



CICS

Supporting Individuals. Strengthening Communities.

Regional Governing Board May 27, 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: 917 7003 4887, Passcode: 055008

or Join the Zoom Meeting at <https://zoom.us/j/91770034887?pwd=UFRoNW9EZmU1V1FkV3FJRu5WN0IyUT09>

Please note that this board packet is very long and we encourage you to not print unless necessary.

Tentative Agenda

1) Roll Call

- | | | | |
|--|---|--------------------------------------|---|
| 2) <input type="checkbox"/> Boone | <input type="checkbox"/> Franklin | <input type="checkbox"/> Greene | <input type="checkbox"/> Hamilton |
| 3) <input type="checkbox"/> Hardin | <input type="checkbox"/> Jasper | <input type="checkbox"/> Madison | <input type="checkbox"/> Marshall |
| 4) <input type="checkbox"/> Poweshiek | <input type="checkbox"/> Story | <input type="checkbox"/> Warren | <input type="checkbox"/> JD Deambra |
| 5) <input type="checkbox"/> Allie Wulfekuhle | <input type="checkbox"/> Kendra Alexander | <input type="checkbox"/> Julie Smith | <input type="checkbox"/> Andrea Dickerson |

6) Agenda (Bill Patten, Chair)

May 27, 2021 Agenda

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

7) Minutes (Bill Patten, Chair)

April 22, 2021 Minutes

Action

Board Chair asks for motion to approve

Motion by: _____

Second: _____

Vote on motion: _____

8) Administration (Russell Wood, CEO)

28E Agreement

Action

Board Chair asks for motion to approve the 28E Agreement

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 | | |

Legislative Update

Informational

Levy Change

Possible Action

Board Chair asks for motion to approve the 28E Agreement

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 | | |

9) Finance (Betsy Stursma)

April Expenditure Report

Informational

Claims May 4, 2021 and May 18, 2021

Action

Board Chair asks for motion to approve claims

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 | | |

10) Operations (Karla Webb)

Interregional MOUs for Complex Needs Services

Action

Board Chair asks for motion to approve/deny CEO signing MOUs

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

Jennifer Kerns SOU

Action

Board Chair asks for motion to approve/deny

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____



FY21 Contract Amendments

Action

Eyerly Ball Community Mental Health Services

Board Chair asks for motion to approve/deny FY21 contract amendments

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

FY22 Contracts (Please note any conflict of interest you may have)

Action

North Iowa Transitional and Employment Services Inc. dba 43 North Iowa

Arc of Marshall County

Brain Injury Association of Iowa

Center Associates

Central Iowa Juvenile Detention Center

Central Iowa Psychological Services

Integrated Behavioral Health Services P.C. dba Classroom Clinic

Eyerly Ball Community Mental Health Services

EVizzit of Iowa Psychiatric PC, dba Integrated Telehealth Partners

FIA Friendship Club, Inc.

Hardin County Advocate Services Agreement

Integrated Treatment Services, LLC

North Central Sheltered Workshop dba LifeWorks Community Services

Mason City Clinic

Mid-Iowa Triumph Recovery Center, Inc.

Rodasi LLC dba Midwest Counseling

One Vision

Optimae Life Services

Prairie Ridge Integrated Treatment Behavioral Healthcare

Premier Payee, Inc.

The Salvation Army

Tuyet Noriega

North Central Iowa Mental Health Center, Inc. dba UnityPoint Health-Berryhill Center

Youth Shelter Care of North Central Iowa, Inc.

Board Chair asks for motion to approve/deny contract amendments

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

11) Public Comments

Board Chair asks for public comments at this time

12) Next Meeting – June 24, 2021





CICS

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Regional Governing Board Meeting Minutes

April 22, 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, Warren, JD Deambra, Kendra Alexander, Julie Smith, Andrea Dickerson. **Counties/Members Absent:** Allie Wulfekuhle. **Administrative Team Present:** Russell Wood, Betsy Stursma, Karla Webb, Patti Leeds, Linn Adams. **Others Present:** Gary Rayhons, Todd Lange, Kathy Erickson, Nikki Fischer, Angela Tharp, Chris Watts, Niki Conrad, Quinn Wood.

Agenda & Minutes

Motion by Hoffman to approve the April 22, 2021 agenda, second by Rudolph. All ayes, motion carried.

Motion by Nolte to approve the March 25, 2021 minutes, second by Clifton. All ayes, motion carried.

CEO Russell Wood updated the Board on current legislation, SF 587, removing backfill and removing property tax funding for MHDS. It passed the Senate however has not been assigned a subcommittee in the House. Many people have concerns regarding this bill. The Appropriations bill has come out. ABLE trust bill has passed both House and Senate, HF 835/SF 527 (mirror bills).

Wood also addressed in-person meetings for the future. Patten would like to look at having the July meeting in-person with the Zoom option for all meetings. Patten opened discussion to comments. Options for potential alternative locations were discussed. It was decided that July 22, 2021 would be the first in-person meeting.

Wood invited the Governing Board to an informational meeting the Administrative Team will be hosting in May. It is a 101 on the MHDS systems of care and the team will share the history of CICS, how CICS got to where they are now. This is for Board members, however it will be an open meeting if there is a quorum so Board will need to RSVP. Meeting will be available via Zoom. It is not required, however it will be helpful, especially to new Board members. RSVP by Tuesday, April 27 to lisa.mulford@cicsmhs.org.

Finance Officer Betsy Stursma shared the March expenditure report and the claims report for April 6 and 20, 2021. Motion by Heddens, second by Talsma to approve claims. All ayes, motion carried. Roll call vote: Ayes: Boone, Franklin, Greene, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Warren, JD Deambra, Kendra Alexander. Not present: Allie Wulfekuhle.

Operations Officer Karla Webb presented an Operations Report which covered the changes made to the Management Plan for CICS. Both Advisory Committees have reviewed the changes. If the Board approves the Plan it will go to DHS and if approved will go into effect July 1, 2021. Motion by Hoffman, seconded by Kloberdanz to approve the CICS Management Plan Policies and Procedures amendments as presented. All ayes, motion carried.

Webb presented the FY22 contract template regarding provider's liability insurance. Motion by Kloberdanz to approve Section 6.2 as amended and printed for the Board with changes in professional liability insurance and decreasing to \$2 million for liability for all providers, second by Rudolph. All ayes, motion carried.

Webb requested the Board authorize the Chair to sign FY223 contract amendments due to the template change. Webb will do a contract amendment for already approved provider contracts. Webb will develop a form for each provider which Patten will sign, she will then send to providers and have them sign and return. Wood clarified that this is rather than bringing every contract to the Board again. Motion by Talsma to approve request, second by Kloberdanz. All ayes, motion carried.

Webb requested a change for the FY22 Mental Health Advocate contract template. No amendments will need to be made. Motion by Heddens to approve changes to Section 5.1 and Section 5.2, second by Deambra. All ayes, motion carried.

Webb presented an update to the Psychiatric Prescriber incentive to increase the amount from \$12,000 to \$15,000 and to clarify it will go for 24 months. Motion to approve by Hofmann, second by Talsma. All ayes, motion carried.

Webb presented an update to the Licensed Independent Social Worker incentive to increase the amount from \$7,500 to \$10,000 and to clarify it will go for 24 months. Motion to approve by Kloberdanz, second by Roudabush (Poweshiek alternative). All ayes, motion carried. Administrative Team will look into and discuss Julie Smith's question regarding MSW becoming an LISW and whether the incentive would increase in that scenario.

Webb presented the Access, Inc. FY22 contract renewal. Motion to approve by Deambra, second by Talsma. All ayes, motion carried. Nolte abstained.

Webb presented the Community & Family Resources FY22 contract renewal. Motion to approve by Clifton, second by Talsma. All ayes, motion carried. Kloberdanz abstained.

Webb presented the Arc of Story County and Friendship Ark, Inc. FY22 contract renewals. Motion to approve by Kloberdanz, second by Hofmann. All ayes, motion carried. Heddens abstained.

Webb presented the remaining 16 contract renewals for FY22: Abbe Center for Community Mental Health, Inc.; Central Iowa Recovery, Inc.; ChildServe Community Options; Christian Opportunity Center; Duncan Heights, Inc.; Foundation 2, Inc.; Full Circle Therapy Center, LLC; Goshorn Psych-Services, PLLC; Grace C. Mae Advocate Center, Inc.; Mainstream Living; New Beginnings Counseling Service; Orchard Place; Progress Industries; Liberty Square dba Spring Harbor Residential Services; Hamilton County Public Hospital dba Van Diest Medical Center; Youth Emergency Services & Shelter. Motion by Deambra to approve all contract renewals, second by Heddens. All ayes, motion carried.

Wood presented a request from the Administrative Team to approve a Judicial Hospitalization Referee agreement. CICS has not done this in the past, however Cerro Gordo has been utilizing this service for many years. It will reduce being billed for transport by law enforcement and CIJDC and the hearing will be done more



timely as the Referee goes to the hospital and conducts the inpatient hospitalization hearing. This is less traumatizing to the individual and also is a safer option by not removing the patient from the hospital. The cost will be \$40,000, the Referee is an employee of the Judicial Branch, and the Administrative Team recommends this for FY22 and to revisit for FY23 with data tracked throughout the year. Motion by Talsma, second by Hofmann to approve a Judicial Hospitalization Referee for FY22. All ayes, motion carried.

Chair asked for public comments at this time. Planning Officer Patti Leeds shared the Mental Health Conference flyer that is taking place Thursday, May 20 from noon to 4:30 p.m. This will be virtual this year with six speakers giving five presentations. A virtual tour will also be shared. This is free to attend and up to 500 people can register. Flyer will be attached to the Board minutes.

Wood discussed the Heart of Iowa Region training that will be providing a law enforcement training. There will be five people from Story County going to that training. There may be a three day Crisis Intervention Team training in June for law enforcement and he encourages everyone to reach out to their law enforcement, jails, Sheriff's office, police officers, dispatchers and first responders to attend. CICS has paid for this training in the past, but will not be required to pay these two trainings. Wood will share the information when he receives it.

Next Meeting is May 27, 2021.

Chair adjourned the meeting.

Patti Leeds, Recording Secretary

Bill Patten, Board Chair





CICS

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28E Agreement for Central Iowa Community Services

This 28E Agreement (“Agreement”) is made and entered into by, between and among the undersigned counties, each having adopted this Agreement by resolution of its board of supervisors, and hereby join together to voluntarily form a public body corporate and politic and separate legal entity under Iowa Code Chapter 28E, and amendments thereto, known as Central Iowa Community Services (the “Region”).

SECTION 1: IDENTITY OF THE PARTIES

The undersigned counties are political subdivisions and constitute “public agencies” as defined in Iowa Code section 28E.2. The member counties are: Boone County, Franklin County, Greene County, Hamilton County, Hardin County, Jasper County, Madison County, Marshall County, Poweshiek County, Story County and Warren County. Effective July 1, 2021 member counties shall also include: Cerro Gordo County, Hancock County, Webster County and Wright County. County membership may, however, change from time to time as provided in this Agreement and the current member counties shall be referred to as the “member counties” or the “undersigned counties” in this Agreement.

SECTION 2: PURPOSE, GOALS AND OBJECTIVES

The member counties entered into this 28E Agreement to create a mental health and disability service region to provide local access to mental health and disability services as defined in the regional management plan and to engage in any other related activity in which an Iowa 28E organization may lawfully be engaged.

SECTION 3: TERM AND TERMINATION

- 3.1 This Agreement shall be effective when the undersigned initial member counties, as listed in Section 1 execute this Agreement and this Agreement is filed with the Iowa Secretary of State as required by Iowa Code Section 28E.8 (the “Effective Date”).
- 3.2 The term of this Agreement shall be perpetual unless terminated by an affirmative vote consisting of 2/3 of the Governing Board. Assets of the Region as defined by the governing board shall be divided proportionately as determined by the Governing Board of Directors.

