



# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board June 24, 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: 919 8584 6147, Passcode: 397931

or Join the Zoom Meeting at <https://zoom.us/j/91985846147?pwd=SDJCU2pTQnNVSkpNllxanFPZkZDdz09>

### 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)

June 24, 2021 Agenda

**Action**

*Board Chair asks for motion to approve*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

#### 7) Minutes (Bill Patten, Chair)

May 27, 2021 Minutes

**Action**

*Board Chair asks for motion to approve*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

#### 8) Administration (Russell Wood, CEO)

Staff SOUs

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_

Meeting In Person and August Meeting Date

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Financial Overview

**Informational**

Meeting with Governor and YSS

**Informational**

**9) Operations (Karla Webb)**

Adult Advisory Committee Bylaw Amendments

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_

CICS Adult Advisory Committee Appointment

**Action**

Deb Williams, Marshall County - Individual Who Utilizes Mental Health and Disability Services or is an Actively Involved Relative of Such an Individual to Fill an Unexpired Term Ending 12/31/21

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_

Iowa Communities Assurance Pool Renewal

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_

FY21 Mary Greeley Medical Center Amendment

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_



FY22 Mental Health Advocate MOUs and Agreements

**Action**

- Boone County
- Cerro Gordo County
- Hamilton County
- Jasper County
- Care Connections of Northern Iowa
- Rolling Hills Community Services

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_

ISAC HIPAA Program Service Agreement

**Action**

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_

FY22 Provider and Program Participation Agreements

**Action**

- Capstone Behavioral Healthcare
- Crossroads Mental Health Center
- Freedom Pointe of Greater Webster County
- Greene County Medical Center dba Greene County Family Medicine
- HIRTA Transit
- Lutheran Services in Iowa
- NAMI Central Iowa
- Mary Greeley Medical Center
- Mercy Health Services Iowa Corp. dba MercyOne North Iowa Medical Center
- Region 6 Resource Partners
- Youth & Shelter Services, Inc.

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_

Second: \_\_\_\_\_

Vote on motion: \_\_\_\_\_

Abstaining: \_\_\_\_\_



**10) Finance (Karla Webb)**

May Expenditure Report

**Informational**

Funds Transfer to Franklin County

**Action**

*Board Chair asks for motion to approve funds transfer*

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 |                                  |                                     |

Claims June 1 and June 15, 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 |                                  |                                     |

**11) Public Comments**

*Board Chair asks for public comments at this time*

**12) Next Meeting – July 22, 2021**





# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board Meeting Minutes

May 27, 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, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, JD Deambra, Allie Wulfekuhle, Kendra Alexander, Julie Smith, Andrea Dickerson. **Counties/Members Absent:** Greene, Hamilton, Warren. **Administrative Team Present:** Russell Wood, Betsy Stursma, Karla Webb, Patti Leeds, Linn Adams.

**Motion by Nolte to approve the May 27, 2021 agenda, second by Clifton. All ayes, motion carried.**

Chair asks for motion to **approve the April 22, 2021 minutes. Motion by Dawley, second by Armstrong to approve with change of FY223 to FY22 for contract amendments. All ayes, motion carried.**

CEO Russell Wood discussed the changes to the **28E agreement** that had to be made to meet Iowa Code. Chair asked for motion to approve the 28E agreement. **Motion by Talsma, second by Heddens. All ayes on a roll call vote, motion carried. Greene, Hamilton, Warren absent.**

Wood had emailed **SF619** regarding mental health funding. This removed the property tax contribution to the Region effective July 1, 2022. Reduced max levy counties can have, which CICS was below so that doesn't affect the CICS levy. Iowa Code states if DHS determines a region or exempt county doesn't fulfill requirements, the Department can address the Region or county in a number of ways. 1) Determine an action plan 2) Reduce amount of annual state funding up to 15% 3) DHS can withdraw approval for the Region.

Contracts for every Region are the same throughout the state. If Region/exempt county does not meet the contract requirements those 3 items can be done. There will be expectations on what we do/how we do it, how we report/what we report which means expectations for a provider may be higher than in the past. DHS can put in provider outcome goals. CICS contracts will possibly have additional items that the provider has to meet that were not in their contracts before. Providers may not be happy with this change.

Wood discussed **levy dollars**, etc. and how much the Region will receive from the state quarterly in the future. Legislation is making it so the state is giving more money than ever before and more than CICS has planned to spend in the past or future. Wood has spoke with DHS and the only thing CICS is not doing at this point is IRSH. CICS will have to give the money back to the state if we don't use it, or the state will reduce the amount of dollars in the future, or both.

Fund balance must be down to 40% by end of FY22, 20% FY23 and 5% each year past that. 5% will only pay for 2 weeks of staff costs, etc.

Fund 10 will end June 30, 2022. That is a problem due to staff and occupancy expenses are paid out of Fund 10. This issue needs to be addressed within this next year. Wood is working with a group of other CEO's, ISAC staff, etc. on how to deal with this. Legislation will need to address this next year.

Wood updated the Board on legislation that passed affecting Regional funding for MHDS services. Discussion was held regarding reducing the levy rate for FY22.

Currently the State Department of Management has said that Counties and Regions can not reduce their levy below the amount the State has determined. This year we levied \$26.00 per capita (\$8.8 million), CARES dollars (\$1.467 million) ending us with \$20,764,063 million in our fund balance. We only spent \$9,100,000 this year due to COVID. Remaining fund balance is \$11,664,063.

The Governing Board decided to levy \$19.00 for FY22 (\$11.1 million). New revenue from the State will be \$3.476 million, new counties projected to be between \$2-3 million. Added up with fund balance and minus expenditures it is estimated to be \$14.257 million fund balance (118% rather than the 40% needed).

The money in the fund balance this year is all property tax, in FY22 \$11 million will be property taxes, FY23 there will be no property taxes left.

The question on the table is "IF DOM clarifies that regions CAN reduce their levy, will CICS reduce it's levy"

Board discussion:

Heddens: Hasn't talked to her Auditor about this to know if it is even legal to drop the levy.

Talsma said his auditor said the levy rate can be dropped, but it has to be determined today due to the close of the fiscal year coming up. Is there a way the Region can spend down a lot more than planned by the end of June?

Wood: We have been very fiscally responsible in the past. The state does not want to frivolously spend. There are possible expenditures. Vehicles, technology, in the future onboarding psychiatrists, IRSH, access teams, etc. Admin needs to sit down and get beyond whether it is absolutely necessary and look at if it is a good thing, i.e. Permanent Supportive Housing.

Talsma: Doesn't want to spend frivolously but would like to expend as much as possible in a positive way with needed services. He would be inclined to leave the levy rate where it is and build services for intensive care, ER, places for clients to go rather than being in a hospital with a deputy for 8 days at a time.

Clifton: First reaction was why not lower it? Then thought it would be good to invest in capital projects which will increase operational expenses.

Nolte: Need to maintain a program if we start it. Need to look at what money will be available in the future to be able to maintain. Doesn't believe the Farm Bureau, etc. won't try to mess with this in the future.

Wood: December 2023 DHS will be reporting to the legislature if Regions are doing what they are supposed to be doing. He wants CICS to show a ROI, that we have added value, not just expenses. He wants CICS to be a region the DHS reports as doing well.

Nolte: If DHS looks at us as a good region now, he wants them to continue to think that.

Wulfekuhle: As a parent, trying to understand everything, she believes there are large holes that can be filled throughout the region. Clients can't get services, can't find services or services are just not offered.



Wood: Discussed Children's services, possibly expanding more into children's services. Investing in children's lives reduces trauma in the future, reduces need for services in the future and is a good way to invest dollars.

Patten: Numerous ways to expand it looks like.

Dickerson (YSS): is open to ideas if there are needs in other counties/communities, etc. that they would be willing to look into for services. As a provider they are open to a way to expand or create services they are not currently doing for the Region.

Hoffman: Meet in the middle? Not only expand services, but help the communities in other ways?

Patten: If we lower the levy we would have less we would have to spend, however it will never be back in our budget and we will not be able to expand in the future. If levy remains the same we could expand services in the future.

Wood: Needs something from the DOM in management before auditors reduce county levies. At this point ISAC is saying we cannot. Even if it is voted today to reduce the levy if it is legal, it may be too late by the time DOM gets back and it could be too late anyway.

Heddens just spoke w/auditor, concerned getting DOM involved and with this being a holiday weekend it may be further out before we hear back.

Kretzinger: Is there anything that prohibits providing a per capita income back to the counties?

Wood: Yes, it is illegal, the only way to lower is reducing the levy. Could potentially invest in programs with fund dollars.

Stursma: We don't want to pull the rug out from services we have started.

Wood: We have started programs that are now funded elsewhere and those services wouldn't be available if we hadn't helped with the startup.

Nolte: Don't agree to lower levy, leave it.

**Chair asked for motion to deny a levy change. Motion by Nolte, second by Talsma. All ayes on a roll call vote. Motion carried. Greene, Hamilton, Warren, Deambra absent.**

Finance Officer Betsy Stursma shared the **April expenditures report**. CICS is well below budget for FY21 due to COVID. Stursma shared the **claims report for May 4 and May 18, 2021. Motion by Hoffman, second by Talsma to approve claims. All ayes on a roll call vote, motion carried. Greene, Hamilton, Warren, Deambra absent.**

Operations Officer Karla Webb presented the **Interregional MOUs for Complex Needs Services**. This is for the host region and the guest region to have the guest region abide by the host regions contract for complex needs. Would like the CEO to be able to sign the contracts based on contracts already approved by the GB with our providers. This will give a paper trail for DHS to see what is being done. Some regions have board chair sign, some have the CEO sign. Heddens: Just this contract, or other contracts moving forward? Wood: Future MOU's also, which we have done in the past. This will be a formal way of showing the DHS what we are doing. **Motion by Talsma, seconded by Hoffman to approve CEO signing MOUs. All ayes, motion carried.**

Webb presented the **SOU for Jennifer Kerns. Motion by Dawley, second by Alexander. All ayes, motion carried. Heddens abstained.**



Webb presented **FY21 contract amendments for Eyerly Ball Community Mental Health Services. Motion to approve by Heddens, second by Nolte. All ayes, motion carried.**

Webb presented the **FY22 Central Iowa Juvenile Detention Center contract. Motion to approve by Hoffman, second by Talsma. All ayes, motion carried. Dawley abstained.**

Webb presented the **FY22 Hardin County Advocate Services Agreement. Motion to approve by Clifton, second by Dawley. All ayes, motion carried. Hoffman abstained.**

Webb presented the remaining **22 contract renewals for FY22**: North Iowa Transitional and Employment, Services Inc. dba 43 North Iowa; Arc of Marshall County; Brain Injury Association of Iowa; Center Associates; 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.; 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. **Motion to approve remaining FY22 contracts by Hoffman, second by Talsma. All ayes, motion carried.**

Chair asked for public comments at this time, none given.

Next Meeting is June 24, 2021. Discussion will include in-person meetings and change of meeting date for August due to ISAC Fall School of Instruction.

Chair adjourned the meeting.

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Patti Leeds, Recording Secretary

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Bill Patten, Board Chair





# CICS

Supporting Individuals. Strengthening Communities.

