



CICS

Supporting Individuals. Strengthening Communities.

Regional Governing Board February 25, 2021 @ 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: 947 1699 7234, Passcode: 498655

or Join the Zoom Meeting at <https://zoom.us/j/94716997234?pwd=S01vd0dZcTJUQXlsQTBlA2dWRjZQZz09>

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"/> Allie Wulfekuhle | <input type="checkbox"/> Kendra Alexander | <input type="checkbox"/> Julie Smith | <input type="checkbox"/> Andrea Dickerson |

2) Agenda (Bill Patten, Chair)

February 25, 2021 Agenda

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

3) Minutes (Bill Patten, Chair)

January 28, 2021 Minutes

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

4) Administration (Russell Wood, CEO)

Brief Videos (Pandemic Fatigue/Mental Health in Agriculture)

HIPAA Training

Employment Committee Meeting

Action

Board Chair asks for motion to approve COBRA payments for five new staff

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"/> Kendra Alexander | <input type="checkbox"/> Allie Wulfekuhle | | |

Board Chair asks for motion regarding next steps for Regional employment

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"/> Kendra Alexander | <input type="checkbox"/> Allie Wulfekuhle | | |

Hancock County Application (Admin Team recommends unanimously to approve)

Action

Board Chair asks for motion to accept or deny

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"/> Kendra Alexander | <input type="checkbox"/> Allie Wulfekuhle | | |

5) Finance (Betsy Stursma)

January Financial Report

Informational

Claims February 9, 2021 and February 23, 2021

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"/> Kendra Alexander | <input type="checkbox"/> Allie Wulfekuhle | | |

FY22 Levy Rate Recommendation of \$19.00 per capita

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"/> Kendra Alexander | <input type="checkbox"/> Allie Wulfekuhle | | |



6) Operations (Karla Webb)

FY22 Contract Template

Action

Board Chair asks for motion to approve/deny

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

ITP Reimbursement Request for Retroactive Claims

Action

Board Chair asks for motion to approve/deny

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

Contract Amendment – Eyerly Ball CMHS

Action

Board Chair asks for motion to approve/deny

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

7) Public Comments

Board Chair asks for public comments at this time

8) Next Meeting – March 25, 2021





CICS

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Regional Governing Board Meeting Minutes

January 28, 2021

Due to the COVID-19 virus, public access to the meeting was provided via conference call. Members of the Board and public were able to call in or attend via zoom.

Board Members Present: Boone, Franklin, Greene, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, JD Deambra, Julie Smith, Andrea Dickerson. **Counties/Members Absent:** Warren, Allie Wulfekuhle, Kendra Alexander. **Administrative Team Present:** Russell Wood, Patti Leeds, Linn Adams, Betsy Stursma, Karla Webb. **Others Present with Comments:** Quinn Wood.

Motion to approve the January 28, 2021 agenda. Motion by Clifton, second by Hoffman. All ayes, motion carried.

Chair asks for motion to approve the December 17, 2021 minutes. Motion by Dawley, second by Rudolph. Boone abstained. All others ayes, motion carried. Chair asks for motion to approve the January 14, 2021 Special Meeting minutes. Motion by Kretzinger, second by Clifton. All ayes, motion carried.

CEO Russell Wood explained the Conflict of Interest Statement for Board members. Wood requested all members fill the statement out and send to Operations Officer Karla Webb by the end of January.

Wood went over the decided rates from the December meeting for the updated FY22 staff reimbursement rates. He clarified the salary rates for reimbursement. These rates are caps that the Region will pay for wages and salary reimbursement to each county. It is allowable for those grandfathered in to have a higher wage. The salary dollar amount was removed from the chart to lessen confusion. If you have further questions you may contact Wood.

Wood discussed collaborative planning on complex needs with other Regions. Requirement to have certain needs in place by July 1 for our Region. CICS is working on contracts and MOUs and has been discussing developing services with other Regions. Wood discussed looking at an Access Center or triage in Fort Dodge. Andrea Dickerson asked if this is for adults as well as children. Wood stated they are not able to provide this for children, however Cerro Gordo and Youth Shelter Services has this ability and CICS has worked with YSS this past year and it has been beneficial.

Wood gave an update on the new counties joining CICS. The three counties' staff are able to meet with CICS. It will help them stay updated and provide a good opportunity for them to see how CICS works. Cerro Gordo has a Mental Health Hospitalization Referee that goes to the hospital, so it decreases the cost for Sheriff's department going and transporting, etc. CICS's obligation is \$16,000 to do an MOU with other entities and CICS will be the contractor.

Wood received a request from Jerry Kloberdanz, Hamilton to discuss regional employment. Wood discussed the Administrative Team being Region employees, as well as additional staff. The CICS Employment

Committee could set up another committee for discussion on these topics. Wood gave two options on how to become Region employees: be our own 501c3 or have another county or another organization be the employer of record. In July there will be approximately 40 employees within CICS. Counties do receive recommendations, however it is still up to the County how much they will pay. It is a broader issue than just the Administrative Team. CICS needs to do due diligence when looking at this. It was discussed to have the employment committee possibly meet in February, Patten agreed. He would like them to meet before the Governing Board meeting in February and bring information. Wood said the goal would be to identify what CICS needs information on to move forward. Any changes will not begin July 1, 2021. The Governing Board can email Operations Officer Karla Webb anything they feel like needs to be looked at. Patten will set a meeting in February and work with Webb's schedule for that meeting. Wood will forward what he has to the Employment Committee.

Wood asked about the governing board's opinion on the new staff members from the joining counties becoming Franklin County employees. This would reduce number of budgets, fund balances and effort going in. Wood stated he wanted to allow the Board to have conversation and the Board members agreed Wood has the ability to move forward with this without action from the Board.

Finance Officer Betsy Stursma shared the December expenditure report and claims report for December 29, 2020; January 12, 2021 and January 26, 2021. Motion by Talsma, second by Deambra to approve claims. Roll call vote: Boone, Franklin, Greene, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Deambra. All ayes, motion carried.

