn: Christina Scharck
1527 Albia Rd.
Ottumwa, IA 52501

Re: FY21 Contract Termination Notice

Dear Christina,

Please accept this letter as notification of CICS' desire to terminate the FY21 contract with Southern Iowa Mental Health Center (SIMHC) effective 12/1/20 per Section 8.2 Termination Without Cause of the CICS Provider and Program Participation Agreement. CICS intends to follow the South Central Behavioral Health Region's FY21 Access Center contract and Fee For Service contract with SIMHC. We look forward to a continued partnership through the host region's contracts.

Please contact Karla Webb, CICS Operations Officer at karla.webb@cicsmhds.org or 515-663-2945 with any questions.

Regards,

Bill Patten,
Chair, CICS Governing Board

Access Center Contract FY21

This Access Center Contract, here on out to be referred to as, "Contract" is made and entered into the 1st day of July, 2020 by and between Southern Iowa Mental Health Center, here on out referred to as, "SIMHC", an Iowa non-profit community mental health center and the South Central Behavioral Health Region, a county funded mental health regional system, here on out referred to as, "The Region".

DEFINITION:

Access Center: means the coordinated provision of intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home- and community-based settings.

RECITALS:

- i. SIMHC provides non-designated Access Center Services pursuant to Iowa Administrative Code 441-25.6 (1) excluding requirements
 - a.) Provide provision of services on a no reject, no eject basis to individuals who meet service eligibility criteria.
 - b.) Accept and provide service to eligible individuals who are court-ordered/hold ordered to SIMHC pending evaluation and/or to participate in mental health or substance use disorder treatment on an outpatient basis.
- ii. Southern Iowa Mental Health Center desires to contract with the Regions to provide services identified in an Access Center setting (IAC 441.-25.6(1))
 - a.) Southern Iowa Mental Health Center is located at 1527 Albia Road, Ottumwa Iowa.
 - b.) The Regions desire to contract with SIMHC to provide Access Center pursuant to IAC 441-25.6(1) in agreement with excluding requirements.
 - c.) Provide provision of services on a no reject, no eject basis to individuals who meet service eligibility criteria.
 - d.) Accept and serve eligible individuals who are court-ordered/hold ordered to SIMHC pending evaluation and/or to participate in mental health or substance use disorder treatment. This applies to individuals whom are court ordered to outpatient or Access Center services only. Individuals whom have in place an active court order to an Inpatient Mental Health or Residential Substance Abuse level of care shall not be admitted and shall be rerouted to an Emergency Room for placement.

Now, therefore, in consideration of the premises and mutual agreements contained herein, and other good and valuable considerations, the receipts and sufficiency of which are hereby acknowledged, SIMHC and The Region agree to the following:

- i. **Terms of the Agreement:** This Agreement shall commence effective the 1st day of July 2020 and shall terminate on the 31st day December 2020. This Agreement may be terminated sooner under conditions specified in Section viii, page 4.

- ii. **Qualifications of Provider:** The regions are the funder of last resort and cannot be used to supplant Medicaid. If the Provider does not meet the following requirements, the Provider will not be paid.
 - a. The agency must be able to provide services in compliance with PL 1-1-645 Title V, Subtitle B; Part 438 Balanced Budget Act (BBA); 45 CFR Health Insurance Portability and Accountability Act (HIPAA), Pacts 160 and 164; The Iowa Code section 249A.4 Chapters 77-79; Iowa Administrative Code (ARC 9276B) rule 441-24.33 (225C); and the SCBHR Policies and Procedures and its revisions.
 - b. The agency must currently be enrolled as a Medicaid provider and work with individuals who have mental health and developmental disability needs.
 - c. The agency must contract with all Managed Care Organizations (MCO's) in Iowa
 - d. The Agency must follow standards in 441 IAC 79.3 (249A) for maintenance of records. These standards pertain to all Medicaid Providers.
 - e. The Agency must assure that any services delivered by an individual or agency, either through employment or by contract with the enrolled provider, shall comply with the requirements that are applicable to the enrolled provider.
 - f. Upon adherence to and continued maintenance of the Iowa Administrative Code and the following identified standards the SCBHR Governing board will formally designate the SIMHC Access Center.