## FY22 Staff SOUs

County	Employee	Position	FTE	Region %
Boone	Alice Kenney	Administrative Support	1	75%
Boone	Kim Schomaker	Service Coordinator	1	100%
Franklin	Annie Koch	Program Manager	1	100%
Franklin	Brittany Baker	Service Coordinator	1	100%
Franklin	Jen Sheehan	Service Coordinator	1	100%
Franklin	Jessica Crawford	Service Coordinator	1	100%
Franklin	Lisa Flack	Administrative Support	1	90%
Franklin	Lisa Leanhart	Administrative Support	1	100%
Franklin	Meghan Freie	Service Coordination Specialist	1	100%
Franklin	Robin McKee	Service Coordinator	1	95%
Franklin	Russell Wood	CEO	1	100%
Franklin	Starla Varreiman	Service Coordinator	1	100%
Franklin	Tanya Martinson	Administrative Support	1	100%
Hamilton	Amy Ouphachack	Administrative Support	1	75%
Hamilton	Carrie Hisler	Service Coordinator	1	100%
Hamilton	Patti Treibel Leeds	Planning and Development Officer	1	95%
Hardin	Jodi Hamilton	Service Coordinator	1	95%
Hardin	Linn Adams	Coordination Officer	1	95%
Hardin	Michelle Lauchner	Administrative Support	0.75	100%
Jasper	Connie McQuiston	Administrative Support	1	50%
Jasper	Jarica White	Service Coordinator	1	100%
Madison	Christy Christenson	Service Coordinator	1	95%
Madison	Susan Crowdes	Administrative Support	1	85%
Marshall	Kelly Gerke	Administrative Support	1	80%
Marshall	Lisa Soder	Service Coordinator	1	90%
Poweshiek	Ashley Fallis	Administrative Support	1	85%
Poweshiek	Brenda Daily	Service Coordinator	1	100%
Story	Karla Webb	Operations Officer	1	95%
Story	Kathy Johnson	Service Coordinator	1	100%
Story	Nikki Sprecher	Service Coordinator	1	75%
Story	Staci Shugar	Service Coordinator	1	100%
Story	Tyler Lennon	Service Coordinator	1	75%
Story	Jennifer Kerns	Administrative Support	1	100%
Warren	Betsy Stursma	Finance Officer	1	95%
Warren	Jess Van De Voort	Service Coordinator	1	100%
Warren	Liza Howard	Lead Service Coordinator	1	95%

**FY22 Projections using FY22 Budget for Expenditures**

	<u>Revenues</u>	<u>Revenue Source</u>	<u>Expenditures*</u>	<u>Ending Fund Balance</u>
6/30/2021				\$ 12,173,189.00
July	\$ 1,738,002.24	State Quarterly Payment	\$ 1,125,000.00	\$ 12,786,191.24
August			\$ 1,125,000.00	\$ 11,661,191.24
September	\$ 4,164,192.00	1/2 Property Tax Revenue	\$ 1,125,000.00	\$ 14,700,383.24
October	\$ 1,738,002.24	State Quarterly Payment	\$ 1,125,000.00	\$ 15,313,385.48
November			\$ 1,125,000.00	\$ 14,188,385.48
December	\$ 2,500,000.00	projected due to new counties	\$ 1,125,000.00	\$ 15,563,385.48
January	\$ 1,738,002.24	State Quarterly Payment	\$ 1,125,000.00	\$ 16,176,387.72
February			\$ 1,125,000.00	\$ 15,051,387.72
March	\$ 4,164,192.00	1/2 Property Tax Revenue	\$ 1,125,000.00	\$ 18,090,579.72
April	\$ 1,738,002.24	State Quarterly Payment	\$ 1,125,000.00	\$ 18,703,581.96
May			\$ 1,125,000.00	\$ 17,578,581.96
June			\$ 1,125,000.00	\$ 16,453,581.96
	\$ 25,000.00	Misc Revenue throughout the year		\$ 16,478,581.96
			\$ 13,500,000.00	\$ 5,400,000.00
6/30/2022				\$ 16,478,581.96
July	\$ 4,164,192.00	State Quarterly Payment	\$ 1,125,000.00	\$ 19,517,773.96
August			\$ 1,125,000.00	\$ 18,392,773.96
September			\$ 1,125,000.00	\$ 17,267,773.96
October	\$ 4,164,192.00	State Quarterly Payment	\$ 1,125,000.00	\$ 20,306,965.96
November			\$ 1,125,000.00	\$ 19,181,965.96
December			\$ 1,125,000.00	\$ 18,056,965.96
January		State Quarterly Payment	\$ 1,125,000.00	\$ 16,931,965.96
February			\$ 1,125,000.00	\$ 15,806,965.96
March			\$ 1,125,000.00	\$ 14,681,965.96
April	\$ (2,750,197.96)	State Quarterly Payment	\$ 1,125,000.00	\$ 10,806,768.00
May			\$ 1,125,000.00	\$ 9,681,768.00
June			\$ 1,125,000.00	\$ 8,556,768.00
	\$ 25,000.00	Misc Revenue throughout the year		\$ 8,581,768.00
			\$ 13,500,000.00	\$ 2,700,000.00
6/30/2023				\$ 8,581,768.00
July	\$ 4,383,360.00	State Quarterly Payment	\$ 1,125,000.00	\$ 11,840,128.00
August			\$ 1,125,000.00	\$ 10,715,128.00
September			\$ 1,125,000.00	\$ 9,590,128.00
October	\$ 4,383,360.00	State Quarterly Payment	\$ 1,125,000.00	\$ 12,848,488.00
November			\$ 1,125,000.00	\$ 11,723,488.00
December			\$ 1,125,000.00	\$ 10,598,488.00
January	\$ -	State Quarterly Payment	\$ 1,125,000.00	\$ 9,473,488.00
February			\$ 1,125,000.00	\$ 8,348,488.00
March			\$ 1,125,000.00	\$ 7,223,488.00
April	\$ 1,251,789.96	State Quarterly Payment	\$ 1,125,000.00	\$ 7,350,277.96
May			\$ 1,125,000.00	\$ 6,225,277.96
June			\$ 1,125,000.00	\$ 5,100,277.96
	\$ 25,000.00	Misc Revenue throughout the year		\$ 5,125,277.96
			\$ 13,500,000.00	\$ 675,000.00

Population 438336
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FY 22 Payment	
\$	15.86
FY 23 Payment	
\$	38.00
FY 24 Payment	
\$	40.00

FY 22 Budgeted per capita	
\$	30.80

\$ 6,952,008.96	State Payments for FY22
\$ 16,478,581.96	Fund Balance for FY22
\$ 5,400,000.00	40% Fund Balance for FY22
\$ 11,078,581.96	Amount over 40% Fund Balance for FY22
\$ 8,328,384.00	State Payments for FY23 Q1 and Q2
\$ 2,750,197.96	Amount of Fund Balance Repayment for FY22
\$ 8,328,384.00	State Payments for FY23 Q1 and Q2
\$ 5,831,570.04	Fund Balance for FY23
\$ 2,700,000.00	20% Fund Balance for FY23
\$ 3,131,570.04	Amount over 20% Fund Balance for FY23
	State Payments for FY24 Q1 and Q2
	Amount of Fund Balance Repayment for FY22
\$ 675,000.00	5% Fund Balance for FY24

## Bylaws Central Iowa Community Services Adult Regional Advisory Committee

Effective Date: 7/1/21

### I NAME

The name of this organization shall be Central Iowa Community Services Adult Regional Advisory Committee (hereinafter "Adult Regional Advisory Committee")

### II PURPOSE

The Adult Regional Advisory Committee, pursuant to IC 331.390(2)e; 331.392.(2)j; IAC 441-25.14.(1)i Regional governance structure will look at how services are delivered, the quality of services and help identify and prioritize service needs.

The Adult Advisory Committee may also address any mental health related issues the Adult Regional Advisory Committee feels to be appropriate.

The Adult Regional Advisory Committee shall act in an advisory role and all authority for policy making shall remain with Central Iowa Community Services Regional Governing Board (hereinafter "Regional Governing Board")

### III MEMBERSHIP

The Adult Regional Advisory Committee shall consist of a maximum of 24-32 members.

Two members and two alternates shall come from each of the 11-15 counties in the Central Iowa Community Services Region. The counties are Boone, Cerro Gordo, Franklin, Greene, Hamilton, Hancock, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, ~~and~~ Warren, Webster, and Wright. From each county, one member and alternate will be a provider and one member and alternate will be an individual who utilizes mental health and disability services or is an actively involved relative of such an individual. Adult Regional Advisory Committee members shall be recommended by the local county and ratified by the Regional Governing Board.

Two members from the Governing Board will serve as ex-officio non voting members.

The Adult Regional Advisory Committee members shall serve two year terms. The appointments shall be divided into two classes. The first class (Boone, Franklin, Hamilton, Hardin and Jasper) shall serve until January 2015 and the second class (Madison, Marshall, Poweshiek, Story and Warren) shall serve until January 2016. Greene County terms begin 7/1/18. Cerro Gordo, Hancock, Webster, and Wright Counties terms begin 7/1/21 and shall serve until 12/31/22. Thereafter, all appointments shall be for two years.

Approved by Central Iowa Community Services Governing Board on January 23, 2020.

Members will be eligible for appointment for a total of 6 years. An individual can be reappointed again after at least one year off the committee.

#### IV OFFICERS

The officers of the Adult Regional Advisory Committee shall include a chair and vice-chair. Each shall be elected at the first advisory committee meeting of the calendar year. The chair shall preside at all meetings and appoint all sub-committees as determined necessary by the adult regional advisory committee. The vice-chair shall act in the chair's absence.

The permanent recording secretary shall be a community services director or designee from the region.

#### V MEETINGS

Meetings of the Adult Regional Advisory Committee shall be held each January and at least quarterly thereafter. One of the community services directors shall be responsible for sending written notice to all members at least one week in advance of meetings. Public notice of meetings will be provided by posting meeting date, time and agenda on Central Iowa Community Services website and/or local County websites.

Special meetings can be called at anytime at the request of two advisory committee members. The request for a special meeting shall be presented to the chair. The chair will then be responsible for scheduling the meeting.

A quorum will be a majority of appointed members in attendance. No action will be taken in the absence of a quorum.

Members may participate in any meeting by any means of communication that allows direct participation, including but not limited to telephone conference call and video conferencing. Members participating in this manner shall be considered present for purposes of quorum and voting.

#### VI ADOPTION

These by-laws shall be adopted by both the Adult Regional Advisory Committee and the Regional Governing Board. These by-laws become effective upon approval by the Regional Governing Board.

#### VII REVISIONS

These by-laws will be reviewed annually in January and may be revised by the Adult Regional Advisory Committee with approval from the Regional Governing Board. The revision shall first be approved by a vote of 2/3 of the Adult Regional Advisory Committee at a regularly scheduled meeting and then presented to the Regional Governing Board. The revision shall become effective upon majority approval by the Regional Governing Board.

#### VIII TERMINATION

Approved by Central Iowa Community Services Governing Board on January 23, 2020.

The Adult Regional Advisory Committee serves at the complete discretion of the Regional Governing Board. If state law changes and/or other circumstances arise, the Regional Governing Board may, upon board action, dissolve the Adult Regional Advisory Committee.