SECTION 4: GOVERNANCE

4.1 Governing Board Directors:

The Governing Board of Directors (the “Governing Board”) shall contain the following Directors:

- (a) Each member county shall appoint one of its supervisors from the County Board of Supervisors and alternates from the County Board of Supervisors to serve as a Director on the Governing Board. The Board of Supervisors of each member county shall select its Director and he or she shall serve indefinitely at the pleasure of the county appointing the Director, until a successor is appointed, or until the earlier death, resignation, or the end of such person’s service as a county supervisor. Any Director appointed under this Section 4.1(a) may be removed for any reason by the county appointing the Director, upon written notice to the Region’s Board of Directors, which notice shall designate a successor Director to fill the vacancy. In the event the Director cannot participate, an alternate will fill in for the Director.
- (b) One individual who utilizes mental health and disability services, or is an actively involved relative of such an individual. This Director shall be appointed by the Adult Advisory committee as described in Section 4.6 of this Agreement. This Director shall serve an initial term of one year, with appointments thereafter to be for two-year terms.
- (c) One individual representing adult service providers in the Region. This Director shall be appointed by the Adult Advisory committee described below. This Director shall serve as an ex-officio, non-voting Director. This Director shall be appointed to two-year terms.
- (d) Commencing February 2020 one individual representing children’s behavioral health service providers in the Region. This Director shall be appointed by the Children’s Advisory committee as described in Section 4.6 of this Agreement. This Director shall serve as ex-officio, non-voting Director. This Director shall be appointed to two-year terms.
- (e) Commencing February 2020 one individual representing the education system in the region. This Director shall be appointed by the Children’s Advisory committee as described in Section 4.6 of this agreement. This Director shall be appointed to two-year terms.
- (f) Commencing February 2020 one individual who is a parent of a child who utilizes children’s behavioral health services or an actively involved relative of such children. This Director shall be appointed by the Children’s Advisory committee as described in Section 4.6 of this agreement. This Director shall be appointed to two-year terms.
- (g) **The Governing Board shall not include employees of DHS or non-elected employees of the County.**

4.2 Director Vacancies

- (a) County-Appointed Directors. If a vacancy occurs during the term of a county-appointed Director, due to death, resignation, or end of service as a county supervisor of such Director, an alternate shall assume the duties of the Director until the county Board of Supervisors appoints a new Director and alternates.
- (b) Committee-Appointed Directors. If a vacancy occurs during the term of a committee-appointed Director, due to death or resignation of such Director, the vacancy shall be filled within thirty (30) days of its occurrence by the committee having the right of



appointment. Such appointment to fill a vacancy shall become effective upon the approval of the Governing Board.

4.3 Voting Procedures for the Governing Board

A quorum must be present in order for the Governing Board to take action. A quorum shall consist of a majority of the voting Directors. The Governing Board shall take action by approval from the majority of the Directors present, except where specific voting thresholds are referenced in this Agreement. Voting shall be done by voice or roll call vote. Proxy voting will not be allowed.

4.4 Board Officers

The Governing Board shall organize itself and elect a Chair and Vice-Chair from the County Appointed Directors. The Governing Board Chair and Vice-Chair shall serve a two (2) year term. After the two-year term of the Governing Board Chair has expired, the Vice-Chair shall assume the Chair position.

- (a) The Chair shall preside at the Region's meetings.
- (b) The Vice-Chair shall assist the Chair. During the temporary absence or disability of the Chair, the Vice-Chair shall discharge the duties of the Chair. Should the Chair be permanently absent or disabled, the Vice-Chair shall succeed to the office of the Chair. In the event that the alternate appears on behalf of the Chair, the Vice-Chair shall discharge the duties of the Chair, in lieu of the Chair alternate.
- (c) The Chair shall designate a recording secretary. The recording secretary shall be responsible for meeting minutes.

4.5 Powers of the Governing Board

The Region shall be under the direction and control of the Governing Board. The Governing Board shall have each and all of the following powers:

- (a) To contract with any public or private entity to provide all necessary services;
- (b) To rent, lease or purchase any tangible personal property, real estate or services reasonably necessary to fulfill the purposes of this Agreement;
- (c) To establish a system of accounting and budgeting, and a system for receiving payments;
- (d) To retain legal counsel, accountants and other professional individuals needed in order to fulfill the purposes of this Agreement;
- (e) To sue and be sued;
- (f) To make and enforce bylaws or rules and regulations for the management and operation of the Region's business and affairs;
- (g) To do and perform any acts authorized by the Code of Iowa, under, through or by means of its officers, agents and employees, or by contracts with any person or entity;
- (h) To consult with representatives of Federal, State and local agencies and departments, and their officers and employees, and to contract with such agencies and departments;
- (i) To receive funds from each member county as set forth in this Agreement;
- (j) To accept grants, contributions or loans from Federal, State or local agencies;
- (k) To establish the times and places for business meetings and educational conferences, and set agendas for those meetings and conferences; and
- (l) To exercise any other power or do any other legal act necessary to discharge its obligations and fulfill the purposes of this Agreement.



4.6 Appointment of Committees

Appointments to any committee of the region shall be made by action of the Governing Board.

The Region shall have an Adult Advisory committee consisting of: individuals who utilize services or are actively involved relatives of such individuals; service providers; and regional governing board members. **Other stakeholders shall not be included as an option as an adult MHDS Advisory Committee member.**

Commencing November 2019 the Region shall have a regional Children's Advisory committee consisting of parents of children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a children's behavioral health service provider, a member of the juvenile court, a pediatrician, a child care provider, a local law enforcement representative, and regional governing board members.

Other committees may be created through action of the Governing Board.

4.7 Methods for Dispute Resolution

If a person or entity is denied funding for services from the Region, they may seek review of the funding decision as set forth in the regional management plan. Any aggrieved party may seek judicial review pursuant to Iowa Code Section 17A.

4.8 Mediation

Mediation conducted pursuant to Iowa Code Chapter 679C. If after which the dispute remains unresolved, arbitration will be conducted pursuant to Iowa Code Chapter 679A. The cost of mediation shall be equally paid by the Region and the member county seeking mediation.

SECTION 5: MEMBERS

5.1 Specification, Requirements, Obligations, Expectations of Member Counties The member Counties agree to the following:

- (a) To respond to reasonable requests to make local records available as allowed under federal, state and local laws to the Region for the purposes of this Agreement;
- (b) To abide by decisions of the Governing Board;
- (c) To cooperate with local, state and federal agencies as appropriate;
- (d) To provide sufficient office space for the performance of administrative functions;
- (e) To support the effective collaboration of other county functions as deemed appropriate;
- (f) To provide county staff as agreed between the member county and the Governing Board beginning in fiscal year 2015; and
- (g) Beginning fiscal year 2015, to contribute the member county's maximum maintenance of effort under the Mental Health & Disability Fund 10 property tax levy or alternative levels established by state law unless otherwise specified by the Governing Board.



5.2 Decisions that Require a Member Vote

The following situations require that each member county have approval from their county Board of Supervisors before the Region may take any action:

- (a) Additional funds contributed to region in situations of budget shortfall within the region.
- (b) The approval of the Region's original by-laws. (This does not include subsequent amendments to the original by-laws.)
- (c) The approval of the Region's original management plan. (This does not include subsequent amendments to the original management plan.)
- (d) Decisions regarding the Region incurring debt.
- (e) Any other decisions as determined by the Governing Board.

5.3 Member Voting Procedure

Any question related to the issues listed in Section 5.2 above may be presented to the member Counties by resolution of the Governing Board by first adopting a recommendation on the issue and then submitting it to the individual member counties. A separate explanation of the reasons for the recommendation shall be included. Each member county desiring to vote upon the amendment shall do so by resolution of its Board of Supervisors and return of the same to Region's Governing Board Chair a certified copy of the resolution stating the County's vote within thirty (30) days of the date that the County received a copy of the proposal. If the amendment receives approval by majority of the votes, it shall become effective ten (10) days following the date the vote is tabulated.

5.4 Additional Member Counties

If a county wishes to become a member county of the Region after the Effective Date, the county must make a written request to the Governing Board. Such request will then be addressed through the Governing Board Voting Procedure set forth in Section 4.3. If a new county's request is approved through such procedure, such new membership will not become effective until the county provides a signature page to this Agreement and a resolution from its Board of Supervisors that it agrees to abide by the terms of this Agreement as set out herein and possess legal power and authority to do so.

5.5 Member County Withdrawal/Removal

(a) Member County Withdrawal

Any member county, by resolution of its Board of Supervisors, may withdraw from the Region by giving written notice to the Governing Board of the Region no later than July 1 prior to the end of the fiscal year the withdrawal will be effective. Withdrawal shall not relieve the withdrawing member county of the obligation to pay its share of the expenses of the Region incurred during the fiscal year in which the withdrawal occurs. Services of the Region shall continue to be provided to the withdrawing member county until the date of withdrawal, so long as such member county remains in good standing as provided in Section 5.6 below.

(b) Member County Removal

In order to remove a member county from the region, a 2/3 vote of the Governing Board must vote to expel the member county from the region. Such vote shall take into consideration the best interests of the Region.



(c) **Allocating Cash**

If a member county leaves the region, the region's fund balance shall be divided by the percentage of each county's population according to the region's population indicated in the region's annual service and budget plan. An amount of the fund balance shall be allocated to the county according to its percentage of the region's population.

5.6 **Suspension of Voting Rights and Services**

During any period of delinquency by a county in the payment to the Region of any obligation, such county shall not be entitled to vote on matters coming before the Governing Board or the member counties unless such delinquency shall be waived for voting purposes by a 2/3 vote of the remaining members of the Governing Board.

For purposes of this section "delinquency" is defined as the member county's failure to contribute to the Region the maximum levy allowed by law and state equalization dollars.

During any period of delinquency, the clients of such member county will not suffer as a result.

SECTION 6: STAFF

6.1 **Selection process for Regional Administrator Team and CEO**

The initial Regional Administrator Team shall consist of the County Central Point of Coordinator (CPC) from each member county and will be called Community Services Director from this point forward (hereinafter referred to as CSDs). The CSDs which make up the Regional Administrator Team shall remain employees of their respective counties. There will be a statement of understanding between the Governing Board and the individual county Boards of Supervisors that will identify the individual employee, the position to be filled, and the portion of the employee's wages and benefits that will be the responsibility of the Region. The Chief Executive Officer (CEO) shall be recruited, selected and appointed by the Governing Board. The initial CEO shall be the CPC Administrator from one of the member counties. The CEO shall remain an employee of his or her respective county and shall report to the Region's Governing Board as outlined in the statement of understanding between the Governing Board and his or her member county Board of Supervisors. The CEO is the single point of accountability in the Region. The CEO shall assign the administrative responsibilities to the Regional Administrator Team to assure that each of the required functions are performed.

6.2 **Performance Evaluation**

Performance Evaluation of the CEO shall be conducted by the Governing Board annually.

General functions and responsibilities of staff

The CEO is the single point of accountability in the Region. Staff shall include one or more coordinators of adult disability services and no later than July 2020, one or more coordinators of children's behavioral health services. Coordinators must have a bachelor's or higher degree in human services related or administrative related field. In lieu of a degree in administration, a coordinator may provide documentation of relevant management experience.



The Region intends to staff for functions and responsibilities such as the following, which shall include but not be limited to:

- (a) Communications;
- (b) Strategic Plan Development;
- (c) Budget Planning and Financial Reports;
- (d) Operations – personnel, benefits, space, training, etc.;
- (e) Risk Management;
- (f) Compliance and Reporting;
- (g) Service Processing, Authorization and Access;
- (h) Provider Network- development, contracting, quality and performance;
- (i) Payment of Claims;
- (j) Quality Assurance;
- (k) Appeals and Grievances;
- (l) Information Technology;
- (m) Service Authorization;
- (n) Eligibility Determination;
- (o) Provider Payment;
- (p) Contracting; and
- (q) HIPAA oversight.

The Governing Board reserves the right to amend this list on its own motion without member approval as a non-substantive amendment as provided for in Section 8.1.

SECTION 7: REGION FINANCES

7.1 Methods for Management & Expenditure of Funding

Methods for management and expenditure of funding shall be governed by the fiscal policies adopted by the Governing Board.

(a) General

1. All funds received by the member counties for purposes related to the Region from any source are considered Regional funds whether in the Regional Pooled funds account or a member County's MHDS fund balance. A member county's MHDS fund balance includes all funds contained in a member County's Fund 10. Member Counties shall contribute to the Regional pooled fund. The frequency and methodology for determining the amount shall be determined by the Governing Board and shall be reflected in the fiscal policies. Regional funds shall be used to pay all costs of the Region. Said funds shall be managed by the CEO, or staff designated by the Region, in compliance with the law, direction from the Governing Board and documented in the fiscal policies. Pooled regional funds shall be administered by the fiscal agent subject to the provisions of the fiscal policies.
2. The fiscal agent of the Region shall be a member county designated by the Governing Board. The Governing Board shall enter into a fiscal agent contract with said County which shall list the terms and conditions for the Fiscal Agent.

(b) Administrative Funding and Resources

Administrative duties performed by Regional Administrative staff shall be covered by the County employing said staff utilizing fund 10 dollars. Any other regional costs shall be paid from the Regional Account by the Fiscal Agent subject to the conditions laid out in the Fiscal Policies.



(c) Use of Savings for Reinvestment

The Region shall comply with Chapters 12B and 12C of the Iowa Code for deposit and investment of Region funds. Through the Region's budgeting process, it shall strive to use surplus funds for the development of additional services.

7.2 Process for Initial Funding

On the date established by the Governing Board, each initial member county shall transfer a predetermined amount, (10% of projected ending FY 14 fund balance, not to exceed \$50,000), of their MHDS fund balance to the Region, with such funds to be collected and expended through the process described in Section 7.1(a). A member county's MHDS fund balance includes the fund balance, annual tax levy and any funding from the state related to services provided by or purposes of the Region. If a county becomes a member of the Region after the established date, such county shall transfer the required amount of its MHDS fund balance to the Region.