- iii. **Access Center Standard:** Southern Iowa Mental Health Center will comply will with the agreed Access Center criteria:
 - a. Provides services in a single facility that shall not have more than 16 beds.
 - b. Provides Crisis Stabilization Residential Services pursuant to rule 441-Chapter 24. SIMHC will provide a copy of DHS accreditation to the region.
 - c. Provides Subacute Mental Health services as described in rule 441-77.56 (249A). SIMHC will provide verification of DIA license.
 - d. Provides Substance Abuse treatment services pursuant to Iowa Code Chapter 125 or have a cooperative agreement with an immediate access to licensed substance abuse treatment services or medical care that incorporates withdrawal management. Provides a copy verification of IDPH license or cooperative agreement with licensed provider to region

- iv. **Access Center Services-** An Access Center shall provide or arrange for the provision of all the following:
 - a. **Intake-** An intake assessment and screening that includes but is not limited to mental and physical health conditions, suicide risk, brain injury, and substance use. A crisis evaluation that includes all required screenings may serve as an Intake assessment. Intake time frame shall meet the requirements of Iowa Administrative Code.

- b. Comprehensive person-centered mental health assessments by appropriately licensed or credentialed professionals, as indicated by the intake assessment.
- c. Compressive person-centered substance use disorder assessments by appropriately licensed or credentialed professionals, as indicted by the intake assessment.
- d. Peer support services, as indicated by a comprehensive assessment.
- e. Mental health treatment, as indicated by a comprehensive assessment
- f. Substance use treatment, as indicated by a comprehensive assessment
- g. Physical health care services as indicated by a health screening
- h. Service Coordination
- i. Service navigation and linkage to needed services including housing, employment, shelter services, intellectual and developmental disability services, and brain injury services, with warn handoff to other service providers.

v. _____ Payment to SIMHC:

- a. SIMHC shall submit a detailed budget and budget narrative to SCBH on a quarterly basis. SCBH Region CEO shall submit questions or comments to SIMHC re: the budget as needed.
- b. SIMHC shall submit a projected budget one time yearly for the next FY to the region . The entities will discuss and approve prior to the beginning of the next budgeting year. The region cannot deny any prior approved budget expenses.
- c. SIMHC agrees to bill Medicaid that fund the Services prior to billing the region.
- d. Fee for Service:
 - i. SIMHC will be responsible to bill each region on a fee for service basis for residents of each region based upon Medicaid rates for the services provided.
- e. Financial Gap
 - i. SIMHC will be responsible to bill each region for the financial gap based on the percentage of bed days utilized by that region for each month of service.
 - ii. Financial gap shall be calculated as the amount that Medicaid would have paid on fee for service for the Access Center Subacute and Crisis Residential beds if all beds were occupied for the month minus all revenue billable for Access Center: Subacute, Crisis Stabilization, Crisis Assessments and 23 – hour Crisis Observation.
 - iii. SIMHC and Regions will reconcile each quarter.
- f. SIMHC will submit the denial from Medicaid prior to payment if the client has Medicaid benefits that cover the Services
- g. SIMHC must ensure that a regional application for services is completed and sent to region of residency within the first 24 hours of admission.

vi. Indemnification:

- a. SIMHC shall indemnify and hold The Region harmless from and against any and all liabilities, losses, damages, costs or expenses, including but not limited to attorneys' fees

and legal expenses incurred by SIMHC as a result of a breach of this Agreement by The Region or any tortuous, unlawful or unauthorized acts or omissions by The Region.

- b. Region shall indemnify and hold SIMHC harmless from and against any and all liabilities losses, damages, costs or expenses, including but not limited to attorneys' fees and legal expenses, incurred by The Region as a result of a breach of this Agreement by SIMHC any tortuous, unlawful or unauthorized acts or omissions by SIMHC.

- vii. Termination: This Agreement shall remain effective for the term set forth in Section I unless terminated earlier for one of the following reasons:
 - a. Either party shall have the right to terminate this Agreement if the other party violates the Agreement and fails to correct such breach within sixty (60) days of written notice thereof.
 - b. SIMHC may terminate this Agreement by providing The Region with ninety (90) days advance written notice.
 - c. The Region may terminate this Agreement by providing SIMHC with ninety (90) days advance written notice.
 - d. Regardless of the reason for termination, or who causes the termination, The Region shall pay SIMHC for all services rendered pursuant to the terms of this Agreement through the date of termination.