DRAFT



May 28, 2021

RECEIVED

JUN 01 2021

STORY COUNTY  
COMMUNITY SERVICES

Central Iowa Community Services  
126 S Kellogg Ave Ste 001  
Ames IA 50010

RE: July 1, 2021/22 ICAP Renewal Invoice

Dear Karla & Russell:

Enclosed, you will find the renewal for the liability coverage for your organization with Iowa Communities Assurance Pool (ICAP) effective July 1, 2021. I have enclosed several items for the renewal:

- Renewal invoice - The annual premium is \$11,958. As you will recall, ICAP is not offering a credit voucher this year. The premium for last year with the credit voucher was \$8,405. Along with the additional counties included for the 2021/22 term, the premium difference is \$3,553
- Commitment to Continue Membership form. **The completed/signed form is due to ICAP no later than June 24, 2021 if your payment will not be received by ICAP by the July 1<sup>st</sup> renewal date.** You may email this form to me & I will forward to ICAP for you.
- Quote Summary – offering quote for higher limits with Excess Liability options. The policy provides \$2,000,000 limit each for General Liability, Public Officials Wrongful Acts & Auto Liability, which is for Non-Owned Auto Liability exposure for employees who may drive their personal vehicle for Central Iowa Community Services business. If you would like to renew your policy with higher limits of liability coverage, you will need to send in a check for the renewal premium plus the additional premium listed for the higher limit of coverage.
- Member Proxy form. Please sign & date this form designating Russell as the primary contact and Bill Patten as the alternate contact. This form also needs to be returned to ICAP along with your payment.
- Anniversary Information Acknowledgement form. Please read the statements & check each box. Regarding the fourth box, please check the appropriate box indicating if you wish to increase your limits of coverage per the Quote Summary. Please sign & date this form and return it along with your payment to ICAP.

If you have any questions please let me know. We appreciate your business! Thank you & have a great day!

Sincerely,

A handwritten signature in blue ink that reads "Susan". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Susan Hoshor

Enclosures



**INVOICE**

**FOR**

**Central Iowa Community Services**

**Anniversary Date: 07/01/2021**

**5701 Greendale Road  
Johnston, IA 50131  
[www.icapiowa.com](http://www.icapiowa.com)**



## Member Invoice

Member Name: Central Iowa Community Services

Policy Number: R0891PC2021-2

Anniversary Date: 07/01/2021

<u>Coverage</u>	<u>Limit of Coverage</u>	<u>Contribution</u>
General Liability	\$2,000,000	\$9,057
Auto Liability	\$2,000,000	\$82
Public Officials Liability	\$2,000,000	\$2,819
Excess Liability	\$0	\$0
<b>TOTAL CONTRIBUTION</b>		<b>\$11,958</b>

**MAKE CHECKS PAYABLE TO IOWA COMMUNITIES ASSURANCE POOL ON OR BEFORE:  
07/01/2021**

Payment for this invoice can be submitted electronically via the ICAP website. Please visit [www.icapiowa.com](http://www.icapiowa.com) and click "Member Pay" at the top right of the page to pay via ACH transfer. There is no fee for utilizing this service. If you require assistance or prefer to pay via check, please contact the ICAP office via 1-800-383-0116.



**Iowa Communities Assurance Pool**

## Commitment to Continue Membership

I, Central Iowa Community Services, do hereby affix my signature to this form and promise to submit the contribution of \$11,958.00 (less attached vouchers if applicable) by \_\_\_\_\_. In order to fulfill this commitment, our payment will be received by the Iowa Communities Assurance Pool, at the address on this form, no later than \_\_\_\_\_.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Iowa Communities Assurance Pool  
5701 Greendale Road  
Johnston, IA 50131



## Quote Summary

Central Iowa Community Services

Anniversary Date: 07/01/2021

Coverage	Contribution	Limit of Coverage	Deductible	Retroactive Date	Coverage Effective
General Liability	\$9,057	\$2,000,000	\$0	07/01/2021	7/1/2021
Auto Liability	\$82	\$2,000,000	\$0	07/01/2021	7/1/2021
Public Officials Liability	\$2,819	\$2,000,000	\$3,000	07/01/2021	7/1/2021
Excess Liability	\$0	\$0		07/01/2021	7/1/2021
<b>TOTAL CONTRIBUTION</b>	<b>\$11,958</b>				
<b>FINAL CONTRIBUTION</b>	<b>\$11,958</b>				

Excess Liability Options	Contribution	Limit of Liability	Coverage Effective
Excess Liability	\$1,090	\$1,000,000	07/01/2021
Excess Liability	\$2,296	\$2,000,000	07/01/2021
Excess Liability	\$3,412	\$3,000,000	07/01/2021
Excess Liability	\$4,485	\$4,000,000	07/01/2021
Excess Liability	\$5,511	\$5,000,000	07/01/2021
Excess Liability	\$6,493	\$6,000,000	07/01/2021
Excess Liability	\$7,429	\$7,000,000	07/01/2021
Excess Liability	\$8,322	\$8,000,000	07/01/2021
Excess Liability	\$9,168	\$9,000,000	07/01/2021
Excess Liability	\$9,971	\$10,000,000	07/01/2021
Excess Liability	\$10,727	\$11,000,000	07/01/2021
Excess Liability	\$11,443	\$12,000,000	07/01/2021
Excess Liability	\$12,138	\$13,000,000	07/01/2021

**Payment for this invoice can be submitted electronically via the ICAP website.** Please visit [www.icapiowa.com](http://www.icapiowa.com) and click "Member Pay" at the top right of the page to pay via ACH transfer. There is no fee for utilizing this service. If you require assistance or prefer to pay via check, please contact the ICAP office via 1-800-383-0116.

*This quotation expires on the Proposed Effective Date.*



## Member Proxy

Be it known, that the undersigned representative of the Governmental Sub-Division (hereafter referred to as MEMBER) by resolution of the governing body, a copy of which is attached hereto, hereby nominates and appoints the following individual and alternate to represent the MEMBER with the Iowa Communities Assurance Pool (hereinafter referred to as the POOL). The individual and alternate shall act as liaison between MEMBER and the POOL for the purposes of relating risk reduction and loss control information, and any other loss information or instructions concerning the obligations of the MEMBER imposed by signing the Iowa Risk Management Agreement and the rules and regulations established thereunder, to the same extent and with like effect as the undersigned thereunder, to the same extent as the undersigned could do if personally present and the undersigned does hereby ratify and confirm and adopt all action done or taken by the individual or alternate.

Primary Contact:	<u>Russell Wood</u>	Alternate Contact:	<del>Bill Patten</del> <u>BJ Hoffman</u>
Title:	<u>Regional CEO</u>	Title:	<u>Chair</u>
Address:	<u>123 1st Ave SW</u>	Address:	<u>Hardin 1215 Edgington Ave.</u> <del>Marshall County/1 E Main St.</del>
Address:	<u></u>	Address:	<u></u>
City, State, Zip:	<u>Hampton, IA 50441</u>	City, State, Zip:	<u>Marshalltown, IA 50158 Eldora, IA 50629</u>
Email:	<u>Russell.Wood@cicsmhds.org</u>	Email:	<u>bhoffman@hardincountyia.gov</u> <del>hpatten@co.marshall.ia.us</del>
Telephone:	<u>641-456-2128</u>	Telephone:	<u>641-844-2703 641-939-8220</u>

In witness whereof, this proxy was executed on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, by the undersigned duly authorized officers of the Governmental Subdivision indicated below:



Governmental Subdivision: Central Iowa Community Services

Member ICAP #: 0891

By: \_\_\_\_\_

Title: \_\_\_\_\_

By: \_\_\_\_\_

(City Clerk/County Auditor/Board Secretary)



## Anniversary Information Acknowledgement

The undersigned representative of the Central Iowa Community Services acknowledges that he/she:

- Reviewed the information provided on all Iowa Communities Assurance Pool applications and all applicable supplemental applications.
- Reviewed all applicable property and vehicle schedules.
- Confirms, to the best of his/her knowledge, that all information provided is complete and accurate.
- Reviewed the optional coverage(s) offered by the Iowa Communities Assurance Pool for increased limits. After consideration of the coverage(s) offered and the contribution for same, Central Iowa Community Services has elected to:

- Waive any and all coverage(s) and any applicable contribution charges. Central Iowa Community Services understands that to add increased limits coverage in the future, it will be subject to Iowa Communities Assurance Pool's approval and underwriting guidelines at the time of the request and that such request must be made in writing. In addition, Central Iowa Community Services will not hold the Iowa Communities Assurance Pool responsible for this decision to waive optional coverage(s).

- Accept the increased limits: \_\_\_\_\_  
(Limit of Liability Accepted)

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, by the undersigned duly authorized officer of the Governmental Subdivision Central Iowa Community Services indicated below:

By: \_\_\_\_\_

Title: \_\_\_\_\_



Member: Central Iowa Community Services

Member Number: 0891

Anniversary Date: 07/01/2021



# CICS

Supporting Individuals. Strengthening Communities.

CENTRAL IOWA COMMUNITY SERVICES

Resolution

June 24, 2021

WHEREAS, Iowa Community Assurance Pool requires the appointment of primary and alternate contacts to represent Central Iowa Community Services (CICS) with the Iowa Communities Assurance Pool for relating risk reduction and loss control information, and any other loss information or instructions concerning the obligations of the member imposed by signing the Iowa Risk Management Agreement and the rules and regulation established thereunder, to the same extent and with the like effect as the undersigned thereunder, to the same extent as the undersigned could do if personally present and the undersigned does hereby ratify and confirm and adopt all action done or taken by the individual or alternate.

NOW, THEREFORE BE IT RESOLVED that the CICS Governing Board hereby appoints Russell Wood, CICS CEO as primary contact and BJ Hoffman, Chairman of the CICS Governing Board as alternate contact.

Attest:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signatures:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**ATTACHMENT A Amendment Effective 1/1/21  
SERVICE DEFINITIONS AND RATES  
Mary Greeley Medical Center**

Chart of Account	Service Description	Unit of Service	Rate
64309	Subacute Startup Costs	N/A	Up to \$2,475.00

**OTHER TERMS:**

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

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

Subacute Startup Costs includes reimbursement for staff medication aide training, provider will submit invoice with documentation to CICS for reimbursement up to \$2,475.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Mary Greeley Medical Center:**

By: \_\_\_\_\_

Print Name: Cory Gelle

Print Title: Vice President

Date: 6-7-2021

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

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 Boone County Community Services Mental Health Expenditure Budget. Mental Health Advocate services are provided and funded for Boone, Greene, Madison, Warren, and Poweshiek Counties.