Stursma discussed the Levy Rate for FY22 giving two options, either \$14.75 or \$22.20. After discussion Talsma motioned to approve the \$22.20 rate with the condition to revisit at the February Governing Board meeting. Second by Clifton. All ayes, motion carried. Hardin and Deambra had left the meeting.

Stursma stated there are not many changes from this year for the FY22 budget. There are some reductions in crisis services and crisis evaluation. There will be an increase in services management as a reflection of the additional three counties. Overall, the bottom line is a \$13.5 million budget as compared to \$13 million in FY21. With the CARES money from FY21 the budgets are approximately the same for both years. Chair asked for motion to approve FY22 budget as presented. Motion by Talsma, second by Dawley. Roll call vote: Boone, Franklin, Greene, Hamilton, Jasper, Madison, Marshall, Poweshiek, Story. Hardin and Deambra had left the meeting. All ayes, motion carried.

Stursma requested a Fund Balance transfer for FY22 for a cash flow transfer to each county. CICS will keep 50% of next year's budget in each county. Motion by Heddens, second by Hamilton. Roll call vote: Boone, Franklin, Greene, Hamilton, Jasper, Madison, Marshall, Poweshiek, Story. Hardin and Deambra had left the meeting. All ayes, motion carried.

Planning and Development Officer Patti Leets gave an update on CARES expenditures. CARES dollars have been extended through June 2021. CICS still has \$1.9 million dollars available. The Administrative Team would like to focus on marketing with TRILIX, local office expenses, drop-in centers and grant Polk County \$1,750,000 to use for CARES expenses in Polk. There will not be additional RFP's going out with applications at this time.



Leeds stated on January 18, 2021 Crisis Stabilization Community-Based Services began. Individuals can now have Crisis Stabilization in their own home and community if needed. This service is provided by Eyerly Ball partnering with Integrated Telehealth. Leeds will email a flyer about this to the Governing Board.

Leeds discussed the GAP Analysis. Leeds has also sent this on to the three new counties and asked them to fill it out as much as possible. Webb and Leeds will work with them to fill in any gaps if they have any in their county.

Operations Officer Karla Webb presented the Central Iowa Psychological Services Amendment adding medication management and psychiatric evaluation services. Motion by Heddens, seconded by Kretzinger to approve. All ayes, motion carried.

Webb also presented the Integrated Telehealth Partners Amendment to include effective as of January 18, 2021 CSCBS and minimum reimbursement of \$900 per month for the service. Also, effective February 1, 2021 psychiatric evaluation and care coordination in the emergency room. Motion to approve by Dawley, second by Rudolph. All ayes, motion carried.

Webb asked to appoint Brittany Palmer, Madison County Provider; Leatha Slauson, Utilizes Services/Family Member of Franklin County; and Kelly Kratz, Franklin County, provider to the Adult Advisory Committee. Motion by Kretzinger, second by Kloberdanz. All ayes, motion carried.

Webb asked to appoint Joy Meinders of Franklin County to Children's Behavioral Health Advisory Committee as a parent/actively involved adult of a child that utilizes services. Motion by Heddens, second by Clifton. All ayes, motion carried.

Service Coordination Officer Linn Adams presented the Mid-Year Service Coordination Data Update. Applications have exceeded previous years with the highest numbers this year. Numbers are down for Service Coordination due to COVID and offices being closed. CICS has an all-time low of individuals in RCF's due to the hard work of our Service Coordination Specialist.

Chair asked for public comments at this time. Quinn Wood asked Stursma if half of the December expenditures were CARES dollars. Stursma said yes, roughly. Out of the \$1.6 million total, \$860,000 were CARES expenditures. Quinn Wood asked Leeds for more information on the virtual mental health conference, where do people go to get more information? It will be available on the website, Facebook, sent to the Governing Board, etc.

Next Meeting is February 25, 2021.

Chair adjourned the meeting.

Patti Leeds, Recording Secretary

Bill Patten, Board Chair





CICS

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CONFIDENTIALITY AGREEMENT

I, the undersigned, have received training on, and been afforded an opportunity to ask questions regarding, the Central Iowa Community Services HIPAA Policies and a(n electronic) copy has been provided for me to read. I agree to ask questions on any issues that are unclear to me or that I do not understand.

In consideration of my employment or association with the Central Iowa Community Services, and as an integral part of the terms and conditions of my employment or association, I hereby agree that I will not at any time, during my employment or after my employment or association ends, access or use PHI, or reveal or disclose to any persons within or outside Central Iowa Community Services, any PHI except as may be required in the course of my duties and responsibilities and in accordance with applicable local, state or federal laws governing proper release of information.

I also understand that unauthorized use or disclosure of PHI will result in disciplinary action up to and including termination of employment or association and the possible imposition of fines pursuant to applicable state and federal laws.

Employee signature

Date

Department

I have discussed the HIPAA privacy and security rules and policies and the consequences of a breach with the above named.

Privacy Officer or designee

Date

Employment Committee Meeting 2/18/21

Present: Russell Wood, Mike Nolte, Bill Patten, BJ Hoffman, Karla Webb

Beginning July 1 think will have 45 staff performing CICS duties.

Agenda today is to identify issues that we need to be aware of and gather information for in regard to regional employment.

Russell raised question regarding unemployment, if an individual is currently an employee of a county, how does unemployment work if the person is performing CICS duties. Discussion occurred, may need to get an opinion from HR or an HR attorney.

Franklin Co BOS has approved for Franklin Co to hire staff who will be working in the new counties. Staff working for CSS will not have insurance in the month of July unless they purchase it through cobra. Russell inquired if board members would be open to paying the county's portion of the insurance for July with the employee still paying the employee share. Consensus with board members was to discuss this with the entire Governing Board. Will add this to the Governing Board agenda for next week, Russell will gather information to present to the Board.

Regional Employment:

Pros: Bill identified CICS would control staff salaries, CICS could control the worker/work completed. Mike identified all employees would be treated the same with benefits and work completed. BJ agreed with this, standardization of job duties and job descriptions. Every employee would have the same employee policy handbook.