7.3 Process for Annual Independent Audit

Accounts of the Region shall be audited annually by the certified public accountant certified in the state of Iowa that is retained by the county serving as fiscal agent of the Region. **The Region shall submit the audit to the Department of Human Services upon receipt.**

7.4 Methods of Acquiring and Disposing of Real Property

- a) **Property that is proposed for acquisition or disposal must be identified and approved prior to taking any action. Only the Governing Board has the authority, whether by gift or purchase, to acquire and dispose of real property.**
- b) **Prior to any action to acquire real property, the property and all structures, if any, shall be inspected and tested for the identification of any contaminants, including asbestos, PCBs, underground storage tanks, hazardous wastes and other environmental concerns. If any contaminants are identified, a plan for their disposal or neutralization shall be included with the request to acquire subject property, including estimated costs and identification of responsibility for abatement.**
- c) **All required renovations and/or alterations to make the property functionally usable in accordance with all applicable codes and current standards of use shall be evaluated with estimated cost to complete and source of funds identified prior to any action to acquire.**
- d) **Property that is acquired shall be titled in the name of "Central Iowa Community Services Mental Health and Disability Services Region" for the use and benefit of CICS.**
- e) **If the Governing Board decides by a majority vote to dispose of real property that is no longer necessary to meet the needs of the Region, the receipts from the sale or conveyance of real property shall be deposited in the CICS Regional fund.**

SECTION 8: SCOPE & AMENDMENTS

8.1 Amendments

If the Governing Board feels it is in the best interests of the Region for an amendment to be made to this 28E Agreement, the Governing Board shall have authority to amend this



Agreement by a 2/3 vote of the Governing Board at a regularly scheduled meeting or a special meeting called for that purpose with notice of changes sent to all members at least 14 days prior to the meeting at which an amendment vote is scheduled.

Entire Agreement

This Agreement and attachments hereto, any bylaws later enacted, and the regional management plan, represent the entire organizational documents of the Region. This Agreement supersedes, and hereby renders null and void, all previous or contemporaneous oral or written proposals, negotiations, arrangements, understandings, agreements, guidelines, representations, warranties, terms, conditions, covenants and any other communication between the parties relating to the subject matter of this Agreement.

8.2 Invalidation

If any one or more provisions of this Agreement is declared unconstitutional or contrary to law, the validity of the remainder hereof shall not be affected.

8.3 No Waiver

The waiver by any 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.

DRAFT



Mental Health Funding in SF 619

The bill provides upfront State funding of \$53.0 million from the General Fund for the MHDS regions and cuts the maximum property tax levy amount by over \$50.0 million statewide. Of the \$53.0 million in State assistance provided, \$50.0 million will be distributed to the regions directly on a per capita basis to regions in accordance with performance-based contracts and \$3 million will be appropriated to the incentive fund for additional mental health needs.

In FY 23, the bill provides a total of \$120.3 million from the General Fund for mental health and completely eliminates the property tax levy. Of the additional \$120.3 million in State assistance for FY 23, a total of \$120.3 million will be distributed on a per capita basis in accordance with performance-based contracts to the MHDS regions. No new money is appropriated to the Incentive Fund after the first year. The Incentive Fund will grow if Regions must refund balances over the limits.

The state will require performance-based contracts to be in effect beginning January 1, 2022 for the regions with DHS. The performance-based contracts with the regions will hold them accountable for meeting fiscal, operational, and service outcomes. The contracts are to contain standardized provisions that specify:

- Allow Authority for DHS to approve, deny or revise each region's annual service and budget plan.
- Require the region to fund all core services
- Specify the utilization of other funds prior to utilizing state funds
- A review of region's administrative costs
- Authority for DHS to establish outcome improvement goals for populations served by the region
- Authority for DHS to address violations of the contract

The State funding for mental health in FY 22 will be distributed to the regions for funding of services quarterly starting July 1, 2021 and will be distributed to the regions on a per capita basis of \$15.86 per capita in accordance with performance-based contracts with the regions. The max levy will be reduced to \$21.14 per capita. Each region will be set to receive the full \$15.86 per capita state funding for quarters 1 and 2, in July and October.

On December 1, regions are due to report their reserve fund balances to the State. Counties will be required to send their reserve fund balances into the region. For FY 22, regions will be required to spend their reserve fund balances down to 40%. For FY 23 reserve fund balances will need to be spent down to 20%. And in FY 24 reserve funds will have to be at 5% or lower.

In December of each fiscal year, there will be a true up based on the balances in the regions reserve funds. Regions are to first use property taxes levied, then spend reserve funds down to the specified levels to make their budgets whole. If the combination of taxes levied and/or reserve funds used doesn't equal 100% of their budget, they will be able to keep and use the per capita state funding distributions to make themselves whole. The region may also continue to receive additional quarterly distributions. Any excess from the per capita distribution above and

beyond the regions budget will revert to the incentive pool fund each year. Moneys in the incentive fund are to carry forward year to year.

If the combination of taxes levied, reserve fund moneys used and per capita state funds distributed still has the region falling short of funding their budgets up to 100%, AND they have spent their reserve fund balances down to the required levels, they will be eligible to apply for the **incentive fund** that will be administered by DHS.

Regional administrators will be required to request incentive funds from DHS. The purpose of the incentive funds is to provide appropriate financial incentives for outcomes met from services provided in the region.

DHS shall determine application requirements to ensure prudent use of the incentive fund.

Regions will be required to submit to DHS basic eligibility requirements:

- They must be in compliance with the regional services system management plan and
- They must be meeting the required ending balance threshold and

In addition the region must meet the following conditions:

A review of the fiscal year-end financial records to determine need

Meet the following goals.

- Incentivize quality core services that meet or exceed the defined outcomes in the performance-based contract.
- Support regional efforts to fund non-core services that support the defined outcomes in the performance contract
- Support non-core services to maintain consumers in community settings or would create a risk that consumers could be placed in more restrictive, higher cost settings.

Incentive funds shall only be used for one or more of the following circumstances:

- To reimburse regions for reductions in available for core services as the result of the reduction and elimination of the current property tax levy if the region has an operating deficit. The department shall prioritize approval of incentive funds for this circumstance.
- To incentivize quality core services that meet or exceed the defined outcomes in the performance-based contract.
- To support regional efforts to fund non-core services that support the defined outcome of core services in the performance contract
- To support non-core services to maintain an individual in a community setting or that would create a risk at the individuals needing services and support would be placed in a more restrictive, higher-cost setting.

DHS shall make its final decision on or before December 15 regarding acceptance or rejection of the submission. DHS shall distribute the incentive funds on or before January 1. To ensure there is a prudent need for funds and may accept or reject an application for assistance in whole or in part.

The per capita distribution from the state increases each year until it hits \$42 per capita, providing increased funding year after year for mental health services. The state per capita distributions by fiscal year are as follows:

- FY 22 – \$15.86 (max prop tax levy is \$21.14, making per capita funding for regions \$37)
- FY 23 – \$38 per capita
- FY 24 – \$40 per capita
- FY 25 – \$42 per capita
- FY 26 and beyond – the percent of statewide growth in sales tax from the previous fiscal year (in this case the sales tax growth in FY 25 as compared to FY 24), up to 1.5% will be added to 100% and multiplied by the per capita growth rate from the previous fiscal year to get the new per capita distribution. If sales tax growth is stagnant or declines, the per capita distribution from the year before stays as is and there is no growth that year to the per capita distribution. The difference in percent growth in sales tax in excess of 1.5% and up to a total of 5% will be added to 100% and multiplied by the balance that is in the risk pool fund at the end of the previous fiscal year. Example – Sales tax growth is 5% in a given year. The per capita distribution grows by 1.5% and the risk pool fund grows by 3.5% for the following fiscal year. This is provided as a standing limited appropriation from the State General Fund each year.

New: DHS is required to publish quarterly reporting requirements related to the region's performance.

New: DHS study to evaluate the current region structure and operations in the context of changes made and funding provided in the bill. The new report is due December 15, 2022.

April 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	\$ 1,364	\$ 142,907	\$ 1,180,000	\$ 1,037,093	12%
42306	Medication prescribing & management	\$ 549	\$ 13,382	\$ 20,000	\$ 6,618	67%
43301	Assessment & evaluation	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
71319	Mental health inpatient therapy-MHI	\$ -	\$ 167,825	\$ 200,000	\$ 32,175	84%
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	\$ 39,027	\$ 357,088	\$ 750,000	\$ 392,912	48%
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	\$ 64,863	\$ 651,687	\$ 950,000	\$ 298,313	69%
44312	Crisis Stabilization community-based services	\$ 18,900	\$ 45,592	\$ 100,000	\$ 54,408	46%
44313	Crisis Stabilization residential services	\$ -	\$ 68,742	\$ 225,000	\$ 156,258	31%
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	\$ 43,632	\$ 822,169	\$ 2,100,000	\$ 1,277,831	39%
42329	Intensive residential services	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
Support for Employment						
50362	Prevocational services	\$ -	\$ 6,299	\$ 25,000	\$ 18,701	25%
50364	Job development	\$ -	\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 4,407	\$ 72,039	\$ 225,000	\$ 152,961	32%
50368	Supported employment	\$ 6,317	\$ 76,534	\$ 100,000	\$ 23,466	77%
50369	Group Supported employment-enclave	\$ -	\$ 757	\$ 20,000	\$ 19,243	4%
Recovery Services						
45323	Family support	\$ 2,080	\$ 21,235	\$ 25,000	\$ 3,765	85%
45366	Peer support	\$ -	\$ 1,202	\$ 20,000	\$ 18,798	6%
Service Coordination						
21375	Case management	\$ -	\$ -	\$ -	\$ -	
24376	Health homes	\$ -	\$ 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)	\$ 3,190	\$ 41,617	\$ 125,000	\$ 83,383	33%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
Core Domains Total		\$ 184,329	\$ 2,513,462	\$ 7,185,000	\$ 4,671,538	35%
Mandated Services						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 12,883	\$ 135,308	\$ 400,000	\$ 264,692	34%
75XXX	Mental health advocate	\$ 12,860	\$ 127,781	\$ 250,000	\$ 122,219	51%
Mandated Services Total		\$ 25,744	\$ 263,089	\$ 700,000	\$ 436,911	38%
Additional Core Domains						
Justice system-involved services						
25xxx	Coordination services	\$ 19,394	\$ 265,799	\$ 600,000	\$ 334,201	44%
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	\$ 13,551	\$ 115,454	\$ 250,000	\$ 134,546	46%
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	\$ 53,247	\$ 820,435	\$ 885,000	\$ 64,565	93%
42397	Psychiatric rehabilitation (IPR)	\$ 1,367	\$ 7,496	\$ 60,000	\$ 52,504	12%
Additional Core Domains Total		\$ 87,560	\$ 1,252,452	\$ 1,835,000	\$ 582,548	68%
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	\$ 35,060	\$ 689,555	\$ 1,317,609	\$ 628,054	52%
Other Informational Services Total		\$ 35,060	\$ 689,562	\$ 1,367,609	\$ 678,047	50%
Essential Community Living Support Services						

April 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	\$ 114,355	\$ 1,110,911	\$ 1,600,000	\$ 489,089	69%
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 13,813	\$ 109,214	\$ 250,000	\$ 140,786	44%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
32327	Representative payee	\$ 1,017	\$ 10,966	\$ 20,000	\$ 9,034	55%
32335	CDAC		\$ -	\$ 200,000	\$ 200,000	0%
32399	Other support		\$ -	\$ 80,000	\$ 80,000	0%
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 1,000	\$ 32,258	\$ -	\$ (32,258)	
33345	Ongoing rent subsidy	\$ -	\$ -	\$ -	\$ -	
33399	Other basic needs	\$ 531	\$ 10,662	\$ -	\$ (10,662)	
41305	Physiological outpatient treatment	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
41306	Prescription meds	\$ -	\$ 1,224	\$ 15,000	\$ 13,776	8%
41307	In-home nursing		\$ -	\$ -	\$ -	
41308	Health supplies		\$ -	\$ -	\$ -	
41399	Other physiological treatment		\$ -	\$ -	\$ -	
42309	Partial hospitalization		\$ -	\$ -	\$ -	
42310	Transitional living program	\$ 42,697	\$ 209,773	\$ 400,000	\$ 190,227	52%
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	\$ 2,730	\$ 22,345	\$ 50,000	\$ 27,655	45%
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		\$ 176,143	\$ 1,508,335	\$ 2,635,000	\$ 1,126,665	57%
Other Congregate Services						
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 28,304	\$ 403,419	\$ 900,000	\$ 496,581	45%
64XXX	ICF 6 and over beds (64317 & 64318)		\$ -	\$ -	\$ -	
64329	SCL 6 and over beds	\$ -	\$ -	\$ -	\$ -	
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
Other Congregate Services Total		\$ 28,304	\$ 403,419	\$ 900,000	\$ 496,581	45%
Administration						
11XXX	Direct Administration	\$ 88,575	\$ 1,103,074	\$ 1,500,000	\$ 396,926	74%
12XXX	Purchased Administration	\$ 3,681	\$ 112,688	\$ 125,000	\$ 12,312	90%
Administration Total		\$ 92,256	\$ 1,215,763	\$ 1,625,000	\$ 409,237	75%
Regional Totals		\$ 629,394.63	\$ 7,846,082.15	\$ 16,247,609	\$ 8,401,527	48%
67%						
(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			
15481	Distribution to Other MHDS Region (CARES)	\$ -	\$ 1,750,000.00			