**Central Iowa Community Services:**

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Print Title: Chair, CICS Governing Board  
Date: \_\_\_\_\_

**Boone County:**

By:  \_\_\_\_\_  
Print Name: Stephen R Duffey  
Print Title: CHAIR BOS  
Date: 5-26-21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Cerro Gordo County**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
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. At the time of monthly billing, Mental Health Advocate will submit names of individuals served for the month of service.**

**Central Iowa Community Services:**

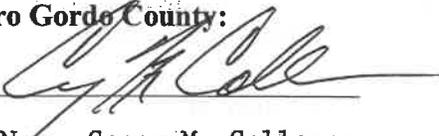
By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Cerro Gordo County:**

By: 

Print Name: Casey M. Callanan

Print Title: Chairman

Date: June 1, 2021

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

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
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.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Hamilton County:**

By: 

Print Name: Daniel J. Campidilli

Print Title: Chairman, Bd of Supervisors

Date: 5/25/21

MAY 27 2021

This Memorandum of Understanding (hereinafter "MOU") is entered into between Jasper County, Iowa and Central Iowa Community Services (CICS) Mental Health and Disability Services (MHDS) Region.

- I. **Funding of Mental Health Advocate Services.** In recognition that Jasper County has entered into an agreement with Polk County and Marion Counties to share the expense of Judicial Advocate Services and that Judicial Advocate services are funded by MHDS Regions. This MOU establishes an agreement between Jasper County and CICS for the funding of Judicial Advocate services. In consideration, the following responsibilities are assumed by the participating agencies:
  - a. **Jasper County Responsibilities.** Jasper County agrees to:
    - i. Ensure the delivery of Judicial Advocate services for residents of Jasper County in accordance with Section 229.19 of the Iowa Code.
    - ii. Submit claim to CICS Claims for reimbursement of Judicial Advocate services based on Jasper County's share of the Judicial Advocate expenses. Submit claims for reimbursement per the CICS Management Plan Policies and Procedures: J. Service Provider Payment Provisions.
  - b. **CICS Responsibilities.** CICS agrees to:
    - i. Fund Judicial Advocate services up to Jasper County's share of the Judicial Advocate expenses. Payment for service shall follow the CICS Management Plan Policies and Procedures: J. Service Provider Payment Provisions.
- II. **Termination.** This MOU will be renewed on a fiscal year annual basis unless terminated earlier in writing by any party for its convenience upon sixty (60) days prior written notice to the other party. The agreement is subject to revision due to legislation, change in operating practices and policies of the involved parties, or other factors, as agreed to by the involved parties. It may be amended by mutual written agreement of the parties.
- III. **Indemnification.** Jasper County shall defend, hold harmless and indemnify CICS against any and all claims, liability, damages, judgments, and expenses, including, without limitation, reasonable attorney fees and costs, asserted against, imposed or incurred by CICS that arise out of acts or omission of Advocate or County's employees, agents or representatives in the discharge of its responsibilities under this Agreement.

**IV. Notices.** All notices related to this MOU shall be addressed as follows:

- a. To: CICS Operations Officer  
126 S. Kellogg Ave., Ste. 001  
Ames, IA 50010
  
- b. Jasper County Board of Supervisors:  
Attn: Board Chair  
Jasper County Courthouse  
101 1<sup>st</sup> Street N, Newton, IA 50208

IN WITNESS WHEREOF, the parties have here unto set their hand, and the effective date of this agreement is the First day of July 2021.

**CICS Governing Board:**

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Print Title: Chair, CICS Governing Board  
Date: \_\_\_\_\_

**Jasper County Board of Supervisors:**

By: Doug Cupples  
Print Name: Doug Cupples  
Print Title: Board Chair  
Date: 5/25/21

Attest: Dennis K. Parrott  
Dennis K. Parrott, Auditor

**CARE CONNECTIONS OF NORTH IOWA AND CENTRAL IOWA COMMUNITY SERVICES REGIONS  
MENTAL HEALTH ADVOCATE CONTRACT**

This Contract shall be known as the “Care Connections of North Iowa and Central Iowa Community Services Regions Contract for Mental Health Advocate” and it shall cover the following counties within said Regions: Hancock, Winnebago, and Worth.

Pursuant to this Contract, it is agreed as follows:

1. Purpose. The purpose of this Contract is to establish a working mechanism within the Regions so that the Regions may utilize the Mental Health Advocate.
  
2. Power and Authority. The Mental Health Advocate shall have the power and authority in the Counties within the Regions to carry out the duties required by Iowa Code 229. The Mental Health Advocate shall provide the Regions with a list of names of clients for billing purposes by the 15<sup>th</sup> of each month after the date of service provision.
  
3. Compensation. The Care Connections of North Iowa Services Region Governing Board shall contract with Winnebago County who shall be considered the Employer of Record. The Employer of Record shall compensate the Mental Health Advocate on a monthly basis with reimbursement to the Employer of Record from the Care Connections of North Iowa Regional Fiscal Agent.

In addition to compensation for the Mental Health Advocate, the Care Connections of North Iowa Region shall reimburse Winnebago County for the following benefits: IPERS, Social Security/Medicare, workman’s compensation and health insurance benefits. Winnebago County does agree to provide sufficient office space, equipment, supplies and telephone to conduct the Mental Health Advocate’s responsibilities while working within the Regions.

The Care Connections of North Iowa Region shall bill Central Iowa Community Services for 37% of the cost of the advocate based on the percentage of population covered by the Mental Health Advocate. This amount may be billed to Central Iowa Community Services at the end of each month, quarter, or year.

4. Effective Date of Contract. This Contract shall become effective July 1, 2021.
  
5. Duration. The duration of this Contract shall be perpetual in nature.
  
6. Termination. This MOU will be renewed on a fiscal year annual basis unless terminated earlier in writing by any party for its convenience upon sixty (60) days prior written notice to the other parties. The agreement is subject to revision due to legislation, change in operating practices and policies of the involved parties, or other factors, as agreed to by the involved parties. It may be amended by mutual written agreement of the parties.

This contract shall be preserved by the Regional Governing Boards and a copy of this contract shall be recorded with the Winnebago County Auditor.

This Contract filed and dated by the respective parties as follows:

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, HANCOCK COUNTY BOARD OF SUPERVISORS

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, WINNEBAGO COUNTY BOARD OF SUPERVISORS

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, WORTH COUNTY BOARD OF SUPERVISORS

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, CARE CONNECTIONS OF NORTH IOWA GOVERNING BOARD

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, CENTRAL IOWA COMMUNITY SERVICES GOVERNING BOARD

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

**ROLLING HILLS AND CENTRAL IOWA COMMUNITY SERVICES REGIONS  
MENTAL HEALTH ADVOCATE CONTRACT**

This Contract shall be known as the “Rolling Hills and Central Iowa Community Services Regions Contract for Mental Health Advocate” and it shall cover the following counties within said Regions: Humboldt, Pocahontas, Webster, and Wright.

Pursuant to this Contract, it is agreed as follows:

1. Purpose. The purpose of this Contract is to establish a working mechanism within the Regions so that the Regions may utilize the Mental Health Advocate.
  
2. Power and Authority. The Mental Health Advocate shall have the power and authority in the Counties within the Regions to carry out the duties required by Iowa Code 229. The Mental Health Advocate shall provide the Regions with a list of names of clients for billing purposes by the 15<sup>th</sup> of each month after the date of service provision.
  
3. Compensation. The Rolling Hills Community Services Region Governing Board shall contract with Humboldt County who shall be considered the Employer of Record. The Employer of Record shall compensate the Mental Health Advocate on a monthly basis with reimbursement to the Employer of Record from the Rolling Hills Community Services Regional Fiscal Agent.

In addition to compensation for the Mental Health Advocate, the Rolling Hills Region shall reimburse Humboldt County for the following benefits: IPERS, Social Security/Medicare, workman’s compensation and health insurance benefits. Humboldt County does agree to provide sufficient office space, equipment, supplies and telephone to conduct the Mental Health Advocate’s responsibilities while working within the Regions.

The Rolling Hills Region shall bill Central Iowa Community Services for 75% of the cost of the advocate based on the percentage of population covered by the Mental Health Advocate. This amount may be billed to Central Iowa Community Services at the end of each month, quarter or year.

4. Effective Date of Contract. This Contract shall become effective July 1, 2021.
  
5. Duration. The duration of this Contract shall be perpetual in nature.
  
6. Termination. This MOU will be renewed on a fiscal year annual basis unless terminated earlier in writing by any party for its convenience upon sixty (60) days prior written notice to the other parties. The agreement is subject to revision due to legislation, change in operating practices and policies of the involved parties, or other factors, as agreed to by the involved parties. It may be amended by mutual written agreement of the parties.

This contract shall be preserved by the Regional Governing Boards and a copy of this contract shall be recorded with the Humboldt Auditor.

This Contract filed and dated by the respective parties as follows:

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, HUMBOLDT COUNTY BOARD OF SUPERVISORS

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, POCAHONTAS COUNTY BOARD OF SUPERVISORS

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, WEBSTER COUNTY BOARD OF SUPERVISORS

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, WRIGHT COUNTY BOARD OF SUPERVISORS

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, ROLLING HILLS COMMUNITY SERVICES GOVERNING BOARD

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

By: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman, CENTRAL IOWA COMMUNITY SERVICES GOVERNING BOARD

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

## ISAC HIPAA Program

### **What's included?**

- Annual sixty minute “HIPAA 101” training via webinar for employees in your county or MHDS region.
- Annual day long (approximately 10 a.m. to 3 p.m.) in-person training in Des Moines for up to 5 persons from your county or MHDS region. This training will be available only to participating counties or MHDS regions and designed for your HIPAA security/privacy officers, HIPAA committee members or other staff that work with HIPAA and PHI regularly.
- Access to all memos and other information previously generated through the ISAC HIPAA Program via an ISAC HIPAA Program member website.
- Access to all memos and other information generated through all member consultation hour questions as a part of the current year of the ISAC HIPAA Program via an ISAC HIPAA Program member website.
- Up to 5 hours annually for consultation on HIPAA questions. All participating counties and MHDS regions will be required to select a HIPAA contact for purposes of the program. All questions shall come from this contact and be directed to Beth Manley, ISAC Compliance Officer. Beth will collect all questions and prepare responses or submit them to Alissa Smith, partner with the Dorsey & Whitney law firm. An estimate of the time needed to answer a question will be provided prior to beginning research. All legal research memos created in response to questions will be disseminated to all ISAC HIPAA Program participants via the ISAC HIPAA Program member website.
- If the program member has questions that exceed their consultation hours, the additional time will be billed to the program member. An estimate of the time needed to answer a question will be provided prior to beginning the research.
- If consultation hours are not used, the dollars will be invested in additional trainings and educational resources for the ISAC HIPAA Program.
- Quarterly newsletter, received via e-mail, with HIPAA news, reminders, checklists and other updates.
- Webinar series about various HIPAA topics. Past topics have included information on risk assessments, staff training, cyber security, and other relevant topics. If needed, a MHDS region webinar will be included in the webinar series.
- Online training platform with access to various HIPAA courses.

### **What is the cost to a county or a MHDS region?**

New County: \$1,950

New Region: \$2,000

Returning County or Region Participant: \$1,750

### **Who should participate?**

Any county or MHDS region that would like basic consultation, assistance and training on general HIPAA topics and issues.

**When does the ISAC HIPAA Program start?**

The eighth year of the program will run from July 1, 2021 to June 30, 2022.

**How do we sign up?**

Have your county or MHDS Region approve and execute the “Service Agreement to Participate in the ISAC HIPAA Program” and return it to ISAC. Returning counties and MHDS Region participants must sign a new Service Agreement.