Cons: BJ identified finding an agency that is able to be the employing entity, the process involved could be challenging, as being employer of record would want to ensure health insurance, life insurance, payroll. Don't think liability insurance would be an additional expense. Would need to have IT support, HR. Is IPERS still a possibility? If go to an existing entity that already has IPERS coverage, then IPERS is available. If become our own entity, then would want a response from IPERS that it is possible. Question if counties would allow regional staff to be on the county network? Could be a possibility of creating an IT position specific to the county or purchase time for IT support. Look at seeing what availability and abilities would be with counties. May need to work out location and rental costs for office space. CIJDC offers Wellmark Blue Cross Blue Shield, Franklin Co offers BCBS PPO, Hardin uses IGHP would need to go to their board to add an additional entity. Administrative fee cost to the county or entity as employer. Would need to develop employee policies and have them reviewed by an HR entity. May be required to pay rent for offices that currently are not paying rent for.

BJ suggested polling board members to determine how many counties are covered by Ahlers and Cooney and see if we can engage Ahlers and Cooney to assist us initially with this process. Agenda item for next week to look at engagement with Ahlers and Cooney.

Bill noted security needs may be an issue, need to ensure this is covered.

Russell discussed are looking at setting up another governmental entity that would be housed within county facilities.

Loose flexibility if all staff are under one entity and the state makes changes then employees would be affected.

Need to determine if all staff would become regional employees, or certain positions would become regional employees, would we purchase time if employees remained county employees? If a person is offered a regional position and their county terminates them and the person does not accept the regional position, then they likely could collect unemployment from the county.

How does this affect current staff, Russell shared that he has not heard from employees that they want to be regional employees. There is concern for loss of support.

Need to determine timeframe and what positions would become regional employees.

Some board members may say they are losing control, however 1 board member from each county sits on the Governing Board. BJ thinks having everyone under one entity takes the differences away. Mike and Bill expressed support for regional employment.

If Board is interested in moving to regional employment, then employment committee shall meet again and start working to gather information. One option would be to find an employer of record or other option would be create own 501c.

Bill suggested a target date of 7/1/22, consensus was to discuss a date with the Governing Board.

Bill will ask board members about interest in becoming vice-chair for Governing Board and then elect in March.

Meeting notes completed by Karla Webb.

Holidays	Boone	Franklin	Greene	Hamilton	Hardin	Jasper	Madison	Marshall	Poweshiek	Story	Warren
1/2 New Years Eve		X									
New Years Day	X	X	X	X	X	X	X	X	X	X	X
MLK Day				X							
President's Day	X	X	X	X	X	X	X	X		X	X
Good Friday									X		
Memorial Day	X	X	X	X	X	X	X	X	X	X	X
4th of July	X	X	X	X	X	X	X	X	X	X	X
Labor Day	X	X	X	X	X	X	X	X	X	X	X
Veteran's Day	X	X	X	X	X		X	X	X	X	X
Thanksgiving Day	X	X	X	X	X	X	X	X	X	X	X
Day after Thanksgiving	X	X	X	X	X	X	X	X	X	X	X
Half Christmas Eve		X		X							
Christmas Eve	X		X		X					X	X
Christmas Day	X	X	X	X	X	X	X	X	X	X	X
Floating Day		X		X		X		X			
BOS Choice						X	X				
BOS Choice						X					
Birthday									X		

Earned annually	Years employed	Boone	Franklin	Greene	Hamilton	Hardin	Jasper	Madison	Marshall	Poweshiek	Story	Warren
Sick Leave		96	144	192	146	192	144	96	96	120	144	80
Vacation	1	80	40	48	81	40	80	40	80	40	80	80
Vacation	2	80	80	96	81	80	80	80	80	80	80	80
Vacation	3	80	80	96	81	80	80	80	80	80	80	80
Vacation	4	80	80	96	81	80	80	80	80	120	80	120
Vacation	5	120	80	96	88	120	120	120	80	120	120	120
Vacation	6	120	80	96	96	120	120	120	80	120	120	120
Vacation	7	120	80	96	104	120	120	120	120	120	120	120
Vacation	8	120	120	120	112	120	120	120	120	120	120	120
Vacation	9	120	120	120	120	120	120	120	120	120	120	160
Vacation	10	160	120	120	130	160	140	160	120	120	160	160
Vacation	11	160	120	120	138	160	140	160	120	120	160	160
Vacation	12	160	120	120	147	160	140	160	120	120	160	160
Vacation	13	160	120	120	153	160	140	160	120	120	160	160
Vacation	14	160	120	120	161	160	140	160	120	120	160	200
Vacation	15	200	160	160	161	160	160	160	144	160	160	200
Vacation	16	200	160	160	161	160	160	160	144	160	160	200
Vacation	17	200	160	160	161	160	160	200	144	160	160	200
Vacation	18	200	160	160	161	160	160	200	144	160	160	200
Vacation	19	200	160	160	161	160	160	200	144	160	160	200
Vacation	20	200	200	160	161	200	200	200	160	160	160	200
Vacation	21	200	200	160	161	200	200	200	160	160	160	200
Vacation	22	200	200	160	161	200	200	200	160	160	160	200
Vacation	23	200	200	160	161	200	200	200	160	160	160	200
Vacation	24	200	200	160	200	200	200	200	160	160	160	200
Vacation	25	200	240	160	200	200	200	200	160	160	160	200
Personal Leave		24	24					48				



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CICS Governing Board,

As I indicated in my previous email, Hancock County has requested to join CICS.

To be diligent, I am providing you the information in an abbreviated but similar format as I did in August to allow you to make an informed decision.

FINANCES:

The following table shows the expenditures of Hancock County. These are unaudited, non-accrual and have had adjustments made by CICS staff that are based on our assumptions.