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

Disbursement Date 05/04/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6220 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04042	366	62				23.97
6220 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04242	366	62				551.03
6220 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04042	366	62				14.56
6220 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04242	366	62				546.00
6220 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04342	366	62				14.44
				Disbursement#	3727							1,150.00
6221 V	501	Associates for Psychiatric Srv		Commitment - Diagnostic E	41500	04074	300	62				285.00
				Disbursement#	3728							285.00
6223 V	790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				35.56
6223 V	790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.12
				Disbursement#	3729							106.68
6224 V	884	Boone County Jail		Prescription Medication (	41500	04046	306	62				150.13
				Disbursement#	3730							150.13
6227 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				93.37
6227 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				72.45
				Disbursement#	3731							165.82
6219 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				141.72
6219 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				142.93
				Disbursement#	3732							284.65
6228 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
6228 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				114.17
6228 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
6228 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
6228 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
6228 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
6228 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
6228 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
6228 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
6228 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54
6228 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
6228 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54
6228 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
				Disbursement#	3733							1,748.26
6229 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
				Disbursement#	3734							155.61
6230 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				232.09
6230 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				59.43
6230 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				72.45
6230 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	306	62				31.21
6230 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	306	62				31.21
				Disbursement#	3735							426.39

Disbursement Date 05/04/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				580.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
6232 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
				Disbursement#	3738						Disbursement Total	42,340.00
6251 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				3480.00
				Disbursement#	3739						Disbursement Total	3,480.00
6265 V	72832	First National Bank of Omaha		Public Education Services	41500	04005	373	62				160.00
6265 V	72832	First National Bank of Omaha		Direct Admin - Stationary	41500	04411	260	62				34.99
				Disbursement#	3740						Disbursement Total	194.99
6264 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				138.60
				Disbursement#	3741						Disbursement Total	138.60
6258 V	7342	GateHouse-DB Iowa Holdings		Direct Admin - Publicatio	41500	04411	400	62				155.83
				Disbursement#	3742						Disbursement Total	155.83
6234 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				136.50
6234 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				32.50
6234 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				130.00
6234 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				162.50
6234 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				97.50
				Disbursement#	3743						Disbursement Total	559.00
6233 V	2576	Gordon Flesch Company, Inc.		Direct Admin - Office Equ	41500	04411	444	62				2897.00
				Disbursement#	3744						Disbursement Total	2,897.00
6266 V	72861	Julie Gretenan Mayhall		Commitment - Legal Repres	41500	04074	393	62				84.00
				Disbursement#	3745						Disbursement Total	84.00
6235 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				71.80
				Disbursement#	3746						Disbursement Total	71.80
6236 V	2796	Hardin County Sheriff's Office		Prescription Medication (	41500	04046	306	62				395.79
				Disbursement#	3747						Disbursement Total	395.79
6238 V	3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				5217.11
				Disbursement#	3748						Disbursement Total	5,217.11

Disbursement Date 05/04/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6239	V 3132	Horn Law Offices		Commitment - Legal Repres	41500	04074	393	62				100.80
				Disbursement# 3749								100.80
6268	V 83184	Hy-Vee Accts Rcvble		Physiological Treatment -	41500	04041	306	62				59.09
				Disbursement# 3750								59.09
6240	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				78.08
6240	V 3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				2402.18
				Disbursement# 3751								2,480.26
6241	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
				Disbursement# 3752								288.99
6244	V 3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				866.02
				Disbursement# 3753								866.02
6243	V 3604	Jennie Edmundson Hospital		Other Priv./Public Hospit	41500	04073	319	62				3840.00
6243	V 3604	Jennie Edmundson Hospital		Commitment - Diagnostic E	41500	04074	300	62				190.00
6243	V 3604	Jennie Edmundson Hospital		Commitment - Diagnostic E	41500	04074	300	62				142.00
				Disbursement# 3754								4,172.00
6245	V 4400	Mainstream Living		Voc/Day - Group Supported	41500	04350	369	62				147.13
6245	V 4400	Mainstream Living		Day Habilitation	41500	04350	367	62				150.04
				Disbursement# 3755								297.17
6246	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				45.00
6246	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				106.00
6246	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
6246	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
6246	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				75.00
				Disbursement# 3756								288.00
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				1856.40
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				1856.40
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				5304.00
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				2121.60
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				4243.20
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				2121.60
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				1326.00
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				1060.80
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				10608.00
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				4508.40
6247	V 4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				265.20
6247	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				303.00
6247	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				151.50
6247	V 4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				151.50
6247	V 4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				239.88
6247	V 4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				151.50
				Disbursement# 3757								36,268.98

Disbursement Date 05/04/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6248 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				6100.00
				Disbursement#	3758						Total	6,100.00
6249 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04250	362	62				927.90
6249 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04250	368	62				595.94
6249 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				484.57
6249 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04350	368	62				372.46
				Disbursement#	3759						Total	2,380.87
6226 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				1365.00
6226 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				3963.72
6226 V	1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				2080.00
6226 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04242	366	62				587.28
				Disbursement#	3760						Total	7,996.00
6250 V	5220	Nite Owl Printing		Services Management - Sta	41500	04022	260	62				42.50
				Disbursement#	3761						Total	42.50
6237 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				157.50
6237 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				9450.00
6237 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				315.00
6237 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				20303.80
6237 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				54.50
6237 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				906.50
6237 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				1151.50
6237 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				372.46
6237 V	2872	Optimae LifeServices, Inc.		Justice System Involved C	41500	04025	376	62				5882.00
6237 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				110.00
6237 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				359.84
6237 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				2670.20
				Disbursement#	3762						Total	41,733.30
6252 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				55.64
6252 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				55.64
6252 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				55.64
				Disbursement#	3763						Total	166.92
6267 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				66.03
6267 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				54.00
				Disbursement#	3764						Total	120.03
6253 V	5825	Premier Payee, Inc		Support Services - Repres	41500	04032	327	62				90.00
				Disbursement#	3765						Total	90.00
6254 V	5910	Quill Corporation		Direct Admin - Stationary	41500	04411	260	62				680.92
6254 V	5910	Quill Corporation		Direct Admin - Stationary	41500	04411	260	62	56			194.99
				Disbursement#	3766						Total	875.91
6255 V	6470	Kim Schomaker		Services Management - Mil	41500	04022	413	62				33.48
6255 V	6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				12.94

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6255	V 6470	Kim Schomaker		Services Management - Mil	41500	04322	413	62				12.94
				Disbursement# 3767		Disbursement		Total				59.36
6222	V 771	Sioux Rivers Region		Mental Health Advocate -	41500	04075	395	62				91.66
				Disbursement# 3768		Disbursement		Total				91.66
6225	V 1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				105.00
6225	V 1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				144.00
6225	V 1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				72.00
6225	V 1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				180.00
				Disbursement# 3769		Disbursement		Total				501.00
6269	V 83521	Terzo Steves		Commitment - Legal Repres	41500	04074	393	62				189.00
				Disbursement# 3770		Disbursement		Total				189.00
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				41.50
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				41.50
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				156.50
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				143.00
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				263.00
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				96.50
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				131.50
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				202.50
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				131.50
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.50
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				209.50
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.20
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.20
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				96.20
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				227.40
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				332.20
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				131.20
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.20
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				369.80
6256	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				382.40
				Disbursement# 3771		Disbursement		Total				3,241.30
6257	V 7125	Story County Treasurer		Prescription Medication (	41500	04046	306	62				231.58
				Disbursement# 3772		Disbursement		Total				231.58
6259	V 7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				3800.00
				Disbursement# 3773		Disbursement		Total				3,800.00
6263	V 71957	Jessica Van De Voort		Services Management - Mil	41500	04022	413	62				187.94
				Disbursement# 3774		Disbursement		Total				187.94
6260	V 7738	Barb Westphal, Attorney		Commitment - Legal Repres	41500	04074	393	62				56.70
6260	V 7738	Barb Westphal, Attorney		Commitment - Legal Repres	41500	04074	393	62				44.10
				Disbursement# 3775		Disbursement		Total				100.80

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6261 V	7802	Wilson Law Firm		Commitment - Legal Repres	41500	04074	393	62				91.00
6261 V	7802	Wilson Law Firm		Commitment - Legal Repres	41500	04074	393	62				104.00
				Disbursement#	3776	Disbursement	Total					195.00
6262 V	7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				2521.33
6262 V	7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				8644.56
6262 V	7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				4682.47
6262 V	7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				1800.95
6262 V	7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				5042.66
6262 V	7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				2881.52
6262 V	7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				1440.76
				Disbursement#	3777	Disbursement	Total					27,014.25
					51	Total Disbursements						203,645.39
					0	Total ACH						.00
					0	Total EFT						.00
					51	Grand Total						203,645.39
						Credits/Refunds Included						.00

Totals by Fund		
41500	Central Iowa Community Service	203,645.39
	Final Total	203,645.39

End of report

Disbursement Date 05/18/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6489 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04042	366	62				19.82
6489 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04242	366	62				545.27
6489 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04342	366	62				9.91
				Disbursement#	3778						Disbursement Total	575.00
6490 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04242	366	62				2987.84
6490 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04342	366	62				512.16
				Disbursement#	3779						Disbursement Total	3,500.00
6492 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				61.10
6492 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				36.10
				Disbursement#	3780						Disbursement Total	97.20
6493 V	1230	Capstone Behavioral Healthcare		Basic Needs - Rent Paymen	41500	04033	340	62				137.00
6493 V	1230	Capstone Behavioral Healthcare		Basic Needs - Rent Paymen	41500	04033	340	62				300.00
6493 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				1038.76
6493 V	1230	Capstone Behavioral Healthcare		Justice System Involved C	41500	04025	376	62				6051.00
6493 V	1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				10368.20
6493 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				5777.45
6493 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04242	366	62				485.50
6493 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04342	366	62				388.05
6493 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				7104.00
6493 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				59.43
6493 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				178.29
6493 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				237.72
6493 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				456.68
6493 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				228.34
6493 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				114.17
				Disbursement#	3781						Disbursement Total	32,924.59
6501 V	2097	Cedar Valley Ranch, Inc.		Comm Based Settings (6+ B	41500	04064	314	62				4720.50
				Disbursement#	3782						Disbursement Total	4,720.50
6494 V	1327	Center Associates		Crisis Evaluation	41500	04044	301	62				344.34
6494 V	1327	Center Associates		Justice System Involved C	41500	04025	376	62				6480.00
				Disbursement#	3783						Disbursement Total	6,824.34
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				454.50
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				189.38
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				138.88
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				580.76
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				328.25
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.25
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.63
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.26
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				151.50
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				467.13
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				770.13
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				126.25
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				340.88

Disbursement Date 05/18/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				214.63
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				328.25
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				227.25
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				202.00
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				530.25
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				303.00
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				404.00
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				202.00
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				252.50
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				189.38
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.63
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				340.88
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				290.38
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				441.88
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				277.75
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.25
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				391.38
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				454.50
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				88.38
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				227.25
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				315.63
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				744.88
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				290.38
					Disbursement#	3784	Disbursement Total					12,385.23
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.25
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				328.25
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				378.75
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				227.25
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				164.13
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				227.25
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.25
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				378.75
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				328.25
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				441.88
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				315.63
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				643.88
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				505.00
6495 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.25
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				303.00
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				164.13
6495 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				202.00
					Disbursement#	3785	Disbursement Total					5,895.90
6497 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
6497 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
6497 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
6497 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
					Disbursement#	3786	Disbursement Total					622.44

Disbursement Date 05/18/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6496 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				1549.38
6496 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04232	329	62				5297.72
6496 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04332	329	62				217.62
6496 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04350	367	62				999.83
6496 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				5284.29
6496 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04742	366	62				92.71
6496 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				4640.84
6496 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				2484.16
6496 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				4366.96
6496 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				2528.21
6496 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04342	366	62				229.83
				Disbursement#	3787							27,691.55
						Disbursement		Total				
6498 V	1375	Cerro Gordo County Treasurer		Direct Admin - Buildings	41500	04411	441	62				623.02
6498 V	1375	Cerro Gordo County Treasurer		Direct Admin - Buildings	41500	04411	441	62				1625.09
				Disbursement#	3788							2,248.11
						Disbursement		Total				
6533 V	82883	Christian Opportunity Center		Support Services - Suppor	41500	04232	329	62				305.92
6533 V	82883	Christian Opportunity Center		Voc/Day - Individual Supp	41500	04250	368	62				744.92
				Disbursement#	3789							1,050.84
						Disbursement		Total				
6500 V	1809	Brenda Daily		Services Management - Mil	41500	04022	413	62				104.16
				Disbursement#	3790							104.16
						Disbursement		Total				
6520 V	5696	Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				6863.00
6520 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				18000.00
6520 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				61314.30
				Disbursement#	3791							86,177.30
						Disbursement		Total				
6502 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				2384.20
6502 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04242	366	62				2760.49
6502 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04342	366	62				878.31
				Disbursement#	3792							6,023.00
						Disbursement		Total				
6503 V	2438	Foundation 2, Inc.		Mobile Response	41500	04044	307	62				6792.00
				Disbursement#	3793							6,792.00
						Disbursement		Total				
6505 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				32.50
6505 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				123.50
6505 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				65.00
				Disbursement#	3794							221.00
						Disbursement		Total				
6504 V	2629	Greene County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				20.00
6504 V	2629	Greene County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				111.86
6504 V	2629	Greene County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				65.22
				Disbursement#	3795							197.08
						Disbursement		Total				
6506 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				46.80
6506 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				34.00
				Disbursement#	3796							80.80
						Disbursement		Total				