**Other questions?**

Please contact Beth Manley at (515) 244-7181 or [bmanley@iowacounties.org](mailto:bmanley@iowacounties.org)

## **SERVICE AGREEMENT TO PARTICIPATE IN THE ISAC HIPAA PROGRAM**

This Service Agreement to Participate in the ISAC HIPAA Program (the "Agreement"), effective as of July 1, 2021 (the "Effective Date") is hereby entered into by and amongst \_\_\_\_\_ (known as the "Region") and the Iowa State Association of Counties ("ISAC") (collectively referred to as the "Parties") to set forth the terms and conditions under which the Region will become a participant in the ISAC HIPAA Program (the "HIPAA Program").

For the consideration as described below, the Parties agree as follows:

### **Description of HIPAA Program**

The following services will be provided to all participants in the HIPAA Program:

1. Annual sixty minute "HIPAA 101" training via webinar for employees in your county or MHDS region.
2. Annual day long (approximately 10 a.m. to 3 p.m.) in-person training in Des Moines for up to 5 persons from your county or MHDS region. This training will be available only to participating counties or MHDS regions and designed for your HIPAA security/privacy officers, HIPAA committee members or other staff that work with HIPAA and PHI regularly.
3. Access to all memos and other information previously generated through the ISAC HIPAA Program via an ISAC HIPAA Program member website.
4. Access to all memos and other information generated through all member consultation hour questions as a part of the current year of the ISAC HIPAA Program via an ISAC HIPAA Program member website.
5. Up to 5 hours annually for consultation on HIPAA questions.
6. Quarterly newsletter, received via e-mail, with HIPAA news, reminders, checklists and other updates.
7. Webinar series about various topics. If needed, a MHDS region webinar will be included in the webinar series.
8. Online training platform with access to various HIPAA courses.

In exchange for these services and administration of the services, the Region will pay ISAC an annual fee of \$1,750.

### **Region Responsibilities**

1. Execute this Agreement.
2. Pay the annual fee of \$1,750 by the Effective Date. This fee is non-refundable and no portion of the fee shall be returned to the Region in the event the Region opts not to participate in a training or does not utilize all of its consultation hours.
3. Select a HIPAA contact person for purposes of the HIPAA Program as set forth below.
4. Direct all HIPAA questions through the HIPAA contact person to ISAC Compliance Officer. ISAC shall be the client of Dorsey and Whitney for purposes of the HIPAA program and all communications with Dorsey and Whitney shall be through ISAC or with ISAC's permission. Failure to comply with this provision may result in the Region being billed outside of the HIPAA Program at Alissa Smith's regular rate.

5. The HIPAA contact person will promptly respond to inquiries from ISAC Compliance Officer related to HIPAA questions.

### **ISAC Responsibilities**

1. Retain Alissa Smith, partner with the Dorsey and Whitney law firm, to provide trainings and consultation for the HIPAA program.
2. Oversee HIPAA questions and disseminate consultation on HIPAA questions ISAC Compliance Officer will collect all questions and prepare responses or submit them to Alissa Smith, partner with the Dorsey & Whitney law firm. An estimate of the time needed to answer a question will be provided prior to Alissa Smith beginning. All legal research memos created in response to questions will be disseminated to all ISAC HIPAA Program participants via the ISAC HIPAA Program member website.
3. If the program member has questions that exceed their consultation hours, the additional time will be billed to the program member. An estimate of the time needed to answer a question will be provided prior to beginning the research.
4. Track the consultation hours used by the Region in the HIPAA Program.
5. Coordinate and staff the HIPAA trainings of the HIPAA Program.

### **Term**

The term of this agreement shall be from the Effective Date of this Agreement to June 30, 2022.

### **Mutual Responsibilities**

The Parties agree to indemnify and hold each other harmless for any and all costs, including attorney's fees and cost of collection, that may reasonably result from such Party's failure to comply with the terms and conditions of this Agreement, its intentional or negligent act or omission related to this Agreement, or for any breach of the provisions of this Agreement. Liability of the parties for any damages sustained as a result of breach of this Agreement, or arising in any way out of this Agreement, shall be limited to actual damages.

The Region understands that participation in the ISAC HIPAA Program in no way guarantees compliance with HIPAA and that ISAC is not assuming any liability or responsibility for the Region's HIPAA compliance and that all such liability and responsibility remains that of the Region.

Amendments of this Agreement shall be made by mutual consent of the Parties, by issuance of a written amendment, signed and dated by all Parties.

This Agreement constitutes the entire agreement between the Parties concerning the subject matter hereof, and supersedes any prior agreements.

Except to the extent applicable law, if any, provides otherwise, this Agreement shall be governed by the laws of the state of Iowa.

The Parties expressly agree that jurisdiction for any claim or dispute relating to or arising out of this Agreement resides exclusively in the courts of the state of Iowa.

If any provision in this Agreement should be held illegal or unenforceable, such provision shall be modified to the extent necessary to render it enforceable without losing its intent, or severed from this Agreement if no such modification is possible, and other provisions of this Agreement shall remain in full force and effect.

A waiver by either Party of any term or condition of this Agreement or any breach thereof, in any one instance, shall not waive such term or condition or any subsequent breach thereof.

The Parties may not assign or otherwise transfer this Agreement or any rights or obligations herein without the prior written consent of the other Party, which such consent shall not be unreasonably withheld. This Agreement shall be binding upon and shall inure to the benefit of the Parties, their successors and permitted assigns.

Neither Party shall be in default or be liable for any delay, failure in performance (excepting the obligation to pay) or interruption of service resulting directly or indirectly from any cause beyond its reasonable control.

**Principal Contacts**

<b>Region</b>	<b>ISAC</b>
	<b>Beth Manley, Compliance Officer</b>
Phone:	Phone: (515) 369-7005
E-mail:	E-mail: bmanley@iowacounties.org

**IN WITNESS THEREOF**, this \_\_\_\_\_ day of \_\_\_\_\_, 2021, the Parties hereto have set their names and seals by their duly authorized representatives who certify that they are authorized to bind their respective organizations, \_\_\_\_\_ Region and ISAC.

\_\_\_\_\_ **Region**

**IOWA STATE ASSOCIATION OF COUNTIES**

\_\_\_\_\_  
By:  
Its:

\_\_\_\_\_  
By:  
Its:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Capstone Behavioral Healthcare**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
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	Care Coordination	One tele health session	\$31.21
46305 Jail 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/month – Jasper) (1 appointment/month – Poweshiek)	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
44301	Crisis Psychiatric Evaluation (2 appointments/month – Jasper) (1 appointment/month – Poweshiek)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42306	Medication Prescribing & Management Onboarding & Access July 2021 – April 2022 (Susan Graves, PA)	N/A	*****Maximum of \$12,500.00
44305	Community Based Crisis Intervention Services	Hour	\$120.00

05373	Public Education, Prevention and Education	Hour	\$120.00; Maximum of 12 hours/contract period
32329	Supported Community Living – 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
42396	Community Support Services– Poweshiek Co. Low level CSS High level CSS	Monthly Monthly	\$176.87 \$520.20
42366	Clubhouse - Poweshiek Co.	Monthly	**See Other Terms
42366	Drop-in Center – Jasper Co.	Monthly	**See Other Terms
25376	***Jail Diversion/Intensive Case Management	Monthly	\$6,051.00

**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 for Jasper County and one per month for Poweshiek 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. CICS Service Coordination staff shall be informed of the reserved time slot 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 monthly for Jasper County and one per month for Poweshiek County. 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 slot for the Crisis Therapy Service.

**\*\*\*\*\* 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 by June 30, 2022 for Fiscal Year 2022 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 Capstone Behavioral Healthcare 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 April 30, 2022, no Medication Prescribing & Management Onboarding & Access Fee will be paid by CICS.

**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.

**\*Based on the client's individualized assessment, CICS will honor the Provider's Medicaid tiered rate for Home Based Habilitation 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.

**\*\*For Clubhouse – Poweshiek County Drop-in Center services the monthly amount to be billed and reimbursed is not to exceed \$6,651.00/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 \$6,651.00/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.**

**For Drop-in Center – Jasper County \$7,104.00 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 \$7,104.00 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.**

**\*\*\*For billing of Jail Diversion/Intensive Case Management staff positions must provide service for the entire month or rate is to be prorated based on the budget provided for this Agreement. Monthly amount to be billed and reimbursed not to exceed \$6,051.00/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: \_\_\_\_\_

**Capstone Behavioral Healthcare:**

By: Julie Smith

Print Name: Julie Smith

Print Title: Director

Date: 5-24-2021

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Crossroads Mental Health Center**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
46305 Jail 42305 Outpatient	Therapy Evaluation (90791)	Visit	\$155.61
42306	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
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42306	Care Coordination	One tele health session	\$31.21
46305 Jail 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 Psychiatric Evaluation (1 appointment/month)	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
42306	Medication Prescribing & Management Onboarding & Access July 2021 – June 2022 For Sandra Edwards, PMHNP	N/A	*Maximum of \$15,000.00

**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. One Crisis Psychiatric Evaluation appointment shall be available monthly. 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 slot for the Crisis Psychiatric Evaluation service.**

**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.**

**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.**

**\*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 in the month of June 2022 for Fiscal Year 2022 with an invoice submitted by the provider.**

**For employment of a new Psychiatric Prescriber 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 Crossroads Mental Health Center and upon initiation continue to provide Psychiatric Prescriber services in the Outpatient setting for the entire CICS Provider and Program Participation Agreement period ending June 30, 2022, no Medication Prescribing & Management Onboarding & Access Fee will be paid by CICS.

**Central Iowa Community Services:**

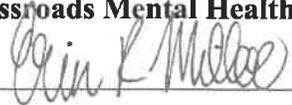
By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Crossroads Mental Health Center:**

By:  \_\_\_\_\_

Print Name: Erin R. Miller

Print Title: Executive Director

Date: 06/17/2021

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Freedom Pointe of Greater Webster County**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42366	Drop-in Center	Monthly	*See Other Terms

**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.

\*\$7,125.00 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 \$7,125.00 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: \_\_\_\_\_

**Freedom Pointe of Greater Webster County:**

By: Randall Hoover

Print Name: Randall Hoover

Print Title: Executive Director

Date: 5-25-21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Greene County Medical Center dba Greene County Family Medicine**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
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
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
43301	Psychological Testing	Hour	\$190.89
42306	Medication Prescribing & Management Onboarding & Access July 1, 2021 – March 31, 2022 (Heather Wilson, PMHNP-BC)	N/A	*Maximum of \$11,250.00

**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.

**\* 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 April 1, 2022 and before June 30, 2022 for Fiscal Year 2022 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 Greene County Medical Center dba Greene County Family Medicine and continue to provide Psychiatric Prescriber services in the Outpatient setting for the entire CICS Provider and Program Participation Agreement service period ending March 31, 2022, no Medication Prescribing & Management Onboarding & Access Fee will be paid by CICS.**

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Greene County Medical Center dba  
Greene County Family Medicine:**

By:  \_\_\_\_\_

Print Name: Chad Butterfield

Print Title: CFM

Date: 6/8/2024

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
HIRTA Transit**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
31354	Story County Transportation County – Outside City of Ames City of Ames	One Way Trip One Way Trip	\$17.47 \$13.77
31354	Jasper County Transportation	One Way Trip	\$10.49
31354	Warren County Transportation	One Way Trip	\$10.95
31354	Boone County Transportation County – Outside City of Boone City of Boone	Per loaded mile One Way Trip	\$2.34 \$10.53
31354	Madison County Transportation Per Mile Transportation Per Trip Transportation	Per loaded mile One Way Trip	\$2.14 \$7.61

**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.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**HIRTA Transit:**

By:  \_\_\_\_\_

Print Name: Phil Clifton

Print Title: Board Chair

Date: 5/27/21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Lutheran Services in Iowa**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
32329	Supported Community Living – ID/DD	15 Min.	\$9.47
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
32305	Individual Respite	15 Min.	\$4.51
32305	Group Respite	15 Min.	\$3.24
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.