Previous Year's Expenditures

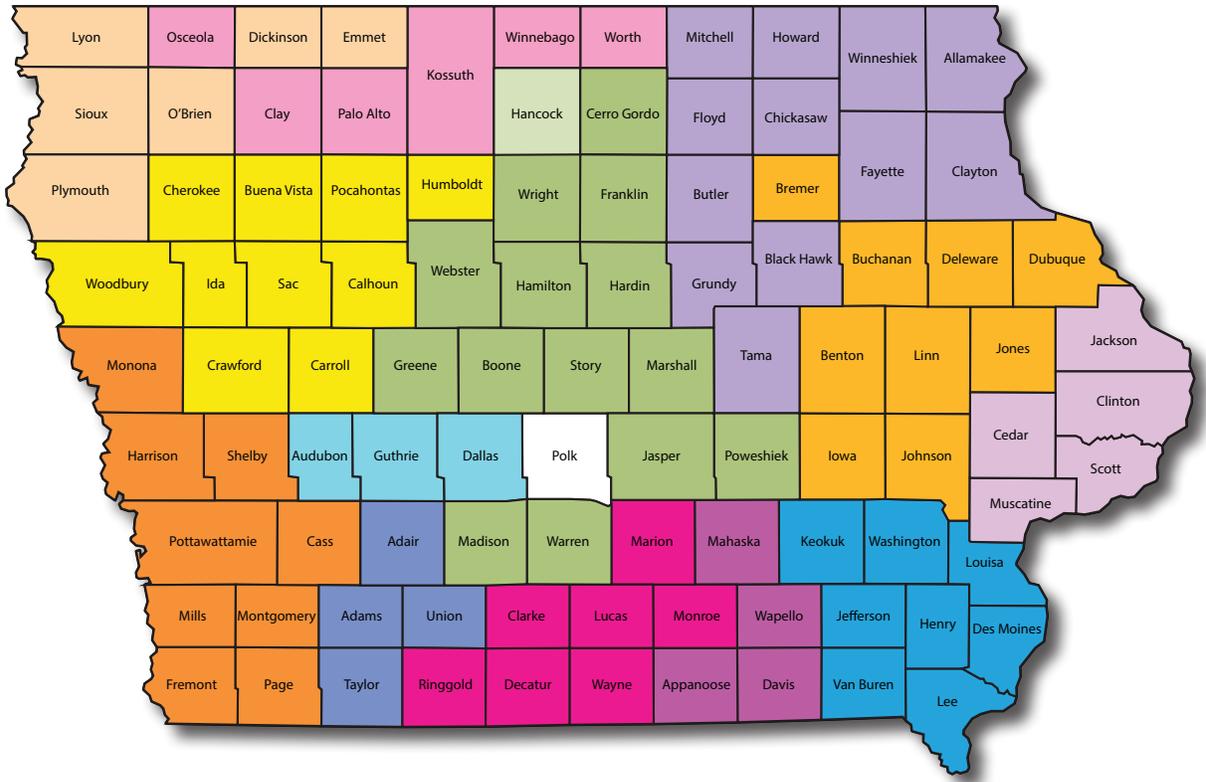
		Expenditures Not including Administrative	Expenditures Not including Any Staff
Hancock	Expenditures	\$341,331	\$306,883
	Population	10630	10630
	Per Capita	\$32.11	\$28.87

The following table shows the amount of property taxes that counties 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
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
Totals	427,710	11,120,460	15,183,705
Hancock	10630	\$276,380	\$377,365
New Totals	438,340	11,396,840	15,561,070

Based on the numbers, Hancock County could levy the amount necessary to cover the costs of the services it provides. 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.



The reasons regarding the benefits of adding the other three counties that we provided you last August still apply. The one thing that has changed is timing. When considering the impact of this county request coming now, factors to consider include:

- 1) Staffing: It would not be the intent to hire additional staff at this time. The staff that we were able to hire have a great deal of experience and can provide coverage and expertise.
- 2) Contracting: At this point, most providers who serve Hancock County will already be contracted with CICS through Cerro Gordo County.
- 3) Local Budget: Since there will be no new staff, there will not have to be a local budget other than levy in and payment out to the region.
- 4) Region Budget: The amount of expenditures in Hancock County may not have a significant impact on the current approved regional budget. If necessary, CICS can do a budget amendment to add the expenditures. No increase in levy would be necessary.

The Administrative Team recommends the CICS Governing Board accepts Hancock County as a member as of July 1, 2021.

Thank you for reading this report,

Russell Wood, Chief Executive Officer
Central Iowa Community Services



January 2021 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	\$ (15,823)	\$ 138,232	\$ 1,180,000	\$ 1,041,768	12%
42306	Medication prescribing & management	\$ 730	\$ 8,973	\$ 20,000	\$ 11,027	45%
43301	Assessment & evaluation	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
71319	Mental health inpatient therapy-MHI	\$ -	\$ 68,602	\$ 200,000	\$ 131,398	34%
73319	Mental health inpatient therapy	\$ -	\$ 1,318	\$ 25,000	\$ 23,682	5%
	Crisis Services					
32322	Personal emergency response system	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
44301	Crisis evaluation	\$ 1,389	\$ 212,555	\$ 750,000	\$ 537,446	28%
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	\$ 66,872	\$ 452,346	\$ 950,000	\$ 497,654	48%
44312	Crisis Stabilization community-based services	\$ -	\$ 7,342	\$ 100,000	\$ 92,658	7%
44313	Crisis Stabilization residential services	\$ -	\$ 59,737	\$ 225,000	\$ 165,263	27%
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	\$ 30,265	\$ 559,608	\$ 2,100,000	\$ 1,540,392	27%
42329	Intensive residential services	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
	Support for Employment					
50362	Prevocational services	\$ 1,732	\$ 4,959	\$ 25,000	\$ 20,041	20%
50364	Job development	\$ -	\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 4,419	\$ 58,719	\$ 225,000	\$ 166,281	26%
50368	Supported employment	\$ 6,054	\$ 59,464	\$ 100,000	\$ 40,536	59%
50369	Group Supported employment-enclave	\$ 110	\$ 478	\$ 20,000	\$ 19,522	2%
	Recovery Services					
45323	Family support	\$ 2,080	\$ 17,075	\$ 25,000	\$ 7,925	68%
45366	Peer support	\$ -	\$ 1,202	\$ 20,000	\$ 18,798	6%
	Service Coordination					
21375	Case management	\$ -	\$ -	\$ -	\$ -	
24376	Health homes	\$ 1,751	\$ 16,151	\$ -	\$ (16,151)	
	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)	\$ (4,500)	\$ 31,467	\$ 125,000	\$ 93,533	25%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
	Core Domains Total	\$ 95,079	\$ 1,705,146	\$ 7,185,000	\$ 5,479,854	24%
Mandated Services						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 10,932	\$ 89,788	\$ 400,000	\$ 310,212	22%
75XXX	Mental health advocate	\$ 13,821	\$ 89,832	\$ 250,000	\$ 160,168	36%
	Mandated Services Total	\$ 24,753	\$ 179,620	\$ 700,000	\$ 520,380	26%
Additional Core Domains						
	Justice system-involved services					
25xxx	Coordination services	\$ 19,394	\$ 189,971	\$ 600,000	\$ 410,029	32%
44346	24 hour crisis line**	\$ -	\$ 40,752	\$ -	\$ (40,752)	
44366	Warm line**	\$ -	\$ 2,516	\$ 10,000	\$ 7,484	25%
46305	Mental health services in jails	\$ 9,233	\$ 72,467	\$ 250,000	\$ 177,533	29%
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	\$ 69,274	\$ 647,577	\$ 885,000	\$ 237,423	73%
42397	Psychiatric rehabilitation (IPR)	\$ 1,276	\$ 3,805	\$ 60,000	\$ 56,195	6%
	Additional Core Domains Total	\$ 99,177	\$ 957,088	\$ 1,835,000	\$ 877,912	52%
Other Informational Services						
03371	Information & referral	\$ -	\$ 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	\$ 2,075	\$ 635,025	\$ 1,317,609	\$ 682,584	48%
	Other Informational Services Total	\$ 2,075	\$ 635,032	\$ 1,367,609	\$ 732,577	46%
Essential Community Living Support Services						