- viii. Notice: Any notice or demand desired or required to be given hereunder shall be in writing and deemed given when personally delivered, when deposited in the United States mail, postage prepaid, sent certified or registered, and addressed as follows:

If to SIMHC:
SIMHC Attn: Christina Scharck
1527 Albia Road
Ottumwa, IA 52501

If to The Region:
South Central Behavioral Health Region Attn: Jennifer Robbins,
110 E. Main
Ottumwa, Iowa 52501

- ix. Records: Provider must maintain financial and other business records in accordance with sound accounting and business practices. Financial reports must include, but are not limited to, all expenditures, accounts payable, income from all sources, in-kind contributions, account receivables, and a balance sheet.
Records shall adequately identify the source and application of funds provided for financially assisted activities. Provider agrees to permit a representative of SCBHR to have access to all financial and business records on reasonable notice for the purpose of auditing and verifying the solvency of the facility and agrees to provider to SCBHR on a quarterly basis a summary

- x. Medical Records and Confidentiality: The parties agree that they shall comply with all applicable laws concerning the confidential nature of patient medical records. SIMHC shall have at all times during the term of this Agreement, and after the expiration of this Agreement, access to all medical records of all adult patients treated by SIMHC.

- xi. Funding- Regions shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. Regions shall be the funder of last resort and regional funds shall not replace other funding that is available.**
- xii. Data- Provider will provide monthly reports related to regional data in compliance with Medicaid Reporting.**
- xiii. Provider Liability Insurance: Provider shall procure and maintain, at the Provider's own expense,
 - a. Professional liability insurance in the amount of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) aggregate;**
 - b. Errors and omissions insurance in the amount of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (3,000,000) in aggregate, and**
 - c. Comprehensive general and / or umbrella liability insurance in the amount of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) aggregate. Provider shall provide proof that all health care professionals employed by or under contract with Provider to render covered services to region clients procure and maintain such insurance or are covered under Provider's insurance policies.**Evidence of insurance shall be provided at the time of execution of this Agreement and may be provided in the form of a certificate of insurance.**
- xiv. Miscellaneous:
 - a. The rights and obligations of the parties to this Agreement may not be assigned or subcontracted unless such assignment or subcontract is in writing and consented to by the parties hereto.**
 - b. This Agreement constitutes the entire agreement between the parties hereto pertaining to the subject matter hereof and supersedes all negotiations, preliminary agreements and all previous and contemporaneous discussions, agreements and understandings of the parties in connection with the subject matter hereof.**
 - c. No amendment, change, or modification of any of the terms, provisions or conditions of this Agreement shall be effective unless made in writing and signed or initialed by all parties.**
 - d. Waiver of any provision of this Agreement shall not be deemed a waiver of future compliance therewith and such provision shall remain in full force and effect.**
 - e. In the event any provision of this Agreement is here invalid, illegal or unenforceable, in whole or in part, the remaining provisions of this Agreement shall not be affected thereby and shall continue to be valid and enforceable.**
 - f. This Agreement shall be governed by and construed in accordance with the laws of the State of Iowa (but without regard to provisions thereof relating to conflicts of law) and has been entered into in Ottumwa, Wapello County, Iowa.**
 - g. THE PARTIES HEREBY IRREVOCABLY WAIVE ALL RIGHTS TO TRIAL BY JURY IN ANY ACTION, PROCEEDING OR COUNTERCLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT.**
 - h. This Agreement shall be binding upon and shall insure to the benefit of the parties hereto and their respective legal representatives, heirs, successors and permitted assigns.****

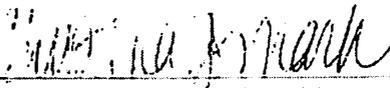
- i. Nothing in this Agreement, express or implied, is intended to confer upon any party other than the parties hereto (and their respective successors and permitted assigns) any rights, remedies, obligations or liabilities under or by reason of this Agreement.
- j. In addition to any other remedies available at law or in equity to the parties hereto with respect to a breach hereof, the parties hereto each reserve the right to enforce this Agreement by specific performance.
- k. The titles or captions of paragraphs in this Agreement are provided for convenience of reference only and shall not be considered a part hereof for purposes of interpreting or applying this Agreement, and such titles or captions do not define, limit, extend, explain or describe the scope or extent of this Agreement or any of its terms or conditions. Words and phrases herein shall be construed as in the singular or plural number, and as masculine, feminine or neuter gender, according to context.
- l. This Agreement shall not be construed more strongly against any party regardless of who was more responsible for its preparation.