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.

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.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Lutheran Services in Iowa:**

By: Dan Dean

Print Name: Dan Dean

Print Title: Vice President-LSI

Date: 6/21/21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
NAMI Central Iowa**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42366	Wellness Center (Drop In Center)	Monthly	*\$4,551.00 Maximum for contract period \$54,612.00
05373	Public Education and Awareness	Monthly	\$3,587.50 Maximum for contract period \$43,050.00
45323	Family and Consumer Education / Support	Monthly	\$4,372.50 Maximum for contract period \$52,470.00
05373	Public Education and Awareness – NAMI On Campus	Monthly	Reimbursable Amount is Based on Actual Expenses not to Exceed a Total Maximum for Contract Period of \$1,280.00
45323	Facilitator Training	N/A	**Maximum for contract period of \$8,660.00
45366	Facilitator Training; Peer-to-Peer Courses, Connections Stipend	N/A	***Maximum for contract period of \$17,860.00

**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.

\*\$4551.00 is the monthly amount to be billed/reimbursed when all employee positions are filled, maximum amount for contract period is \$54,612. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$4551.00 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.

Provider and CICS agree to the below identified deliverables:

- 1) Provider will provide outreach and support to drop-in centers located within CICS to include but not limited to hosting and facilitating a quarterly meeting with drop-in centers within CICS to provide a time for networking and program sharing.
- 2) Provider will support existing agencies and groups such as local NAMI Chapters where they exist in CICS Region.
- 3) Provider will develop and maintain support groups including but not limited to Peer Support and Family to Family support groups in CICS Counties as requested.
- 4) Provider will establish and maintain contacts within each county to promote the development of new services and supports as requested.

**\*\*Provider will invoice CICS based on the 6/2/21 budget submitted for this Agreement after each training service is completed, this shall include training to train facilitators in the following:**

- Family to Family – up to 2 Trainings \$2,165/training maximum of \$4,330/year.
- Family Support Groups – up to 2 Trainings \$2,165/training maximum of \$4,330/year.

**\*\*\* Provider will invoice CICS based on the 6/2/21 budget submitted for this Agreement after each training service is completed, this shall include training to train facilitators in the following:**

- Peer to Peer - up to 2 Trainings \$2,165/training maximum of \$4,330/year.
- Connections – up to 2 Trainings \$2,165/training maximum of \$4,330/year.

**\*\*\*The reimbursement shall also include Connections Stipends for two facilitators per support group, \$25/support group not to exceed an annual maximum of \$5,200; and up to two Peer-to-Peer Courses, \$250/mentor not to exceed an annual maximum of \$4,000; provider shall invoice CICS after services are provided.**

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**NAMI Central Iowa:**

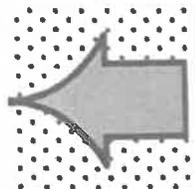
By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Angela Tharp*  
 Angela Tharp  
 Executive Dir.  
 6.17.2021



**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Mary Greeley Medical Center**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
73319	Inpatient Services (Does not include physician services)	Daily	\$996.00
73319	Inpatient Physician Services	Daily	\$141.40
44302	Observation Up to 8 hours	8 hours	\$549.16
	Up to 12 hours	12 hours	\$669.71
	Up to 23 hours	23 hours	\$816.72
42310	Transitional Living Center Services (until subacute licensure)*	Daily	\$265.20
64309	Subacute Staff Training Costs	N/A	Maximum of \$1,485.00
64309	Subacute Level I	Daily	\$400.00
64309	Subacute Level II	Daily	\$350.00
31354	General Transportation	Hour	\$51.51
31354	General Transportation - Matron	Hour	\$26.50
74353	Civil Commitment Transportation	Hour	\$51.51
74353	Civil Commitment Transportation - Matron	Hour	\$26.50
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
05373	Public Education, Prevention and Education Staff Training Cost	1 Instructor Training	\$2,200.00

**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.

For individuals on a civil commitment whom have been determined to not meet medical necessity for inpatient behavioral health treatment and are unable to be released until a civil

commitment hearing is held, funding for up to 5 days may be considered when the individual meets CICS MH/DS Management Plan criteria.

**\*Funding for Transitional Living Center services will be discontinued upon subacute licensure.**

For clients receiving CICS funding for Transitional Living Center services, CICS will complete a client assessment prior to or upon admission and a service plan must be completed within five business days of admission for any clients. Funding for TLC services shall be prior authorized. Provider shall work with CICS Service Coordinator to ensure timely transition to the community, this shall include weekly contact with CICS Service Coordinator. TLC will be staffed 24 hours per day.

CICS funding for Subacute Level I service is up to 10 days, Medicaid and/or private insurance shall be accessed prior to CICS funding. A funding application shall be forwarded to CICS within one business day of admission.

Subacute Level II funding requires prior authorization by CICS upon the individual no longer being eligible for Subacute Level I funding and the individual still requires subacute services. Prior authorization for Subacute Level II funding shall be requested one business day prior to Subacute Level I funding ending.

Subacute Staff Training Costs are for staff medication aide training, provider will submit an invoice with documentation to CICS for reimbursement up to \$1,485.00.

Civil Commitment Transportation and Voluntary General Transportation services shall be provided via secure vehicle with life-saving equipment from MGMC to inpatient behavioral health services, subacute mental health services or crisis stabilization residential services. The unit of service billed is an hourly rate for client transport from MGMC, to client destination and return of driver to MGMC. MGMC and CICS will identify standard units of service for common transportation trips.

Prior authorization is not required for Civil Commitment Transportation or General Transportation for transport from MGMC to inpatient behavioral health services, subacute mental health services or crisis stabilization residential services. Upon providing Civil Commitment Transportation or General Transportation services, MGMC will notify CICS by sending the Transportation Funding Application to the local service coordinator by end of next business day.

Funding for all contracted 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.

Public Education, Prevention and Education Staff Training Cost is for Mental Health First Aid Instructor Training. Upon completion of the training the Instructor will facilitate a Mental Health First Aid training at least every other month within the CICS Region. Upon completion of the Instructor Training, the Provider will submit an invoice with documentation to include verification of the Instructor's Mental Health First Aid certification.

**Central Iowa Community Services:**

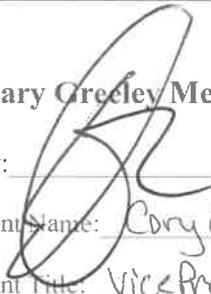
By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Mary Greeley Medical Center:**

By:  \_\_\_\_\_

Print Name: Cory Geffre

Print Title: Vice President / Chief Nrs Officer

Date: June 15, 2021

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Mercy Health Services Iowa Corp. dba MercyOne North Iowa Medical Center**

Chart of Account	Service Description	Unit of Service	Rate
73319	Inpatient Services (Does not include physician services)	Daily	\$996.00
73319	Inpatient Physician Services	Daily	\$141.40
44302	Observation		
	Up to 8 hours	8 hours	\$549.16
	Up to 12 hours	12 hours	\$669.71
	Up to 23 hours	23 hours	\$816.72

**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 funding authorization and individuals shall meet CICS Management Plan criteria. Provider will submit CICS funding application upon patient admission to inpatient behavioral health services or observation behavioral health services. 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 individuals on a civil commitment who have been determined to not meet medical necessity for inpatient behavioral health treatment and are unable to be released until a civil commitment hearing is held, funding for up to 5 days may be considered when the individual meets CICS Management Plan criteria.

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Mercy Health Services-Iowa, Corp.  
d/b/a MercyOne North Iowa Medical  
Center**

By: Michael Wegner  
 Print Name: Michael Wegner  
 Print Title: SVP Operations & CFO  
 Date: 6-21-21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Region 6 Resource Partners**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
31354	Grinnell Demand Response	One way ride	\$3.00
31354	Iowa Falls Demand Response	One way ride	\$3.00
31354	Tama/Toledo Demand Response	One way ride	\$3.00
31354	South Tama County to Marshalltown on Routes	Per Mile	\$2.79
31354	Hardin, Marshall, Poweshiek, Tama County Deal Days	One way ride	\$7.00
31354	Marshalltown Demand Response (some medical facilities may reduce the ride cost to their destination)	One way ride	\$7.00
31354	Rides originating and ending at other places. Shall use <a href="http://www.mapquest.com">www.mapquest.com</a> to determine mileage from residence to destination. Only miles where passenger is on board shall be used for this calculation.	Per mile	\$2.79

**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.**

**ATTACHMENT A**  
**SERVICE DEFINITIONS AND RATES**  
**Region 6 Resource Partners**

**Central Iowa Community Services:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: Chair, CICS Governing Board

Date: \_\_\_\_\_

**Region 6 Resource Partners:**

By:  \_\_\_\_\_

Print Name: Marty Wymore

Print Title: Director

Date: 6/7/21

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Youth and Shelter Services, Inc.**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
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	Care Coordination	One tele health session	\$31.21
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
05373	Public Education, Prevention and Education	Hour	\$120.00; Maximum of 12 hours/contract period
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.

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.