January 2021 Expenditure Report

FY 2021	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY21 Budget	Budget Remaining	% of Budget Used
06399	Academic services		\$ -	\$ -	\$ -	
22XXX	Services management	\$ 103,515	\$ 782,820	\$ 1,600,000	\$ 817,180	49%
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 11,305	\$ 71,547	\$ 250,000	\$ 178,453	29%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
32327	Representative payee	\$ 88	\$ 5,588	\$ 20,000	\$ 14,412	28%
32335	CDAC		\$ -	\$ 200,000	\$ 200,000	0%
32399	Other support		\$ -	\$ 80,000	\$ 80,000	0%
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 1,718	\$ 20,520	\$ -	\$ (20,520)	
33345	Ongoing rent subsidy	\$ -	\$ -	\$ -	\$ -	
33399	Other basic needs	\$ 1,262	\$ 9,145	\$ -	\$ (9,145)	
41305	Physiological outpatient treatment	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
41306	Prescription meds	\$ 100	\$ 165	\$ 15,000	\$ 14,835	1%
41307	In-home nursing		\$ -	\$ -	\$ -	
41308	Health supplies		\$ -	\$ -	\$ -	
41399	Other physiological treatment		\$ -	\$ -	\$ -	
42309	Partial hospitalization		\$ -	\$ -	\$ -	
42310	Transitional living program	\$ 26,255	\$ 163,098	\$ 400,000	\$ 236,902	41%
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	\$ 3,089	\$ 14,514	\$ 50,000	\$ 35,486	29%
50361	Vocational skills training		\$ -	\$ -	\$ -	
50365	Supported education		\$ -	\$ -	\$ -	
50399	Other vocational & day services		\$ -	\$ -	\$ -	
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$ -	\$ 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		\$ 147,332	\$ 1,068,379	\$ 2,635,000	\$ 1,566,621	41%
Other Congregate Services						
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 41,603	\$ 312,917	\$ 900,000	\$ 587,083	35%
64XXX	ICF 6 and over beds (64317 & 64318)		\$ -	\$ -	\$ -	
64329	SCL 6 and over beds	\$ -	\$ -	\$ -	\$ -	
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
Other Congregate Services Total		\$ 41,603	\$ 312,917	\$ 900,000	\$ 587,083	35%
Administration						
11XXX	Direct Administration	\$ 87,044	\$ 825,826	\$ 1,500,000	\$ 674,174	55%
12XXX	Purchased Administration	\$ 3,210	\$ 108,484	\$ 125,000	\$ 16,516	87%
Administration Total		\$ 90,254	\$ 934,310	\$ 1,625,000	\$ 690,690	57%
Regional Totals		\$ 500,271.56	\$ 5,792,491.15	\$ 16,247,609	\$ 10,455,118	36%
58%						
(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	\$ 200,000.00	\$ 200,000.00			

** 24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.

Disbursement Date 02/09/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4570	V 3129	Liza Howard		Services Management - Mil	41500	04022	413	62				216.40
4570	V 3129	Liza Howard		Services Management - Mil	41500	04222	413	62				52.66
4570	V 3129	Liza Howard		Services Management - Mil	41500	04322	413	62				52.66
				Disbursement#	3448	Disbursement	Total					321.72
4571	V 3227	Imagine The Possibilities Inc		Basic Needs - Rent Paymen	41500	04033	340	62				281.58
				Disbursement#	3449	Disbursement	Total					281.58
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2030.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				3190.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2030.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2320.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04244	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
				Disbursement#	3450	Disbursement	Total					36,830.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
4572	V 3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00
				Disbursement#	3451	Disbursement	Total					870.00