Disbursement Date 05/18/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6515 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				474.72
6515 V	5137	HIRTA Public Transit		Transportation - General	41500	04231	354	62				144.48
6515 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				288.96
6515 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				246.72
6515 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				274.08
				Disbursement#	3797							1,428.96
6508 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				19.52
6508 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				284.60
				Disbursement#	3798							304.12
6509 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				1743.00
6509 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				772.59
				Disbursement#	3799							2,515.59
6510 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				105.60
6510 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				839.90
6510 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				130.60
				Disbursement#	3800							1,076.10
6491 V	751	Adam Kehrwald		Commitment - Legal Repres	41500	04074	393	62				189.00
				Disbursement#	3801							189.00
6512 V	4136	Legal Aid Society of Story Co.		Basic Needs - Other	41500	04033	399	62				1754.87
6512 V	4136	Legal Aid Society of Story Co.		Basic Needs - Other	41500	04233	399	62				140.06
				Disbursement#	3802							1,894.93
6513 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
6513 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				376.00
6513 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				87.00
6513 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				546.35
				Disbursement#	3803							1,040.35
6514 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				6100.00
				Disbursement#	3804							6,100.00
6535 V	83448	NAMI Iowa		Peer Family Support - Pee	41500	04045	366	62				390.83
				Disbursement#	3805							390.83
6516 V	5230	Omnicare of Urbandale		Prescription Medication (	41500	04046	306	62				92.71
6516 V	5230	Omnicare of Urbandale		Prescription Medication (	41500	04046	306	62				37.33
				Disbursement#	3806							130.04
6507 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				2653.00
				Disbursement#	3807							2,653.00
6527 V	6871	Partnership for Progress		Comm Based Settings (6+ B	41500	04064	314	62				1860.00
				Disbursement#	3808							1,860.00
6518 V	5581	Peglow, O'Hare & See, P.L.C.		Commitment - Legal Repres	41500	04074	393	62				75.60

Disbursement Date 05/18/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	3809							75.60
6519	V 5596	Penn Center		Comm Based Settings (6+ B	41500	04064	314	62				2159.70
6519	V 5596	Penn Center		Support Services - Suppor	41500	04032	329	62				2362.50
6519	V 5596	Penn Center		Crisis Stabilization Resi	41500	04044	313	62				1080.57
				Disbursement#	3810							5,602.77
6521	V 5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				56.64
6521	V 5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				112.28
6521	V 5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				58.44
				Disbursement#	3811							227.36
6532	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				36.10
6532	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				131.32
6532	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				65.66
6532	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				12.00
				Disbursement#	3812							245.08
6534	V 83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				17047.20
				Disbursement#	3813							17,047.20
6522	V 5840	Progress Industries		Support Services - Suppor	41500	04032	329	62				596.60
6522	V 5840	Progress Industries		Day Habilidadation	41500	04050	367	62				155.36
6522	V 5840	Progress Industries		Voc/Day - Individual Supp	41500	04050	368	62				372.46
6522	V 5840	Progress Industries		Support Services - Suppor	41500	04232	329	62				1094.46
6522	V 5840	Progress Industries		Day Habilidadation	41500	04250	367	62				755.44
6522	V 5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				744.92
6522	V 5840	Progress Industries		Support Services - Suppor	41500	04332	329	62				493.58
6522	V 5840	Progress Industries		Day Habilidadation	41500	04350	367	62				284.60
6522	V 5840	Progress Industries		Voc/Day - Individual Supp	41500	04350	368	62				372.46
6522	V 5840	Progress Industries		Support Services - Suppor	41500	04732	329	62				858.40
6522	V 5840	Progress Industries		Day Habilidadation	41500	04750	367	62				1344.06
6522	V 5840	Progress Industries		Voc/Day - Individual Supp	41500	04750	368	62				372.46
				Disbursement#	3814							7,444.80
6517	V 5533	Region Six Planning Commission		Transportation - General	41500	04031	354	62				28.00
6517	V 5533	Region Six Planning Commission		Transportation - General	41500	04231	354	62				82.00
6517	V 5533	Region Six Planning Commission		Transportation - General	41500	04331	354	62				30.80
				Disbursement#	3815							140.80
6523	V 6146	Bertin Rocha Law Firm		Commitment - Legal Repres	41500	04074	393	62				157.50
				Disbursement#	3816							157.50
6488	V 322	Salvation Army		Support Services - Repres	41500	04032	327	62				810.00
6488	V 322	Salvation Army		Support Services - Repres	41500	04232	327	62				162.00
6488	V 322	Salvation Army		Support Services - Repres	41500	04332	327	62				45.00
				Disbursement#	3817							1,017.00
6524	V 6470	Kim Schomaker		Services Management - Mil	41500	04022	413	62				69.30
6524	V 6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				67.27

Disbursement Date 05/18/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6524 V	6470	Kim Schomaker		Services Management - Mil	41500	04322	413	62				67.27
				Disbursement#	3818							203.84
6525 V	6471	Scott Pharmacy		Prescription Medication (	41500	04046	306	62				8.52
6525 V	6471	Scott Pharmacy		Prescription Medication (	41500	04046	306	62				19.55
				Disbursement#	3819							28.07
6499 E	1414	Nicole D Sprecher		Services Management - Sta	41500	04022	260	62				16.03
				Disbursement#	3820							16.03
6526 V	6706	Story County Community Serv		Direct Admin - Mileage &	41500	04411	413	62				.56
				Disbursement#	3821							.56
6528 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				131.50
6528 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.50
				Disbursement#	3822							203.00
6511 V	4112	Patti Treibel-Leeds		Direct Admin - Mileage &	41500	04411	413	62				803.60
				Disbursement#	3823							803.60
6529 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				350.00
				Disbursement#	3824							350.00
6530 V	7601	VISA		Direct Admin - Mileage &	41500	04411	413	62				122.08
6530 V	7601	VISA		Direct Admin - Informatio	41500	04411	632	62				760.00
				Disbursement#	3825							882.08
6531 V	7741	What's Next? LLC		Direct Admin - Custodial	41500	04411	471	62	56			1100.00
				Disbursement#	3826							1,100.00
						49	Total Disbursements					253,259.25
						0	Total ACH					.00
						0	Total EFT					.00
						49	Grand Total					253,259.25
							Credits/Refunds Included					.00

Totals by Fund		
41500	Central Iowa Community Service	253,259.25
	Final Total	253,259.25

End of report

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING (“MOU”) is made effective _____ by and between _____ (hereinafter referred to as “Host Region”) and _____ (hereinafter referred to as “Guest Region”).

WHEREAS, Host Region and Guest Region are inter-governmental entities created under Chapter 28E of the Code of Iowa to improve health, quality of life and successful outcomes for children and adults in the region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring substance use issues, health issues, physical disabilities, brain injuries, and other complex human service needs;

WHEREAS, Guest Region wishes to utilize contracted services from Host Region to satisfy requirements in IAC 441.25.

NOW THEREFORE, the recipient and sufficiency of which are hereby acknowledged, the parties, intended to be legally bound, agree as follows:

1. **EFFECTIVE DATE & TERM.** This MOU shall be effective as of the date first mentioned above by Guest Region and Host Region. This MOU shall continue in force until terminated as set forth in Paragraph 4 below.
2. **HOST REGION RESPONSIBILITIES.** Host Region shall establish and maintain contract(s) with providers of the services listed in attachment A.
3. **GUEST REGION RESPONSIBILITIES.** Guest Region shall abide by the terms and conditions set forth in the agreement signed between the Host Region and provider to comply with the requirements of IAC 441.25 and attachment A of this MOU.
 - a. This includes, but is not limited to, the fee for service rates and any additional payments identified in attachment A.
4. **TERMINATION.** This MOU begins on the date first mentioned above and shall continue in force until the MOU is terminated. This MOU shall terminate upon either party giving the other party written notice of such termination with at least sixty (60) days’ notice.
5. **AMENDMENT.** This MOU may be modified or amended at any time if the amendment is made in writing and is signed by both parties.
6. **SEVERABILITY.** If any provision of this MOU shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this MOU is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.
7. **WAIVER OF CONTRACTUAL RIGHT.** The failure of either party to enforce any provision of this MOU shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this MOU.

8. **COMPLIANCE WITH LAWS.** Each party agrees that it will comply with all applicable federal, state, county and local laws, ordinances, regulations and codes in the performance of its obligations under this MOU.

9. **APPLICABLE LAW.** This MOU shall be governed by the laws of the state of Iowa.

IN WITNESS WHEREOF, the parties of executed this MOU effective as of the date first above written.

HOSTING REGION

By: _____

Print Name: _____

Title: _____

Date: _____

GUEST REGION

By: _____

Print Name: _____

Title: _____

Date: _____

ATTACHMENT A
[provider]
SERVICE DEFINITIONS AND RATES

Chart of Account	Service Description	Unit of Service	Rate

OTHER TERMS:

 Signature

 Signature

 Printed Name
 Host

 Printed Name
 Guest

Date _____

Date _____



CICS

Supporting Individuals. Strengthening Communities.

STATEMENT OF UNDERSTANDING

FY 2021

According to the Central Iowa Community Services (CICS) 28E (*emphasis added*):

6. STAFF

6.1 Selection process for Regional Administrator Team and CEO

The initial Regional Administrator Team shall consist of the County Central Point of Coordinator (CPC) from each member county and will be called Community Services Director from this point forward (hereinafter referred to as CSDs). The CSDs which make up the Regional Administrator Team shall remain employees of their respective counties. There will be a statement of understanding between the Governing Board and the individual county Boards of Supervisors that will identify the individual employee, the position to be filled, and the portion of the employee's wages and benefits that will be the responsibility of the Region. The Regional Administrator Team will present a recommendation for the Chair/CEO to the Governing Board. The Chief Executive Officer (CEO) shall be appointed by the Governing Board. The initial CEO shall be the CPC Administrator from one of the member counties. The CEO shall remain an employee of his or her respective county and shall report to the Region's Governing Board as outlined in the statement of understanding between the Governing Board and his or her member county Board of Supervisors. The CEO is the single point of accountability in the Region. The CEO shall assign the administrative responsibilities to the Regional Administrator Team to assure that each of the required functions are performed.

This document serves as the Statement of Understanding between _____ Story _____ County and Central Iowa Community Services for the following positions:

Employee	Position	% of wages and benefits
Jennifer Kerns	Administrative Assistant II	100 %

Begin Date 05/23/21

The costs for the above position, including salary, benefits and other expenses shall be paid using regional funds currently held by Story _____ County in their County Fund 10. Beginning 7/1/17 the amount of salary paid from Fund 10 shall not exceed the maximum reimbursement rate for the position, as approved annually by the CICS Governing Board, multiplied by the percentage of the position that is regionally funded. Individuals in the position prior to 7/1/17 shall be grandfathered in at the pay rate they are receiving 7/1/17 and CICS will allow an annual increase for reimbursement for the position not to exceed the percentage increase allowed for the regional pay matrix annually by the CICS Governing Board. These forms shall be updated each fiscal year or as mutually agreed upon.



Signature

Signature

Lisa K. Hadden

Printed Name

Printed Name

Chair, Story _____ County Board of Supervisors

Chair, Central Iowa Community Services

5-18-21

Date

Date

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Eyerly Ball Community Mental Health Services Effective 6/1/21**

Chart of Account	Service Description	Unit of Service	Rate
44307	Mobile Crisis Response (MCR) Service	Monthly	\$88,651.35
44312	Crisis Stabilization Community Based Service (CSCBS)	Monthly	\$16,502.71
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
44307	Mobile Crisis Response (MCR) Service Startup Costs (June 2021)	Monthly	\$6,577.78
44312	Crisis Stabilization Community Based Service (CSCBS) Startup Costs (June 2021)	Monthly	\$1,224.06

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 \$88,651.35 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 \$88,651.35 based on the budget provided for this Agreement.

For CSCBS provided within the CICS Region, up to \$16,502.71 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 \$16,502.71 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.

Effective 6/1/21 startup costs for staff hiring for MCR of \$6,577.78 and CSCBS of \$1,224.06 is for Care Connections of Northern Iowa for the counties of Kossuth, Winnebago, and Worth.