IN WITNESS WHEREOF, the parties have executed this Agreement in Ottumwa, Iowa on this date first above written.

* 

South Central Behavioral Health Region

3-19-2020
Date



Southern Iowa Mental Health Center

Date

Memorandum of Understanding

CROSS Region
(Partner)

SEIL Region
(Partner)

SCBH Region
(Partner)

This Memorandum of Understanding (MOU) sets forth the terms and understanding between the CROSS, SEIL, and SCBH regions for the provision of Access Center Services.

Background

The program exists to provide the Access Center services of Crisis Assessment, Crisis Stabilization Residential Services, and Subacute service which collectively comprise the minimum prescribed service array comprising an Access Center. The provider of said services is Southern Iowa Mental Health Center and the Access Center services are located at 1527 Albia Road Ottumwa, IA 52501. SCBH is the host region and is identified as the contract holder for said services of the Access Center.

Purpose

This MOU will ensure that CROSS, SEIL and SCBH regions will work collaboratively in the utilization of service in the Access Center on behalf of their residents and finance the Access Center as prescribed in the host region contract with the provider. CROSS, SEIL, and SCBH will routinely work together with SIMHC in identifying successes and challenges related to Access Center service provision and work with all indicated partners so to ensure meaningful outcomes for individuals served and sustainability of the service via joint utilization review and management.

Funding

For the purpose of service initiation related to the July 1, 2020 contract for a six-month period of time, SIMHC will submit a projected budget to SCBH who will share it with the ascribed partners hereto this MOU. The approved and contracted agreed upon budget will become the prevailing financial obligation for said partner regions who will remit payment as prescribed below in the service provider invoicing processes:

SIMHC shall:

- a. Bill Medicaid prior to billing the regions.
- b. Bill each region on a fee for service basis for residents of each region based upon Medicaid rates for the services provided.
- c. Bill each region for the financial gap based on the percentage of bed days utilized by that region for each month of service.
 - i. Financial gap shall be calculated as the amount that Medicaid would have paid on fee for service for the Access Center Subacute and Crisis Residential beds if all beds were occupied for the month minus all revenue billable for Access Center: Subacute, Crisis Stabilization, Crisis Assessments and 23 – hour Crisis Observation.
 - ii. SIMHC and Regions will reconcile each quarter.

- d. Submit the denial from Medicaid prior to payment if the client has Medicaid benefits that cover the Service(s)
- e. Ensure that a regional application for services is completed and sent to region of residency within the first 24 hours of admission.

Upon the close of the first six months of service and reconciliation, the contract will be reviewed with possibility of renegotiation based on discovery of need. The contract may be extended or amended based on negotiation. It is the Regions' intent to contract on an annualized basis using the same mechanisms for payment as identified in the most recent fully executed contract.

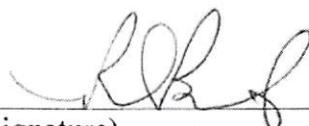
Duration

This MOU is at-will and may be modified by mutual consent of authorized officials from each of the partner regions. Upon signature by the authorized officials this MOU becomes effective July 1, 2020- December 31, 2020. Continuance of MOU is permissible such that no amendments to the contract/MOU changes after the six-month review.

The MOU may be modified with a written notice of request for modification submitted to all included partner regions. A partner region receiving Access Center services may terminate participation in this MOU by providing written sixty (60) day notice to each partner stating their intent to withdraw.

 _____ Date: 8-25-20
(Signature)
CROSS Governing Board Chairman

* _____ Date: _____
(Signature)
SEIL Governing Board Chairman

 _____ Date: 8-19-2020
(Signature)
SCBH Governing Board Chairman

This amendment is made to the MOU for the provision of Access Center Services between CROSS, SEIL, and SCBHR, parties to the original dated agreement on 8-19-2020,

2. The Agreement is amended as follows:

To add CICS to the MOU and set forth the terms and understanding between the CROSS, SEIL, and SCBH region for the provision of the Access Center Services contracting document.

Bill Patten,
Chair, CICS Governing Board

Date