Disbursement Date 02/09/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4573	V 3914	Klay, Veldhuizen, Bindner,		Commitment - Legal Repres	41500	04074	393	62				142.20
				Disbursement# 3452		Disbursement	Total					142.20
4575	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
4575	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				7.00
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				56.07
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				89.38
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				77.62
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				48.03
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				11.99
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				9.99
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				132.34
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				81.04
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				18.05
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				37.04
4575	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				83.38
				Disbursement# 3453		Disbursement	Total					713.93
4576	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				63.13
4576	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				239.88
4576	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				63.13
4576	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				63.13
4576	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				151.50
4576	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				151.50
4576	V 4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				189.38
4576	V 4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				239.88
				Disbursement# 3454		Disbursement	Total					1,161.53
4577	V 4727	Medical Associates Clinic		Commitment - Diagnostic E	41500	04074	300	62				187.00
4577	V 4727	Medical Associates Clinic		Commitment - Diagnostic E	41500	04074	300	62				172.00
				Disbursement# 3455		Disbursement	Total					359.00
4579	V 5074	Mosley Law & Associates, PC		Commitment - Legal Repres	41500	04074	393	62				240.00
4579	V 5074	Mosley Law & Associates, PC		Commitment - Legal Repres	41500	04074	393	62				276.00
				Disbursement# 3456		Disbursement	Total					516.00
4578	V 5049	National Council for		Direct Admin - Educationa	41500	04411	422	62				150.00
				Disbursement# 3457		Disbursement	Total					150.00
4580	V 5283	North Iowa Vocational Center		Basic Needs - Other	41500	04033	399	62				94.98
				Disbursement# 3458		Disbursement	Total					94.98
4568	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				30800.30
4568	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				710.50
4568	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				204.00
4568	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				2961.60
4568	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				740.40
4568	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				1029.00
4568	V 2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				372.46

Disbursement Date 02/09/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4588	V 7125	Story County Treasurer		Prescription Medication (	41500	04046	306	62				421.08
				Disbursement#	3470							421.08
4590	V 7401	Treasurer State of Iowa		Commitment - Diagnostic E	41500	04074	300	62				1200.00
				Disbursement#	3471							1,200.00
4581	V 5396	Trey Sucher Law PLC		Commitment - Legal Repres	41500	04074	393	62				239.40
				Disbursement#	3472							239.40
4591	V 7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				350.00
				Disbursement#	3473							350.00
4592	V 7741	What's Next? LLC		Direct Admin - Custodial	41500	04411	471	62	56			1100.00
				Disbursement#	3474							1,100.00
						47	Total Disbursements					153,472.77
						0	Total ACH					.00
						0	Total EFT					.00
						47	Grand Total					153,472.77
							Credits/Refunds Included					.00

Totals by Fund	
41500 Central Iowa Community Service	153,472.77
Final Total	153,472.77

End of report

Disbursement Date 02/23/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4834 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				592.41
4834 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04232	329	62				401.76
4834 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04332	329	62				108.81
4834 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04350	367	62				783.84
4834 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				16115.41
4834 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				3511.59
				Disbursement#	3486	Disbursement	Total					21,513.82
4836 V	1475	Choice Employment Services		Voc/Day - Individual Supp	41500	04250	368	62				361.58
				Disbursement#	3487	Disbursement	Total					361.58
4881 V	82883	Christian Opportunity Center		Support Services - Suppor	41500	04232	329	62				95.60
4881 V	82883	Christian Opportunity Center		Day Habilitation	41500	04250	367	62				135.62
				Disbursement#	3488	Disbursement	Total					231.22
4885 V	83451	Community Care of Knoxville		Comm Based Settings (6+ B	41500	04064	314	62				2170.00
				Disbursement#	3489	Disbursement	Total					2,170.00
4837 V	1762	Crossroads Mental Hlth Ctr		Crisis Evaluation	41500	04044	301	62				232.09
4837 V	1762	Crossroads Mental Hlth Ctr		Crisis Evaluation	41500	04044	301	62				232.09
4837 V	1762	Crossroads Mental Hlth Ctr		Crisis Evaluation	41500	04044	301	62				232.09
4837 V	1762	Crossroads Mental Hlth Ctr		Mental Health Services in	41500	04046	305	62				311.22
4837 V	1762	Crossroads Mental Hlth Ctr		Mental Health Services in	41500	04046	305	62				155.61
4837 V	1762	Crossroads Mental Hlth Ctr		Mental Health Services in	41500	04046	305	62				155.61
				Disbursement#	3490	Disbursement	Total					1,318.71
4864 V	5696	Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				6863.00
4864 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				64074.64
4864 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				18000.00
				Disbursement#	3491	Disbursement	Total					88,937.64
4840 V	2438	Foundation 2, Inc.		Mobile Response	41500	04044	307	62				6792.00
				Disbursement#	3492	Disbursement	Total					6,792.00
4877 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				91.00
				Disbursement#	3493	Disbursement	Total					91.00
4839 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				908.20
4839 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				659.64
				Disbursement#	3494	Disbursement	Total					1,567.84
4842 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				182.00
4842 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				65.00
				Disbursement#	3495	Disbursement	Total					247.00
4841 V	2629	Greene County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				360.86
				Disbursement#	3496	Disbursement	Total					360.86
4843 V	2726	Hamilton County Jail		Prescription Medication (	41500	04046	306	62				36.25
				Disbursement#	3497	Disbursement	Total					36.25

Disbursement Date 02/23/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
4844 V	2796	Hardin County Sheriff's Office		Prescription Medication (	41500	04046	306	62				110.71
4844 V	2796	Hardin County Sheriff's Office		Prescription Medication (	41500	04046	306	62				162.66
4844 V	2796	Hardin County Sheriff's Office		Prescription Medication (	41500	04046	306	62				40.31
4844 V	2796	Hardin County Sheriff's Office		Prescription Medication (	41500	04046	306	62				26.46
				Disbursement#	3498							Disbursement Total	340.14
4846 V	3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				2665.69	
				Disbursement#	3499							Disbursement Total	2,665.69
4859 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				350.88	
4859 V	5137	HIRTA Public Transit		Transportation - General	41500	04231	354	62				103.20	
4859 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				412.80	
4859 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				246.72	
4859 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				205.56	
				Disbursement#	3500							Disbursement Total	1,319.16
4884 V	83215	Carrie Hisler		Services Management - Mil	41500	04022	413	62				88.48	
				Disbursement#	3501							Disbursement Total	88.48
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2030.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2900.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				290.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2320.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				2030.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1740.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				870.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				580.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1160.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04044	301	62				1450.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04244	301	62				290.00	
4848 V	3532	Integrated Telehealth Partners		Crisis Evaluation	41500	04244	301	62				290.00	