Provider will bill CSS and Care Connections of Northern Iowa for services provided.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Eyerly Ball Community Mental Health Services:

By: Cynthia Steidl Bishop

Print Name: Cynthia Steidl Bishop

Print Title: CEO

Date: 5/21/21

ATTACHMENT A
SERVICE DEFINITIONS AND RATES
North Iowa Transitional and Employment Services Inc. dba 43 North Iowa

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living – ID/DD	15 Min.	\$9.28
32329/64329	Supported Community Living or Residential Care Facility** – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00
50367	Day Habilitation - MI	Daily	\$63.65
50367	Day Habilitation – ID/DD/MI	15 Min.	\$3.48
64329	**Residential Care Facility Service Fee SSA	Daily	\$31.66
50362	Prevocational Services	Hourly	\$10.31
50368	***Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.12 \$68.12
50368	****Supported Employment: Long Term Job Coaching	Tier 1 = 1 contact/month Tier 2 = 2-8 hours/month Tier 3 = 9-16 hours/month Tier 4 = 17-25 hours/month Tier 5 = 26 + hours/month	\$69.71 \$372.46 \$743.89 \$1,163.17 \$46.51/hour
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$2.93 \$1.83 \$1.31
44313	Crisis Stabilization Residential Services	Daily	\$360.19
50368	Individual Placement & Support (IPS)	Completed Employment Plan (1 Unit) 1 st Day of Successful Placement (1Unit) 45 Days Successful / Job Retention (1 Unit) 90 Days Successful Job Retention (1 Unit)	\$1301.38 \$1983.90 \$1983.90 \$722.15

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.

With the exception for crisis stabilization residential services, funding for all other 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.

****A billable unit shall be day when the consumer is present at the facility. Facility is responsible for collecting client participation. CICS will authorize and pay the Service Fee and will not be responsible for SSA Rate unless specifically authorized by CICS. FY22 contracted SSA rate will be equal to the same reimbursement rate as provided by Iowa Department of Human Services.**

***Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Supported Community Living service, Day Habilitation service, and Home Based Habilitation service. These applicable rates will also be honored for individuals accessing Residential Care Facility (RCF) – MI services. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.**

A billable unit for Supported Community Living services is defined as face-to-face contact with client. These units shall be rounded to the nearest quarter hour with a minimum of a quarter hour to be billed for each contact.

A billable unit for Day Habilitation shall include only the time the client actually attends and shall not include sick and vacation days.

Total cost per person for all supported employment services not to exceed \$3,151.37/month.

*****Supported Employment - Individual Supported Employment: One initial and, if necessary, one extended authorization permitted per year not to exceed a total of 60 hourly units per year.**

******Supported Employment – Long Term Job Coaching must be reauthorized every 90 days.**

For Crisis Stabilization Residential Services:

- Length of stay for crisis stabilization residential services is up to 5 days.
- Clients need to have medical clearance before admission.
- Do not need prior authorization if admission is after hours.
- 43 North Iowa will complete a CICS funding application if admission is after hours and provide this to CICS within 1 business day.
- If admission is during office hours, 43 North Iowa staff will contact service coordination in the county of residence at time of admission to see if a funding application is needed.

Crisis Stabilization Residential Services will be funded once the service receives Chapter 24 accreditation.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

**North Iowa Transitional and
Employment Services Inc. dba
43 North Iowa:**

By:  _____

Print Name: John Desjardins

Print Title: Executive Director

Date: 5/16/21

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Arc of Marshall County**

Chart of Account	Service Description	Unit of Service	Rate
42366	Special Recreation	Monthly	\$575.00/month

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.

At time of monthly billing submission, provider will submit documentation of participant names for month billed.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Arc of Marshall County:

By: *Allen Fagerlund*

Print Name: **ALLEN FAGERLUND**

Print Title: **EXECUTIVE DIRECTOR**

Date: **5/18/2021**

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Brain Injury Association of Iowa**

Chart of Account	Service Description	Unit of Service	Rate
22301	Assessment & Evaluation*	Hourly	\$65.00
22301	Assessment & Evaluation - Evaluator Mileage**	Per Mile	\$0.39

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.

*Mayo Portland Adaptability Inventory Assessment (not to exceed 4 hours excluding travel time).

**Evaluator's mileage to/from Mayo Portland testing site.

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: _____

Brain Injury Association of Iowa:

By:  _____

Print Name: Geoffrey Lauer

Print Title: CEO, Brain Injury Alliance of IA

Date: 4/28/2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Center Associates**

Chart of Account	Service Description	Unit of Service	Rate
46305 Jail 42305 Outpatient	Therapy Evaluation (90791)	Visit	\$155.61
46305 Jail 42306 Outpatient	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
46305 Jail 42305 Outpatient	Therapy 90837 90834 90832	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
46305 Jail 42306 Outpatient	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42306 Outpatient	Care Coordination	One tele health session	\$31.21
Jail 46305 42305 Outpatient	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
43301	Evaluation, Non-Crisis Assessment and Evaluation	Hour	\$190.89
44301	Crisis Therapy Services (2 appointments/week)	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
44301	Crisis Psychiatric Evaluation (2 appointments/week)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
44305	Community Based Crisis Intervention Services	Hour	\$120.00
05373	Public Education, Prevention and Education	Hour	\$120.00; Maximum of 12 hours/contract period
25376	Jail Diversion/Intensive Case Management	Monthly	\$6,480.00

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.

Psychological Testing is a service under Evaluation, Non-Crisis Assessment and Evaluation.

CICS may be billed the Crisis Psychiatric Evaluation rate if the Crisis Psychiatric Evaluation appointment is reserved and unfilled. Two Crisis Psychiatric Evaluation appointments shall be available weekly. If crisis medication management is needed, this can be performed during the reserved crisis psychiatric evaluation time slot and billable at the contracted medication management reimbursement rate as applicable. CICS Service Coordination staff shall be informed of the reserved time slots for the Crisis Psychiatric Evaluation service.

CICS may be billed the Crisis Therapy Services 60 minute rate if the Crisis Therapy appointment is reserved and unfilled. Two Crisis Therapy appointments shall be available weekly. If a crisis therapy evaluation is needed, this can be performed during the reserved crisis therapy time slot and billable at the contracted therapy evaluation reimbursement rate as applicable. CICS Service Coordination staff shall be informed of the reserved time slots for the Crisis Therapy Service.

Public Education, Prevention and Education Services - Education services means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning. Prevention means efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situations, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include but are not limited to, training events, webinars, presentations, and public meetings. Provider outreach activities and/or marketing activities would not fall under Public Education, Prevention and Education. Provider needs to seek written approval by CICS for funding of Public Education, Prevention and Education services.

Funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

For billing of Jail Diversion/Intensive Case Management, position must provide service for the entire month or rate is to be prorated. Monthly amount to be billed and reimbursed not to exceed \$6,480.00/month. For individual client eligibility provider will seek funding prior authorization with CICS. At time of monthly billing submission for Jail Diversion/Intensive Case Management services, provider will submit documentation of participant names with hours served for month billed.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Center Associates:



Print Name: Paul Daniel

Print Title: Executive Director

Date: 5-4-21

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Central Iowa Juvenile Detention Center**

Chart of Account	Service Description	Unit of Service	Rate
74353	Civil Commitment Transportation	Hour	\$51.51
74353	Civil Commitment Transportation - Matron	Hour	\$26.50
31354	General Transportation	Hour	\$51.51
31354	General Transportation - Matron	Hour	\$26.50

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.

For Civil Commitment Transport – 100% secure vehicle, minimum of 98%, used to transport from Emergency Room.

Reimbursable expense is round trip from point of origination of the transport driver to client destination(s) and return to point of origination of transport driver.

Prior authorization is not required for Civil Commitment transportation and for transportation from an Emergency Department to a voluntary Inpatient Behavioral Health Hospitalization.

Prior authorization is not required for General Transportation for transport to an Access Center, Subacute service or Crisis Stabilization service when admission is from a hospital or physician office. Prior authorization is also not required for return trip to the county the client was admitted to the Access Center or Crisis Stabilization service from if no other transportation or funding is available.

General Transportation for all other purposes must be prior authorized by CICS including transportation from an Inpatient Behavioral Health Hospitalization and Subacute Service.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Central Iowa Juvenile Detention Center:

By:  _____

Print Name: TONY REBO

Print Title: Executive Director

Date: 04-27-21

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Central Iowa Psychological Services**

Chart of Account	Service Description	Unit of Service	Rate
46305 Jail 42305 Outpatient	Therapy Evaluation (90791)	Visit	\$155.61
46305 Jail 42305 Outpatient	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
46305 Jail 42305 Outpatient	Therapy 90832	30 Min.	\$59.43
46305 Jail 42305 Outpatient	Group Therapy (90853)	Hour	\$69.43
42305 Outpatient	Family Therapy (90846)	Hour	\$98.83
43301 Outpatient	Evaluation, Non-Crisis Assessment and Evaluation	Hour	\$190.89
42306 Outpatient	Psychiatric Evaluation (90792)	Visit	Dr \$300.67 ARNP \$232.09 PA \$232.09
42306 Outpatient	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45

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.

Funding for all contracted services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

Psychological Testing is a service under Evaluation, Non-Crisis Assessment and Evaluation.

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Central Iowa Psychological Services**

Central Iowa Community Services:

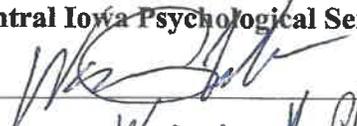
By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Central Iowa Psychological Services:

By:  _____

Print Name: Warren H. Phillips

Print Title: President

Date: 4/26/21

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Integrated Behavioral Health Services, P.C. dba Classroom Clinic**

Chart of Account	Service Description	Unit of Service	Rate
42306	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42306	Medication Management (99213)	15 Minute	Dr. \$101.60 ARNP \$72.45 PA \$72.45

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.

All funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

**Integrated Behavioral Health Services,
P.C. dba Classroom Clinic:**

By: Sue Gehling

Print Name: Sue Gehling

Print Title: owner

Date: 5/24/2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Eyerly Ball Community Mental Health Services**

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*Sec Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00
25376	Jail Diversion/Intensive Case Management – Warren and Madison Counties	Monthly	\$6,863.00**
42305	Therapy Evaluation (90791)	Visit	\$155.61
42306	Psychiatric Evaluation (90792)	Visit	Dr \$300.67 ARNP \$232.09 PA \$232.09
42305	Therapy 90837 90834 90832	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42306	Care Coordination	One tele health session	\$31.21
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
43301	Evaluation, Non-Crisis Assessment and Evaluation	Hour	\$190.89
44301	Crisis Psychiatric Evaluation (2 appointments/month – Boone & Story)	Visit	Dr \$300.67 ARNP \$232.09 PA \$232.09
44305	Community Based Crisis Intervention Services	Hour	\$120.00
05373	Public Education, Prevention and Education Services	Hour	\$120.00; Maximum of 12 hours/contract period
44307	Mobile Crisis Response (MCR) Service	Monthly	\$93,474.72

44312	Crisis Stabilization Community Based (CSCB) Service	Monthly	\$17,804.71
44307	Mobile Crisis Response (MCR) Service	Monthly	\$6,940.83
44312	Crisis Stabilization Community Based Service (CSCBS)	Monthly	\$1,322.06
42398	Assertive Community Treatment (ACT)	Daily (Maximum of 5 Days/Week)	\$55.83
42398	ACT Services Access Fee	Monthly Per Client	\$290.00***
42396	Community Support Services (CSS) – Low Intensity	Monthly	\$176.87
42396	Community Support Services (CSS) – High Intensity	Monthly	\$520.02
42306	Medication Prescribing & Management Onboarding & Access July 1, 2021 – August 14, 2021 (Veronica Holloway, PMHNP)	N/A	*****Maximum of \$1,849.00
42305	Licensed Independent Social Worker (LISW) Onboarding & Access July 1, 2021 – June 30, 2022	N/A	*****Maximum of \$10,000.00

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.

Psychological Testing is a service under Evaluation, Non-Crisis Assessment and Evaluation.

CICS may be billed the Crisis Psychiatric Evaluation rate if the Crisis Psychiatric Evaluation appointment is reserved and unfilled. Two Crisis Psychiatric Evaluation appointments shall be available monthly (every other week) for Boone and Story County. If crisis medication management is needed, this can be performed during the reserved crisis psychiatric evaluation time slot and billable at the contracted medication management reimbursement rate as applicable.

Established Polk County rates will be honored for outpatient services provided for Warren County.

Public Education, Prevention and Education Services - Education services means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning. Prevention means efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situations, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include but are not limited to, training events, webinars, presentations, and public meetings. Provider outreach activities and/or marketing activities would not fall under Public Education, Prevention and Education. Provider needs to seek prior written approval by CICS for funding of Public Education, Prevention and Education services.

All funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

***Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for Supported Community Living Home Based Habilitation service. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS, or the Provider as determined necessary.**

**** For billing of Jail Diversion/Intensive Case Management position must provide service for the entire month or rate is to be prorated. Monthly amount to be billed and reimbursed not to exceed \$6,863.00/month for Warren and Madison County. At time of monthly billing submission for Jail Diversion/Intensive Case Management services, provider will submit documentation of participant names with hours served for month billed.**

*****ACT Services Access fee is to be prorated if ACT services are not provided for the entire month.**

For MCR services provided within the CICS Region, up to \$93,474.72 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 \$93,474.72 based on the budget provided for this Agreement.

For MCR services provided within the Care Connections of Northern Iowa Region, up to \$6,940.83 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 and Care Connections of Northern Iowa to determine a monthly reimbursement up to the \$6,940.83 based on the budget provided for this Agreement.

For CSCBS provided within the CICS Region, up to \$17,804.71 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 \$17,804.71 based on the budget provided for this Agreement.

For CSCBS provided within the Care Connections of Northern Iowa Region, up to \$1,322.06 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 and Care Connections of Northern Iowa to determine a monthly reimbursement up to the \$1,322.06 based on the budget provided for this Agreement.

MCR and CSCBS shall be billed by the 15th of each month. The Provider shall bill CICS and Care Connections of Northern Iowa the contracted monthly reimbursement amount for the prior month of MCR 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 CICS.

***** Psychiatric Prescriber will provide Outpatient Medication Prescribing and Management services to residents of CICS region and accept and provide services to patients with Medicaid and/or Medicare, private insurance, and MHDS regional funding. The Medication Prescribing & Management Onboarding & Access Fee shall be prorated and paid after August 15, 2021 with an invoice submitted by the provider.

If Psychiatric Prescriber is less than full-time and/or practices less than full-time in the Outpatient setting, the Access fee will be prorated based on the total number of hours Psychiatric Prescriber services are available to patients in the Outpatient setting. When due to Covid 19 precautionary measures implemented by the Provider, telepsychiatry services provided by the Psychiatric Prescriber are acceptable for consideration of the Medication Prescribing & Management Onboarding & Access fee. Otherwise the Medication Prescribing & Management Onboarding & Access fee does not apply to telepsychiatry services.

In the event the Psychiatric Prescriber does not maintain employment with Eyerly Ball CMHS and upon initiation continue to provide Psychiatric Prescriber services in the Outpatient setting for the entire CICS Provider and Program Participation Agreement service period ending August 14, 2021, no Medication Prescribing & Management Onboarding & Access Fee will be paid by CICS.

*****Eyerly Ball CMHS will provide in writing notification to CICS Operations Officer credentials and employment start date for the LISW. LISW will provide Outpatient Therapy Services to residents of CICS region and accept and provide services to patients with Medicaid and/or Medicare, private insurance, and MHDS regional funding. The LISW Onboarding & Access Fee shall be prorated and paid in the month of June 2022 for Fiscal Year 2022 with an invoice submitted by the provider.

For employment of a new LISW if the LISW is less than full-time and/or practices less than full-time in the Outpatient setting, the Access fee will be prorated based on the total number of hours LISW services are available to patients in the Outpatient setting.

In the event the LISW does not maintain employment with Eyerly Ball CMHC and upon initiation continue to provide Outpatient Therapy Services in the Outpatient setting for the entire CICS Provider and Program Participation Agreement period ending June 30, 2022, no Licensed Independent Social Worker Onboarding & Access Fee will be paid by CICS.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Eyerly Ball Community Mental Health Services:

By: C. Stull Bishop

Print Name: Cynthia Stull Bishop

Print Title: CEO

Date: 5/21/2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
EVizzit of Iowa Psychiatric PC, dba Integrated Telehealth Partners**

Chart of Account	Service Description	Unit of Service	Rate
44312 Crisis Stabilization Community Based	Access and Psychiatric Evaluation***	Per Case	\$450.00
46305 Jail	Psychiatric Evaluation (90792) (Must be Prior Authorized)	Visit	Dr. \$288.99 ARNP \$223.08 PA \$223.08
46305 Jail	Medication Management (99214) (Must be Prior Authorized)	Visit	Dr. \$124.17 ARNP \$88.54 PA \$88.54
44301 Hospital Emergency Room; Urgent Care	Psychiatric Evaluation*	Visit	\$160.00
44301 Hospital Emergency Room; Urgent Care	Access and Care Coordination**	Visit	\$290.00

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.

CICS will fund services for only those jails and Hospital Emergency Rooms (ER) that contract with ITP. A complete client Case Overview Form shall be submitted to CICS for individuals served in the ER for each contracted hospital within 2 business days of providing the telehealth service using ITP's JuvoNow software platform. When applicable, Provider will submit client Case Overview Form to a contracted Mental Health Disability Service Region for services determined to be provided to a resident of that MHDS Region.

CICS will also fund psychiatric evaluation to include access and care coordination services provided at UnityPoint Health-Berryhill Center Urgent Care Services when these services are contracted with ITP. The client Case Overview Form shall be submitted to CICS within 2 business days of providing the telehealth service using ITP's JuvoNow software platform.

When applicable, Provider will submit client Case Overview Form to a contracted Mental Health Disability Service Region for services determined to be provided to a resident of that MHDS Region.

Funding for psychiatric evaluation and medication management services provided in the jail must be prior authorized by CICS. The completed client psychiatric and/or medication management evaluation shall be submitted to CICS within 5 business days of providing the telepsychiatry service in the jail.

At time of monthly billing submission for ERs, jails, and UnityPoint Health-Berryhill Center Urgent Care Services, provider will submit name, date of service, and location of service for each individual billed to CICS.

***Rate of \$160/visit for psychiatric evaluation for Hospital Emergency Room and UnityPoint Health-Berryhill Center Urgent Care Services applies when an individual does not have Medicaid, Medicare, or third-party insurance listed below.**

**All Savers
Amerigroup
BCBS of Iowa – Wellmark
Cigna
Human Gold
Iowa Total Care – Medicaid
Medica IFB
Medicaid/IME Claims
Medicare Part B
Meritain Health
UMR
United Healthcare
United Healthcare (Medicare)**

****Rate of \$290/visit applies to Access and Care Coordination for Hospital Emergency Room and UnityPoint Health-Berryhill Center Urgent Care Services.**

***** For Crisis Stabilization Community Based Psychiatric Evaluation services CICS will reimburse Provider \$450/case with a minimum reimbursement of \$900/month.**

Provider will invoice contracted Iowa Mental Health and Disability Service (MHDS) Regions for services determined to be provided to a resident of the MHDS Region.

ATTACHMENT A
SERVICE DEFINITIONS AND RATES
eVizzit of Iowa Psychiatric PC, dba Integrated Telehealth Partners

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

**eVizzit of Iowa Psychiatry PC dba
Integrated Telehealth Partners:**

By:  _____

Print Name: Doug Wilson

Print Title: Assistant Vice President

Date: 5/24/2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
FIA Friendship Club, Inc.**

Chart of Account	Service Description	Unit of Service	Rate
42366	Drop In Center	monthly	*see other terms section

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.

*\$6023.00 is the monthly amount to be billed/reimbursed for Drop In Center services when all employee positions are filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$6023.00 based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

FIA Friendship Club, Inc.:

By: Jerry L. Kramer

Print Name: Jerry L. Kramer

Print Title: Chairman, Board of Directors

Date: 5-19-2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Hardin County**

Chart of Account	Service Description	Unit of Service	Rate
75XXX	Mental Health Advocate	Monthly	See Other Terms

OTHER TERMS:

Mental Health Advocate funding is approved via the local Community Services Mental Health Expenditure Budget. Mental Health Advocate services are provided and funded per the established 28E Agreement with Hardin, Franklin, Marshall and Story Counties.

Central Iowa Community Services:

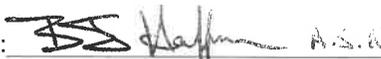
By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Hardin County:

By:  A.S.W.

Print Name: BJ Hoffman

Print Title: Chair, Board of Supervisors

Date: 5/12/2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Integrated Treatment Services, LLC**

Chart of Account	Service Description	Unit of Service	Rate
46305 Jail 42305 Outpatient	Therapy Evaluation (90791)	Visit	\$155.61
46305 Jail 42305 Outpatient	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
46305 Jail 42305 Outpatient	Group Therapy (90853)	Hour	\$69.43
42305 Outpatient	Family Therapy (90846)	Hour	\$98.83

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.

Funding for outpatient and jail services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

Central Iowa Community Services:

By: Karen Sallis

Print Name: Karen Sallis

Print Title: Chair, CICS Governing Board

Date: _____

Integrated Treatment Services, LLC:

By: Karen Sallis

Print Name: Clinical Director

Print Title: Karen Sallis

Date: 5-4-21

ATTACHMENT A
SERVICE DEFINITIONS AND RATES
North Central Sheltered Workshop dba LifeWorks Community Services

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living (ID/DD)	15 Min.	\$9.28
32329	Supported Community Living (ID/DD) - without day service****	Tier 1 (U1); Per Day Tier 2 (U2); Per Day Tier 3 (U3); Per Day Tier 4 (U4); Per Day Tier 5 (U5); Per Day Tier 6 (U6); Per Day	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
32329	Supported Community Living (ID/DD) - with day service*****	Tier 1 (U1); Per Day Tier 2 (U2); Per Day Tier 3 (U3); Per Day Tier 4 (U4); Per Day Tier 5 (U5); Per Day Tier 6 (U6); Per Day	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40 \$388.73 \$536.50
32329	Supported Community Living (MI) Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00
32329	Supported Community Living Medication Delivery*****	Per Delivery	\$20.94
50367	Day Habilitation (ID/DD)	Tier 1 (U1); Per Day Tier 2 (U2); Per Day Tier 3 (U3); Per Day Tier 4 (U4); Per Day Tier 5 (U5); Per Day Tier 6 (U6); Per Day	*See Other Terms \$67.81 \$71.15 \$81.03 \$82.18 \$95.70 \$117.03
50367	Day Habilitation (ID/DD/MI)	15 Min.	\$4.91
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$2.93 \$1.83 \$1.31

50368	**Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units	\$68.12
		Hourly – Extended Authorization not to exceed 20 hourly units	\$68.12
50368	***Supported Employment: Long Term Job Coaching	Tier 1 = 1 contact/month	\$69.71
		Tier 2 = 2-8 hours/month	\$372.46
		Tier 3 = 9-16 hours/month	\$743.89
		Tier 4 = 17-25 hours/month	\$1163.17
		Tier 5 = 26 or more hours/month	\$46.51/hour

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.

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.

***Based on the client’s individualized assessment, CICS will honor the Provider’s Medicaid tiered rate for daily Supported Community Living service, Day Habilitation service and Home Based Habilitation. Documentation of the client’s individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.**

Total cost per person for all supported employment services not to exceed \$3,151.00/month.

****Supported Employment - Individual Supported Employment: One initial and, if necessary, one extended authorization permitted per year not to exceed a total of 60 hourly units per year.**

*****Supported Employment – Long Term Job Coaching must be reauthorized every 90 days.**

******Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.**

*******Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.**

A billable unit for Supported Community Living services is defined as face-to-face contact with client. These units shall be rounded to the nearest quarter hour with a minimum of a quarter hour to be billed for each contact.

A billable unit for Day Habilitation shall include only the time the client actually attends and shall not include sick and vacation days.

*******Funding of the Supported Community Living Medication Delivery Service is limited to existing clients served as of 7/1/21. Other alternative service and funding options shall be explored during the contract period.**

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

**North Central Sheltered Workshop dba
LifeWorks Community Services**

By: Teresa Naughton

Print Name: Teresa Naughton

Print Title: Executive Director

Date: May 11, 2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Mason City Clinic**

Chart of Account	Service Description	Unit of Service	Rate
42306	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
74300	Commitment Testimony – Doctor testimony in person or by phone	Per Testimony	\$60.00

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.

Funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

For payment of Commitment Testimony services a completed funding application must be received.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Mason City Clinic:

By: Mark Mulkey

Print Name: Mark Mulkey

Print Title: President

Date: 4-14-21

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Mid-Iowa Triumph Recovery Center, Inc.**

Chart of Account	Service Description	Unit of Service	Rate
42366	Drop In Center	monthly	*see other terms section

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.

* The monthly amount to be billed and reimbursed is not to exceed \$6,100.00/month with all employee positions filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$6,100.00/month based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

Central Iowa Community Services:

By: _____
 Print Name: _____
 Print Title: Chair, CICS Governing Board
 Date: _____

Mid-Iowa Triumph Recovery Center, Inc.:

By: Beth Popelka
 Print Name: Beth Popelka
 Print Title: Board President
 Date: 5/3/21

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Midwest Counseling**

Chart of Account	Service Description	Unit of Service	Rate
42305	Therapy Evaluation (90791)	Visit	\$155.61
42306	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42305	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83

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.

All funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Midwest Counseling:

By: Stephen Baynes

Print Name: Stephen Baynes

Print Title: Chief Executive Officer

Date: 4/28/2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
One Vision**

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living – ID/DD	15 Min.	\$9.28
32329	Supported Community Living – ID/DD without day service**	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
32329	Supported Community Living – ID/DD with day service***	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40 \$388.73 \$536.50
32329	Supported Community Living – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00
50368	****Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.12 \$68.12
50368	*****Supported Employment: Long Term Job Coaching	Tier 1 = 1 contact/month Tier 2 = 2-8 hours/month Tier 3 = 9-16 hours/month Tier 4 = 17-25 hours/month Tier 5 = 26 + hours/month	\$69.71 \$372.46 \$743.89 \$1,163.17 \$46.51/hour

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.

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.

*Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Supported Community Living service, Day Habilitation service, and Home Based Habilitation service. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.

A billable unit for Supported Community Living services is defined as face-to-face contact with client. These units shall be rounded to the nearest quarter hour with a minimum of a quarter hour to be billed for each contact.

**Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.

***Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.

A billable unit for Day Habilitation shall include only the time the client actually attends and shall not include sick and vacation days.

Total cost per person for all supported employment services not to exceed \$3,151.00/month.

****Supported Employment - Individual Supported Employment: One initial and, if necessary, one extended authorization permitted per year not to exceed a total of 60 hourly units per year.

*****Supported Employment – Long Term Job Coaching must be reauthorized every 90 days.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

One Vision:

By:  _____

Print Name: Mark K Dodd

Print Title: CEO

Date: 5/11/21

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Optimae Life Services**

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living – ID/DD	15 Min.	\$12.25
32329	Supported Community Living – ID/DD without day service*****	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
64329	**SCL Provided in a Residential Care Facility (RCF) licensed for 6 or more beds – without day services ID/DD*****	Daily	\$125.30
32329	Supported Community Living – ID/DD with day service*****	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40 \$388.73 \$536.50
64329	**SCL Provided in a Residential Care Facility (RCF) licensed for 6 or more beds – with day service ID/DD*****	Daily	\$105.85
32329/64329	Supported Community Living or Residential Care Facility** – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00
64329	**Residential Care Facility Service Fee SSA	Daily	\$31.66
50367	Day Habilitation – ID/DD/MI	15 Min.	\$3.64
50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily	*See Other Terms \$67.81 \$71.15 \$81.03

		Tier 4 (U4); Daily	\$82.18
		Tier 5 (U5); Daily	\$95.70
		Tier 6 (U6); Daily	\$117.03
50367	Day Habilitation - MI	Daily	\$63.65
25376	Jail Diversion/Intensive Case Management	Monthly	\$5882.00
42305	Therapy Evaluation 90791	Visit	\$155.61
42306	Psychiatric Evaluation 90792	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42305	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
42306	Medication Management 99213	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42305	Group Therapy 90853	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
50362	Prevocational Services	Hourly	\$10.31
50362	Prevocational Services: Career Exploration	Hourly Maximum of 34 hours of Career Exploration over a 90 day period	\$39.42
50368	***Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.12 \$68.12
50368	****Supported Employment: Long Term Job Coaching	Tier 1 = 1 contact/month Tier 2 = 2-8 hours/month Tier 3 = 9-16 hours/month Tier 4 = 17-25 hours/month Tier 5 = 26 + hours/month	\$69.71 \$372.46 \$743.89 \$1,163.17 \$46.51/hour
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$2.93 \$1.83 \$1.31

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.

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.

****A billable unit shall be day when the consumer is present at the facility. Facility is responsible for collecting client participation. CICS will authorize and pay the Service Fee and will not be responsible for SSA Rate unless specifically authorized by CICS. FY22 contracted SSA rate will be equal to the same reimbursement rate as provided by Iowa Department of Human Services.**

***Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Supported Community Living service, Day Habilitation service, and Home Based Habilitation service. These applicable rates will also be honored for individuals accessing Residential Care Facility (RCF) – MI services. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.**

A billable unit for Supported Community Living services is defined as face-to-face contact with client. These units shall be rounded to the nearest quarter hour with a minimum of a quarter hour to be billed for each contact.

A billable unit for Day Habilitation shall include only the time the client actually attends and shall not include sick and vacation days.

Total cost per person for all supported employment services not to exceed \$3,151.37/month.

*****Supported Employment - Individual Supported Employment: One initial and, if necessary, one extended authorization permitted per year not to exceed a total of 60 hourly units per year.**

*****Supported Employment – Long Term Job Coaching must be reauthorized every 90 days.**

*******Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.**

*******Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.**

For billing of Jail Diversion/Intensive Case Management services, position must provide service for the entire month or rate is to be prorated. Monthly amount to be billed and reimbursed not to exceed \$5882.00/month. For individual client eligibility provider will seek

funding prior authorization with CICS. At time of monthly billing submission for Jail Diversion/Intensive Case Management services, provider will submit documentation of participant names with hours served for month billed.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Optimae Life Services:

By: Meghan Foster

Print Name: Meghan Foster

Print Title: Regional Director

Date: 3/12/2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Prairie Ridge Integrated Behavioral Healthcare**

Chart of Account	Service Description	Unit of Service	Rate
42366	Drop-In Center	Monthly	*see other terms
42305	Therapy Evaluation (90791)	Visit	\$155.61
42306	Psychiatric Evaluation (90792)	Visit	Dr \$300.67 ARNP \$232.09 PA \$232.09
42305	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42306	Care Coordination	One tele health session	\$31.21
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
41305	Injection (96372)	N/A	\$26.38
42396	Community Support Services (CSS) – Low Intensity	Monthly	\$176.87
42396	Community Support Services (CSS) – High Intensity	Monthly	\$520.02
44305	Community Based Crisis Intervention Services	Hour	\$120.00
05373	Public Education, Prevention and Education	Hour	\$120.00; Maximum of 12 hours/contract period

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.

*\$5,792.00 is the monthly amount to be billed/reimbursed for Drop-In Center services provided in Franklin County when all employee positions are filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up

to the \$5,792.00 based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

Funding for contracted services with the exception of drop-in center 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. For outpatient services, CICS funds may supplement patients with insurance any remaining amount due up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

Public Education, Prevention and Education Services - Education services means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning. Prevention means efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situations, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include but are not limited to, training events, webinars, presentations, and public meetings. Provider outreach activities and/or marketing activities would not fall under Public Education, Prevention and Education. Provider needs to seek written approval by CICS for funding of Public Education, Prevention and Education services.

Community Based Crisis Intervention Services are counseling/supportive services provided to a community or organization after a crisis has occurred. This does not include urgent care or mobile crisis response services. Provider needs to seek written approval by CICS for funding of Community Based Crisis Intervention services.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Prairie Ridge Integrated Behavioral Healthcare:

By: Lorne M Young

Print Name: Lorne M Young

Print Title: Executive Director

Date: 05/14/2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Premier Payee, Inc.**

Chart of Account	Service Description	Unit of Service	Rate
32327	Representative Payee	Monthly	**\$45.00
32329	Supported Community Living – ID/DD/BI	15 Min.	\$9.03
32329	Supported Community Living – ID/DD/BI without day service***	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$190.16 \$203.85 \$271.25 \$274.26 \$468.03 \$626.37
32329	Supported Community Living – ID/DD/BI with day service****	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	*See Other Terms \$169.56 \$182.68 \$218.38 \$221.40 \$388.73 \$536.50
32329	Supported Community Living – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	*See Other Terms \$51.00 \$110.90 \$123.40 \$157.50 \$210.00 \$315.00

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.

****FY 22 CICS reimbursement rate for representative payee services will be equal to the same reimbursement rate as allowed by Social Security Administration (SSA). Organizational representative payee services fee is considered a client participation cost, if a client was receiving CICS funding for this service prior to 1/1/21 and has continued to receive representative payee services uninterrupted and meets all other eligibility criteria CICS funding may be authorized.**

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.

***Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for daily Supported Community Living service or Home Based Habilitation service. Documentation of the client's individualized assessment and the Medicaid tiered rate shall be provided to CICS by the Provider. If a current individualized client assessment is not available CICS will complete an assessment and work with the provider in identifying the applicable Medicaid tiered rate for the Individual. Individual rates may be reviewed at the request of CICS or the Provider as determined necessary.**

*****Supported Community Living for individuals with an authorized average of 39 or fewer hours of service outside the home per month.**

******Supported Community Living for individuals with an authorized average of 40 or more hours of service outside the home per month.**

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Premier Payee, Inc.:

By: *Penny Alshery*

Print Name: *Penny Alshery*

Print Title: *Executive Director*

Date: *5/4/2021*

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
The Salvation Army**

Chart of Account	Service Description	Unit of Service	Rate
32327	Representative Payee	Monthly	\$45.00*

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.

*FY 22 CICS reimbursement rate for representative payee services will be equal to the same reimbursement rate as allowed by Social Security Administration (SSA). Organizational representative payee services fee is considered a client participation cost, if a client was receiving CICS funding for this service prior to 1/1/21 and has continued to receive representative payee services uninterrupted and meets all other eligibility criteria CICS funding may be authorized.

Notwithstanding anything herein to the contrary, the parties to the Agreement understand the Grantee employs ministers in the furtherance of their work and that such employment is not a violation of the provisions of this agreement.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

The Salvation Army:

By: Cari McPartland

Print Name: Cari McPartland

Print Title: Site Administrator

Date: 5/17/2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Tuyet Noriega**

Chart of Account	Service Description	Unit of Service	Rate
42305	Therapy Evaluation (90791)	Visit	\$155.61
42305	Therapy		
	90837	60 Min	\$114.17
	90834	45 Min	\$114.17
	90832	30 Min	\$59.43
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83

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.

All funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any remaining amount due, up to the "allowed charge" on the Insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Tuyet Noriega:

By: Tuyet Noriega

Print Name: Tuyet Noriega

Print Title: Mental Health Counselor

Date: 4.25.21

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
North Central Iowa Mental Health Center, Inc. dba UnityPoint Health-Berryhill Center**

Chart of Account	Service Description	Unit of Service	Rate
44305	Community Based Crisis Intervention Services	Hour	\$120.00
05373	Public Education, Prevention and Education	Hour	\$120.00; Maximum of 12 hours/contract period
42305	Therapy Evaluation (90791)	Visit	\$155.61
42306	Psychiatric Evaluation (90792)	Visit	Dr \$300.67 ARNP \$232.09 PA \$232.09
42305	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42306	Care Coordination	One tele health session	\$31.21
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
42398	Assertive Community Treatment (ACT)	Daily (Maximum of 5 Days/Week)	\$55.83
42398	ACT Services Access Fee	Monthly Per Client	\$290.00*
42396	Community Support Services (CSS) – Low Intensity	Monthly	\$176.87
42396	Community Support Services (CSS) – High Intensity	Monthly	\$520.02

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.

Public Education, Prevention and Education Services - Education services means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning. Prevention means efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situations, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include but are not limited to, training events, webinars, presentations, and public meetings. Provider outreach activities and/or marketing activities would not fall under Public Education, Prevention and Education. Provider needs to seek written approval by CICS for funding of Public Education, Prevention and Education services.

Community Based Crisis Intervention Services are counseling/supportive services provided to a community or organization after a crisis has occurred. This does not include urgent care or mobile crisis response services. Provider needs to seek written approval by CICS for funding of Community Based Crisis Intervention services.

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. For outpatient services, CICS funds may supplement patients with insurance any remaining amount due up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

***ACT Services Access fee is to be prorated if ACT services are not provided for the entire month.**

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

North Central Iowa Mental Health Center, Inc. dba UnityPoint Health-Berryhill Center:

By: Jennifer Pullen

Print Name: Jennifer Pullen

Print Title: Executive Director

Date: 4-27-2021

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Youth Shelter Care of North Central Iowa, Inc.**

Chart of Account	Service Description	Unit of Service	Rate
42306	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42305	Therapy Evaluation (90791)	Visit	\$155.61
42305	Therapy 90837 90834 90832	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
44313	Crisis Stabilization Residential Services (CSRS)	Daily	\$360.19
44313	CSRS Family Team Decision Making (FTDM) Services	One Time Per CSRS Admission	\$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.

All funding for outpatient services must be pre-authorized by CICS. CICS will issue a Notice of Decision to the patient and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Patients are responsible to pay all copayment amounts directly to the provider. CICS funds may supplement patients with insurance any

remaining amount due, up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

CSRS – MHDS Regional funding pertains to non-system involved youth. Provider will seek Medicaid or Private Insurance funding when applicable. Upon exhaustion of Medicaid/Private Insurance if additional funding is needed, Provider may notify designated CICS Regional staff to request CICS funding not to exceed a total of 14 days from day of CSRS admit.

When no other funding is applicable, provider will notify designated CICS Regional staff within 24 hours of CSRS admission or next business day if admission occurs on weekend or holiday. Region will fund a maximum of 14 days. Provider will submit required paperwork to Regional staff for the funding authorization process.

CSRS FTDM fee – this applies to youth funded for CSRS services by MHDS Regions.

Central Iowa Community Services:

By: _____

Print Name: _____

Print Title: Chair, CICS Governing Board

Date: _____

Youth Shelter Care of North Central Iowa Inc:

By: Patricia S. Cirks

Print Name: Patricia S. Cirks

Print Title: Executive Director

Date: 5-10-2021