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 Services, Inc.:**

By:  \_\_\_\_\_

Print Name: Andrew Allen

Print Title: President + CEO

Date: 5/4/21

## May 2021 Expenditure Report

FY 2021	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY21 Budget	Budget Remaining	% of Budget Used
<b>Core Domains</b>						
<b>COA</b>	<b>Treatment</b>					
42305	Mental health outpatient therapy	\$ 763	\$ 143,671	\$ 1,180,000	\$ 1,036,329	12%
42306	Medication prescribing & management	\$ 681	\$ 14,063	\$ 20,000	\$ 5,937	70%
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	\$ 3,840	\$ 5,158	\$ 25,000	\$ 19,842	21%
<b>Crisis Services</b>						
32322	Personal emergency response system	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
44301	Crisis evaluation	\$ 47,243	\$ 404,331	\$ 750,000	\$ 345,669	54%
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	\$ 68,106	\$ 719,793	\$ 950,000	\$ 230,207	76%
44312	Crisis Stabilization community-based services	\$ 18,000	\$ 63,592	\$ 100,000	\$ 36,408	64%
44313	Crisis Stabilization residential services	\$ 28,095	\$ 96,836	\$ 225,000	\$ 128,164	43%
44396	Access Centers: start-up / sustainability	\$ -	\$ -	\$ 300,000	\$ 300,000	0%
<b>Support for Community Living</b>						
32320	Home health aide	\$ -	\$ -	\$ -	\$ -	
32325	Respite	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -	
32329	Supported community living	\$ 56,379	\$ 878,548	\$ 2,100,000	\$ 1,221,452	42%
42329	Intensive residential services	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
<b>Support for Employment</b>						
50362	Prevocational services	\$ 1,412	\$ 7,712	\$ 25,000	\$ 17,288	31%
50364	Job development	\$ -	\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 3,974	\$ 76,013	\$ 225,000	\$ 148,987	34%
50368	Supported employment	\$ 4,003	\$ 80,536	\$ 100,000	\$ 19,464	81%
50369	Group Supported employment-enclave	\$ 147	\$ 904	\$ 20,000	\$ 19,096	5%
<b>Recovery Services</b>						
45323	Family support	\$ 2,080	\$ 23,315	\$ 25,000	\$ 1,685	93%
45366	Peer support	\$ 391	\$ 1,593	\$ 20,000	\$ 18,407	8%
<b>Service Coordination</b>						
21375	Case management	\$ -	\$ -	\$ -	\$ -	
24376	Health homes	\$ -	\$ 16,151	\$ -	\$ (16,151)	
<b>Sub-Acute Services</b>						
63309	Subacute services-1-5 beds	\$ -	\$ -	\$ 100,000	\$ 100,000	0%
64309	Subacute services-6 and over beds	\$ -	\$ -	\$ 100,000	\$ 100,000	0%
<b>Core Evidenced Based Treatment</b>						
04422	Education & Training Services - provider competency	\$ -	\$ -	\$ 15,000	\$ 15,000	0%
32396	Supported housing	\$ -	\$ -	\$ -	\$ -	
42398	Assertive community treatment (ACT)	\$ 3,480	\$ 45,097	\$ 125,000	\$ 79,903	36%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
<b>Core Domains Total</b>		<b>\$ 238,595</b>	<b>\$ 2,752,056</b>	<b>\$ 7,185,000</b>	<b>\$ 4,432,944</b>	<b>38%</b>
<b>Mandated Services</b>						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 15,180	\$ 150,488	\$ 400,000	\$ 249,512	38%
75XXX	Mental health advocate	\$ 13,448	\$ 141,229	\$ 250,000	\$ 108,771	56%
<b>Mandated Services Total</b>		<b>\$ 28,628</b>	<b>\$ 291,718</b>	<b>\$ 700,000</b>	<b>\$ 408,282</b>	<b>42%</b>
<b>Additional Core Domains</b>						
<b>Justice system-involved services</b>						
25xxx	Coordination services	\$ 25,276	\$ 291,075	\$ 600,000	\$ 308,925	49%
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	\$ 6,118	\$ 121,572	\$ 250,000	\$ 128,428	49%
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%
<b>Additional Core Evidenced based treatment</b>						
42366	Peer self-help drop-in centers	\$ 61,381	\$ 881,816	\$ 885,000	\$ 3,184	100%
42397	Psychiatric rehabilitation (IPR)	\$ 1,549	\$ 9,046	\$ 60,000	\$ 50,954	15%
<b>Additional Core Domains Total</b>		<b>\$ 94,325</b>	<b>\$ 1,346,777</b>	<b>\$ 1,835,000</b>	<b>\$ 488,223</b>	<b>73%</b>
<b>Other Informational Services</b>						
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	\$ 5,855	\$ 695,410	\$ 1,317,609	\$ 622,199	53%
<b>Other Informational Services Total</b>		<b>\$ 5,855</b>	<b>\$ 695,417</b>	<b>\$ 1,367,609</b>	<b>\$ 672,192</b>	<b>51%</b>
<b>Essential Community Living Support Services</b>						

## May 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	\$ 99,834	\$ 1,210,746	\$ 1,600,000	\$ 389,254	76%
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 15,331	\$ 124,545	\$ 250,000	\$ 125,455	50%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
32327	Representative payee	\$ 1,107	\$ 12,073	\$ 20,000	\$ 7,927	60%
32335	CDAC		\$ -	\$ 200,000	\$ 200,000	0%
32399	Other support		\$ -	\$ 80,000	\$ 80,000	0%
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 6,230	\$ 38,488	\$ -	\$ (38,488)	
33345	Ongoing rent subsidy	\$ -	\$ -	\$ -	\$ -	
33399	Other basic needs	\$ 1,895	\$ 12,557	\$ -	\$ (12,557)	
41305	Physiological outpatient treatment	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
41306	Prescription meds	\$ 59	\$ 1,284	\$ 15,000	\$ 13,716	9%
41307	In-home nursing		\$ -	\$ -	\$ -	
41308	Health supplies		\$ -	\$ -	\$ -	
41399	Other physiological treatment		\$ -	\$ -	\$ -	
42309	Partial hospitalization		\$ -	\$ -	\$ -	
42310	Transitional living program	\$ 35,272	\$ 245,045	\$ 400,000	\$ 154,955	61%
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	\$ 2,348	\$ 24,693	\$ 50,000	\$ 25,307	49%
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		\$ -	\$ -	\$ -	
<b>Essential Comm Living Support Services Total</b>		<b>\$ 162,076</b>	<b>\$ 1,670,411</b>	<b>\$ 2,635,000</b>	<b>\$ 964,589</b>	<b>63%</b>
<b>Other Congregate Services</b>						
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 31,005	\$ 434,424	\$ 900,000	\$ 465,576	48%
64XXX	ICF 6 and over beds (64317 & 64318)		\$ -	\$ -	\$ -	
64329	SCL 6 and over beds	\$ -	\$ -	\$ -	\$ -	
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
<b>Other Congregate Services Total</b>		<b>\$ 31,005</b>	<b>\$ 434,424</b>	<b>\$ 900,000</b>	<b>\$ 465,576</b>	<b>48%</b>
<b>Administration</b>						
11XXX	Direct Administration	\$ 88,567	\$ 1,191,642	\$ 1,500,000	\$ 308,358	79%
12XXX	Purchased Administration	\$ (494)	\$ 112,195	\$ 125,000	\$ 12,805	90%
<b>Administration Total</b>		<b>\$ 88,074</b>	<b>\$ 1,303,837</b>	<b>\$ 1,625,000</b>	<b>\$ 321,163</b>	<b>80%</b>
<b>Regional Totals</b>		<b>\$ 648,557.21</b>	<b>\$ 8,494,639.36</b>	<b>\$ 16,247,609</b>	<b>\$ 7,752,970</b>	<b>52%</b>
92%						
<b>(45XX-XXX)County Provided Case Management</b>						
<b>(46XX-XXX)County Provided Services</b>						

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	\$ 4,121,762	\$ 4,189,808			
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.

### June 2021 Franklin County Funds Transfer Request Information

March 2021 Fund Balance	\$ 245,638.55
April - June 2021 Expenditures	\$ 105,000.00
Projected Fund Balance 6/30/21	\$ 140,638.55
FY22 Budget	\$ 1,079,778.00
Expected Monthly Expenditures starting 7/1/21	\$ 89,981.50
FY22 County Property Tax Collection	\$ 191,330.00
FY22 Funds available without Transfer	\$ 331,968.55
FY22 Shortfall without transfer	\$ 747,809.45
June 2021 Funds Transfer Request	\$ 1,000,000.00

Disbursement Date 06/01/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
6825 V	60	Linn Adams		Services Management - Mil	41500	04022	413	62				12.32	
6825 V	60	Linn Adams		Services Management - Mil	41500	04222	413	62				12.32	
6825 V	60	Linn Adams		Services Management - Mil	41500	04322	413	62				12.32	
				Disbursement#	3827							Disbursement Total	36.96
6826 V	169	Amazon Capital Services		Direct Admin - Stationary	41500	04411	260	62				119.98	
				Disbursement#	3828							Disbursement Total	119.98
6830 V	790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				35.56	
				Disbursement#	3829							Disbursement Total	35.56
6832 V	1230	Capstone Behavioral Healthcare		Public Education Services	41500	04005	373	62				226.34	
				Disbursement#	3830							Disbursement Total	226.34
6827 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				369.97	
				Disbursement#	3831							Disbursement Total	369.97
6833 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.25	
				Disbursement#	3832							Disbursement Total	429.25
6834 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61	
6834 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61	
6834 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61	
				Disbursement#	3833							Disbursement Total	466.83
6835 V	1475	Choice Employment Services		Voc/Day - Individual Supp	41500	04250	368	62				361.58	
6835 V	1475	Choice Employment Services		Voc/Day - Individual Supp	41500	04350	368	62				1129.18	
				Disbursement#	3834							Disbursement Total	1,490.76
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				114.17	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				68.50	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				72.45	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				114.17	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				68.50	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				72.45	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				72.45	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				72.45	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	306	62				31.21	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	306	62				31.21	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	306	62				31.21	
6836 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	306	62				31.21	
				Disbursement#	3835							Disbursement Total	779.98
6859 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				3480.00	
				Disbursement#	3836							Disbursement Total	3,480.00
6867 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				91.00	
				Disbursement#	3837							Disbursement Total	91.00
6838 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				332.34	

Disbursement Date 06/01/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6838 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				726.56
				Disbursement# 3838								1,058.90
6839 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				65.00
6839 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				52.00
6839 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				84.50
				Disbursement# 3839								201.50
6840 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				32.00
				Disbursement# 3840								32.00
6841 V	2726	Hamilton County Jail		Prescription Medication (	41500	04046	306	62				71.88
				Disbursement# 3841								71.88
6842 V	2840	Sandra Hart, Attorney at Law		Commitment - Legal Repres	41500	04074	393	62				170.10
				Disbursement# 3842								170.10
6828 V	302	Hy Vee Pharmacy		Physiological Treatment -	41500	04041	306	62				48.17
				Disbursement# 3843								48.17
6844 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				6300.00
6844 V	3227	Imagine The Possibilities Inc		Basic Needs - Rent Paymen	41500	04033	340	62				281.58
6844 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				2928.00
6844 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04250	367	62				1482.89
6844 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04250	368	62				665.11
6844 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				1659.20
6844 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04350	367	62				711.50
6844 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				1366.50
6844 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04732	329	62				156.16
6844 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				569.20
6845 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				2047.50
				Disbursement# 3844								18,167.64
6847 V	3532	Integrated Telehealth Partners		Crisis Stabilization Comm	41500	04044	312	62				900.00
6847 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
6847 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
6847 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
6847 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
6847 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
6847 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
6847 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
6847 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
6847 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
				Disbursement# 3845								3,584.43
6846 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				475.44
6846 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				475.44
				Disbursement# 3846								950.88