Disbursement Date 02/23/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				702.15
				Disbursement#	3502	Disbursement	Total					35,208.11
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				826.32
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				702.15
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				248.34
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
4848 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				248.34
4848 V	3532	Integrated Telehealth Partners		Crisis Stabilization Comm	41500	04044	312	62				450.00
				Disbursement#	3503	Disbursement	Total					4,746.42
4847 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				1119.38
4847 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				1550.64
4847 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				594.30
4847 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				1395.03
				Disbursement#	3504	Disbursement	Total					4,659.35
4850 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				244.04
4850 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				153.16
4850 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04274	353	62				495.07
4850 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04274	353	62				350.98
4850 V	3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				626.30
4850 V	3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				15.04
				Disbursement#	3505	Disbursement	Total					1,884.59
4851 V	4136	Legal Aid Society of Story Co.		Basic Needs - Other	41500	04033	399	62				285.96
4851 V	4136	Legal Aid Society of Story Co.		Basic Needs - Other	41500	04333	399	62				319.23
				Disbursement#	3506	Disbursement	Total					605.19
4852 V	4251	Loughlin Law Firm		Commitment - Legal Repres	41500	04074	393	62				75.00
				Disbursement#	3507	Disbursement	Total					75.00
4853 V	4400	Mainstream Living		Voc/Day - Group Supported	41500	04350	369	62				129.56
				Disbursement#	3508	Disbursement	Total					129.56
4854 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
4854 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				16.00
4854 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				32.00
				Disbursement#	3509	Disbursement	Total					79.00
4855 V	4721	Medicap Pharmacy		Prescription Medication (	41500	04046	306	62				551.25

Disbursement Date 02/23/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	3510	Disbursement	Total					551.25
4857 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04250	362	62				257.75
4857 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04250	368	62				372.46
4857 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				360.85
4857 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04350	368	62				372.46
				Disbursement#	3511	Disbursement	Total					1,363.52
4858 V	5049	National Council for		Direct Admin - Educationa	41500	04411	422	62				150.00
				Disbursement#	3512	Disbursement	Total					150.00
4856 V	4763	North Iowa Mercy Clinics		Psychotherapeutic Treatme	41500	04042	306	62				101.60
4856 V	4763	North Iowa Mercy Clinics		Psychotherapeutic Treatme	41500	04042	306	62				101.60
4856 V	4763	North Iowa Mercy Clinics		Psychotherapeutic Treatme	41500	04042	306	62				72.45
				Disbursement#	3513	Disbursement	Total					275.65
4860 V	5394	Okerberg and Associates		Psychotherapeutic Treatme	41500	04042	305	62				150.00
4861 V	5394	Okerberg and Associates		Psychotherapeutic Treatme	41500	04042	305	62				150.00
4861 V	5394	Okerberg and Associates		Psychotherapeutic Treatme	41500	04042	305	62				150.00
				Disbursement#	3514	Disbursement	Total					450.00
4845 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				1415.20
4845 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				485.00
4845 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				485.00
4845 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				485.00
4845 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				485.00
4845 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				485.00
				Disbursement#	3515	Disbursement	Total					3,840.20
4873 V	6871	Partnership for Progress		Comm Based Settings (6+ B	41500	04064	314	62				1922.00
				Disbursement#	3516	Disbursement	Total					1,922.00
4862 V	5581	Peglow, O'Hare & See, P.L.C.		Commitment - Legal Repres	41500	04074	393	62				109.70
				Disbursement#	3517	Disbursement	Total					109.70
4863 V	5596	Penn Center		Comm Based Settings (6+ B	41500	04064	314	62				5797.93
4863 V	5596	Penn Center		Support Services - Suppor	41500	04032	329	62				3465.00
4863 V	5596	Penn Center		Support Services - Suppor	41500	04032	329	62				1417.50
				Disbursement#	3518	Disbursement	Total					10,680.43
4883 V	83179	Nancy L Pietz, Attorney at Law		Commitment - Legal Repres	41500	04074	393	62				992.40
				Disbursement#	3519	Disbursement	Total					992.40
4865 V	5754	Polk County Auditor		Commitment - Sheriff Tran	41500	04074	353	62				133.96
				Disbursement#	3520	Disbursement	Total					133.96
4823 V	152	Polk County Health Services		Distribution to other MHD	41500	04415	481	62	56			1750000.00
				Disbursement#	3521	Disbursement	Total					1,750,000.00
4866 V	5788	Pottawattamie Co Sheriff's Off		Commitment - Sheriff Tran	41500	04074	353	62				70.00

Disbursement Date 02/23/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	3522	Disbursement	Total					70.00
4867	V 5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				96.40
4867	V 5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				96.12
4867	V 5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				58.08
				Disbursement#	3523	Disbursement	Total					250.60
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				36.10
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				36.10
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				78.36
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				36.10
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				104.48
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				54.88
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				54.88
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				54.88
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				268.85
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				400.39
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				66.03
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	366	62				2811.62
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04242	366	62				2240.84
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04342	366	62				317.10
4880	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04742	366	62				421.90
				Disbursement#	3524	Disbursement	Total					6,982.51
4882	V 83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				321.36
4882	V 83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				368.75
4882	V 83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				1180.00
4882	V 83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				12788.13
				Disbursement#	3525	Disbursement	Total					14,658.24
4868	V 5840	Progress Industries		Voc/Day - Individual Supp	41500	04050	368	62				508.70
4868	V 5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				1117.38
4868	V 5840	Progress Industries		Voc/Day - Individual Supp	41500	04350	368	62				744.92
4868	V 5840	Progress Industries		Support Services - Suppor	41500	04732	329	62				622.34
4868	V 5840	Progress Industries		Voc/Day - Individual Supp	41500	04750	368	62				68.12
				Disbursement#	3526	Disbursement	Total					3,061.46
4870	V 6420	REM Iowa Community Serv Inc.		Basic Needs - Rent Paymen	41500	04233	340	62				91.40
				Disbursement#	3527	Disbursement	Total					91.40
4826	V 322	Salvation Army		Support Services - Repres	41500	04032	327	62				810.00
4826	V 322	Salvation Army		Support Services - Repres	41500	04232	327	62				162.00
4826	V 322	Salvation Army		Support Services - Repres	41500	04332	327	62				45.00
				Disbursement#	3528	Disbursement	Total					1,017.00
4869	V 6418	Candila Schickel		Commitment - Legal Repres	41500	04074	393	62				130.00
				Disbursement#	3529	Disbursement	Total					130.00
4871	V 6493	Secretary Of State		Purchased Admin - Dues &	41500	04412	480	62				30.00
				Disbursement#	3530	Disbursement	Total					30.00

Disbursement Date 02/23/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4831 V	771	Sioux Rivers Region		Mental Health Advocate -	41500	04075	395	62				323.93
				Disbursement# 3531								323.93
4872 V	6706	Story County Community Serv		Services Management - Mil	41500	04022	413	62				2.09
4872 V	6706	Story County Community Serv		Services Management - Mil	41500	04222	413	62				2.04
4872 V	6706	Story County Community Serv		Services Management - Mil	41500	04322	413	62				2.03
4872 V	6706	Story County Community Serv		Direct Admin - Mileage &	41500	04411	413	62				8.40
				Disbursement# 3532								14.56
4827 V	367	Betsy Stursma		Direct Admin - Mileage &	41500	04411	413	62				324.80
				Disbursement# 3533								324.80
4874 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				2100.56-
4874 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				657.70-
4874 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				534.55
4874 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				15689.08
4874 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				2442.24
4874 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				15093.15
4875 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				101.00
4875 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				7086.80
4875 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1.48
4875 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				179.37
4875 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				7164.43
				Disbursement# 3534								45,533.84
4876 V	7601	VISA		Direct Admin - Informatio	41500	04411	632	62				760.00
4876 V	7601	VISA		Direct Admin - Mileage &	41500	04411	413	62				99.68
				Disbursement# 3535								859.68
4878 V	82829	Zion Recovery Services		Crisis Stabilization Resi	41500	04044	313	62				1800.95
4878 V	82829	Zion Recovery Services		Crisis Stabilization Resi	41500	04044	313	62				1800.95
4879 V	82829	Zion Recovery Services		Crisis Stabilization Resi	41500	04044	313	62				1800.95
4879 V	82829	Zion Recovery Services		Crisis Stabilization Resi	41500	04044	313	62				1440.76
				Disbursement# 3536								6,843.61
					62	Total Disbursements						2,043,146.53
					0	Total ACH						.00
					0	Total EFT						.00
					62	Grand Total						2,043,146.53
						Credits/Refunds Included						2,758.26

Date - 2/19/21
Time - 8:15:19

Story County - Accounting
Final Disbursement Register

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Disbursement Date 02/23/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
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Totals by Fund

41500	Central Iowa Community Service	2,043,146.53
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Final Total	2,043,146.53
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End of report

Central Iowa Community Services Provider and Program Participation Agreement

THIS PROVIDER AND PROGRAM PARTICIPATION AGREEMENT (“Agreement”), entered into this ____ day of _____, 2021, is by and between Central Iowa Community Services (“CICS”) and _____ (“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, [and](#) 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 [listed in Attachment A](#). 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 Hold Harmless and Indemnification.~~ Provider shall defend, hold harmless and indemnify CICS against any and all claims, liability, damages, or judgments, and expenses, including, without limitation, reasonable attorney fees and costs, asserted against, imposed or incurred by CICS that arise out of acts or omission of Provider or Provider's employees, agents or representatives in the discharge of its responsibilities under this Agreement.

Section 6.1-2 ~~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:

Attention: _____

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:

Provider Name:

By: _____

By: _____

Print Name: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Print Title: _____

Date: _____

Date: _____

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES**

Chart of Account	Service Description	Unit of Service	Rate

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.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Provider Name: _____

By: _____

Print Name: _____

Print Title: _____

Date: _____

	CICS
AARP MEDICARE COMPLETE	0
Aetna	4
Aetna (Medicare)	5
Allied Benefit Systems	0
BCBS Federal	6
Champ VA	2
COVENTRY	1
Freedom Life	0
Health Partners	2
HealthSCOPE Benefits, INC	0
Mayo Clinic Health Solutions	0
MEDICA	1
MIDLANDS CHOICE	0
Tricare West Region (99726)	3
Ucare Medicaid	0
UHC Community Plan	1
VA Community Care	7
Total	32
\$160 per case (6 Months)	\$ 5,120
Cost per month	\$ 853

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Eyerly Ball Community Mental Health Services Effective 4/1/21**

Chart of Account	Service Description	Unit of Service	Rate
44307	Mobile Crisis Response (MCR) Service	Monthly	\$66,618.00****
44312	Crisis Stabilization Community Based Service (CSCBS)	Monthly	\$18,000.00
44307	Mobile Crisis Response (MCR) Service (April – June 2021)	Monthly	\$5,186.42
44312	Crisis Stabilization Community Based Service (CSCBS) (April – June 2021)	Monthly	\$1,400.00

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.

By the 15th of each month, the Provider shall bill the contracted monthly reimbursement amount for the prior month of MCR services and CSCBS provided minus any MCR and CSCBS reimbursement received by Medicaid or other funders. At time of monthly billing submission, provider will submit documentation as agreed upon by Provider and the Region.

****For MCR services provided within the CICS Region, up to \$66,618.00 is the monthly amount to be billed/reimbursed when fully staffed based on budget provided. If employee positions are unfilled at any time, Provider needs to notify CICS to determine a monthly reimbursement up to the \$66,618.00 based on the budget provided for this Agreement.

For CSCBS provided within the CICS Region, up to \$18,000.00 is the monthly amount to be billed/reimbursed when fully staffed based on budget provided. If employee positions are unfilled at any time, Provider needs to notify CICS to determine a monthly reimbursement up to the \$18,000.00 based on the budget provided for this Agreement.

Effective 4/1/21 Eyerly Ball Community Mental Health Services will provide mobile crisis response and crisis stabilization community based services in Cerro Gordo and Hancock Counties. If employee positions are unfilled at any time, Provider needs to notify CICS and CSS to determine a monthly reimbursement up to the \$5,186.42 for MCR and \$1,400.00 for CSCBS.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Eyerly Ball Community Mental Health Services:

By: C Steidl Bishop

Print Name: Cynthia Steidl Bishop

Print Title: CEO

Date: 2/19/2021