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6848 V	3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				547.05
				Disbursement#	3847							547.05
6837 V	1884	Mary M. Lauver		Commitment - Legal Repres	41500	04074	393	62				42.00
6837 V	1884	Mary M. Lauver		Commitment - Legal Repres	41500	04074	393	62				36.00
6837 V	1884	Mary M. Lauver		Commitment - Legal Repres	41500	04074	393	62				184.05
				Disbursement#	3848							262.05
6850 V	4400	Mainstream Living		Voc/Day - Group Supported	41500	04350	369	62				183.73
6850 V	4400	Mainstream Living		Day Habilitation	41500	04350	367	62				283.03
				Disbursement#	3849							466.76
6851 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
6851 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				86.00
6851 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
6851 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				81.00
6851 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
6851 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
				Disbursement#	3850							291.00
6852 V	4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				5038.80
6852 V	4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				8221.20
6852 V	4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				530.40
6852 V	4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				7690.80
6852 V	4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				2386.80
6852 V	4500	Mary Greeley Medical Center		Psychotherapeutic Treatme	41500	04042	310	62				1060.80
				Disbursement#	3851							24,928.80
6854 V	4730	Mediapolis Care Facility Inc		Comm Based Settings (6+ B	41500	04064	314	62				1605.78
6854 V	4730	Mediapolis Care Facility Inc		Comm Based Settings (6+ B	41500	04064	314	62				1692.93
				Disbursement#	3852							3,298.71
6853 V	4721	Medicap Pharmacy		Prescription Medication (	41500	04046	306	62				285.46
6853 V	4721	Medicap Pharmacy		Prescription Medication (	41500	04046	306	62				34.37
				Disbursement#	3853							319.83
6855 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				535.47
				Disbursement#	3854							535.47
6856 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04250	362	62				247.44
6856 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04250	368	62				223.48
6856 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				20.62
6856 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				360.85
6856 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04350	368	62				372.46
				Disbursement#	3855							1,183.61
6831 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4551.00
6831 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				1365.00
6831 V	1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				2080.00
				Disbursement#	3856							7,996.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6857	V 5220	Nite Owl Printing		Public Education Services	41500	04005	373	62				112.50
				Disbursement# 3857								112.50
6843	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				110.90
6843	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				4725.00
6843	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				7830.70
6843	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				51.00
6843	V 2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				54.50
6843	V 2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				69.71
6843	V 2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				69.71
6843	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				796.25
6843	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				980.00
6843	V 2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				816.00
6843	V 2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				372.46
6843	V 2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				372.46
6843	V 2872	Optimae LifeServices, Inc.		Justice System Involved C	41500	04025	376	62				5882.00
				Disbursement# 3858								22,130.69
6849	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				46.29
6849	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
6849	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
6849	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47
				Disbursement# 3859								158.76
6858	V 5581	Peglow, O'Hare & See, P.L.C.		Commitment - Legal Repres	41500	04074	393	62				318.24
				Disbursement# 3860								318.24
6860	V 5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				24.64
6860	V 5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				64.89
				Disbursement# 3861								89.53
6868	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	366	62				3111.49
6868	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04242	366	62				1924.54
6868	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04342	366	62				359.74
6868	V 82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04742	366	62				395.69
				Disbursement# 3862								5,791.46
6861	V 5825	Premier Payee, Inc		Support Services - Repres	41500	04032	327	62				45.00
				Disbursement# 3863								45.00
6829	V 771	Sioux Rivers Region		Mental Health Advocate -	41500	04075	395	62				123.86
				Disbursement# 3864								123.86
6862	V 7125	Story County Treasurer		Prescription Medication (	41500	04046	306	62				214.45
				Disbursement# 3865								214.45
6866	V 71957	Jessica Van De Voort		Services Management - Mil	41500	04022	413	62				232.29
				Disbursement# 3866								232.29
6863	V 7604	Brian Vold ARNP PLC		Psychotherapeutic Treatme	41500	04042	306	62				232.09

Disbursement Date 06/01/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	3867	Disbursement Total					232.09	
6864	V	7680 Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				43.00
6864	V	7680 Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				372.80
6864	V	7680 Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				87.00
6864	V	7680 Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				98.00
6864	V	7680 Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				73.00
6864	V	7680 Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				50.50
6864	V	7680 Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				49.50
6864	V	7680 Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				62.00
6864	V	7680 Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				49.00
6864	V	7680 Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				49.00
				Disbursement#	3868	Disbursement Total					933.80	
6865	V	7806 Russell Wood		Direct Admin - Mileage &	41500	04411	413	62				607.64
				Disbursement#	3869	Disbursement Total					607.64	
					43	Total Disbursements					102,631.72	
					0	Total ACH					.00	
					0	Total EFT					.00	
					43	Grand Total					102,631.72	
											Credits/Refunds Included	20.62

Totals by Fund		
41500	Central Iowa Community Service	102,631.72
	Final Total	102,631.72

End of report

Disbursement Date 06/15/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7116 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04042	366	62				2296.89
7116 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04242	366	62				437.50
7116 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04342	366	62				765.61
				Disbursement#	3870						Disbursement Total	3,500.00
7117 V	884	Boone County Jail		Prescription Medication (	41500	04046	306	62				148.05
				Disbursement#	3871						Disbursement Total	148.05
7126 V	1849	Branstad & Olson Law		Commitment - Legal Repres	41500	04074	393	62				239.40
				Disbursement#	3872						Disbursement Total	239.40
7119 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				228.34
7119 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				178.29
7119 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				118.86
7119 V	1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				3502.90
7119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				7104.00
7119 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				1038.78
7119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				12000.00
7119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				114.17
7119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				155.61
7119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				68.50
7119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				232.09
7119 V	1230	Capstone Behavioral Healthcare		Justice System Involved C	41500	04025	376	62				6051.00
7119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				5736.46
7119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04242	366	62				665.12
7119 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04342	366	62				249.42
7119 V	1230	Capstone Behavioral Healthcare		Basic Needs - Rent Paymen	41500	04033	340	62				325.00
				Disbursement#	3873						Disbursement Total	37,768.54
7127 V	2097	Cedar Valley Ranch, Inc.		Comm Based Settings (6+ B	41500	04064	314	62				4877.85
				Disbursement#	3874						Disbursement Total	4,877.85
7120 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
7120 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				114.17
7120 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
7120 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
7120 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
7120 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54
7120 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54
7120 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
7120 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09
7120 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
7120 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
7120 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09
7120 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
7120 V	1327	Center Associates		Justice System Involved C	41500	04025	376	62				6480.00
7120 V	1327	Center Associates		Crisis Evaluation	41500	04044	301	62				228.34
				Disbursement#	3875						Disbursement Total	8,797.30
7121 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				454.50

Disbursement Date 06/15/2021

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7121 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				353.50
7121 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				391.38
7121 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				366.13
				Disbursement# 3876								Disbursement Total 1,565.51
7123 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
				Disbursement# 3877								Disbursement Total 155.61
7122 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				820.26
7122 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04232	329	62				5480.40
7122 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04332	329	62				460.35
7122 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04350	367	62				829.28
7122 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				4402.03
7122 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				2722.97
7122 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				3974.43
7122 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04742	366	62				1402.57
7122 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				5066.71
7122 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				1899.96
7122 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04342	366	62				158.33
				Disbursement# 3878								Disbursement Total 27,217.29
7124 V	1475	Choice Employment Services		Voc/Day - Individual Supp	41500	04250	368	62				361.58
7124 V	1475	Choice Employment Services		Voc/Day - Individual Supp	41500	04350	368	62				67.00
				Disbursement# 3879								Disbursement Total 428.58
7158 V	82883	Christian Opportunity Center		Support Services - Suppor	41500	04232	329	62				407.26
7158 V	82883	Christian Opportunity Center		Support Services - Suppor	41500	04232	329	62				1099.40
7158 V	82883	Christian Opportunity Center		Voc/Day - Individual Supp	41500	04250	368	62				744.92
				Disbursement# 3880								Disbursement Total 2,251.58
7125 V	1809	Brenda Daily		Services Management - Mil	41500	04022	413	62				135.50
7125 V	1809	Brenda Daily		Services Management - Mil	41500	04222	413	62				8.13
7125 V	1809	Brenda Daily		Services Management - Mil	41500	04322	413	62				8.13
				Disbursement# 3881								Disbursement Total 151.76
7145 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
7145 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				155.61
7145 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
7145 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				91.34
7145 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				114.17
7145 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				59.43
7145 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	306	62				232.09
7145 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	306	62				57.96
7145 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				4942.00
7145 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				18000.00
7145 V	5696	Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				6863.00
7145 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				18000.00
7145 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				63360.50
				Disbursement# 3882								Disbursement Total 112,104.44

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7128 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				2324.07
7128 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04242	366	62				2703.51
7128 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04342	366	62				995.42
				Disbursement#	3883						Disbursement Total	6,023.00
7157 V	72832	First National Bank of Omaha		Public Education Services	41500	04005	373	62				80.00
				Disbursement#	3884						Disbursement Total	80.00
7130 V	2438	Foundation 2, Inc.		Mobile Response	41500	04044	307	62				6792.00
				Disbursement#	3885						Disbursement Total	6,792.00
7156 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				147.68
				Disbursement#	3886						Disbursement Total	147.68
7129 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				149.14
7129 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				229.44
7129 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				544.92
				Disbursement#	3887						Disbursement Total	923.50
7151 V	7342	GateHouse-DB Iowa Holdings		Direct Admin - Publicatio	41500	04411	400	62				165.12
				Disbursement#	3888						Disbursement Total	165.12
7131 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				52.00
7131 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				84.50
7131 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				214.50
7131 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				650.00
				Disbursement#	3889						Disbursement Total	1,001.00
7132 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				141.00
				Disbursement#	3890						Disbursement Total	141.00
7133 V	2726	Hamilton County Jail		Prescription Medication (	41500	04046	306	62				64.96
				Disbursement#	3891						Disbursement Total	64.96
7140 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				423.12
7140 V	5137	HIRTA Public Transit		Transportation - General	41500	04231	354	62				134.16
7140 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				309.60
7140 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				41.12
7140 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				171.30
				Disbursement#	3892						Disbursement Total	1,079.30
7134 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				882.84
7134 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				1038.45
7134 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				393.33
				Disbursement#	3893						Disbursement Total	2,314.62
7135 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				30.00
7135 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				118.10
7135 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				118.10
7135 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				218.10

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7135 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				737.66
7135 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				237.32
7135 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				136.20
7135 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				16.68
				Disbursement#	3894							1,612.16
7137 V	4136	Legal Aid Society of Story Co.		Basic Needs - Other	41500	04033	399	62				2892.91
				Disbursement#	3895							2,892.91
7138 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				24.51
7138 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				4.00
7138 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				97.17
7138 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				524.15
7138 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				142.00
7138 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				248.00
7138 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				90.00
7138 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				61.00
				Disbursement#	3896							1,190.83
7139 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				176.75
7139 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				151.50
7139 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				151.50
7139 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				303.00
7139 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				75.75
7139 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				151.50
7139 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				303.00
				Disbursement#	3897							1,313.00
7160 V	83448	NAMI Iowa		Public Education Services	41500	04005	373	62				380.71
				Disbursement#	3898							380.71
7141 V	5230	Omnicare of Urbandale		Prescription Medication (	41500	04046	306	62				346.02
7141 V	5230	Omnicare of Urbandale		Prescription Medication (	41500	04046	306	62				96.13
7142 V	5230	Omnicare of Urbandale		Prescription Medication (	41500	04046	306	62				97.06
7142 V	5230	Omnicare of Urbandale		Prescription Medication (	41500	04046	306	62				97.93
7142 V	5230	Omnicare of Urbandale		Prescription Medication (	41500	04046	306	62				374.02
				Disbursement#	3899							1,011.16
7149 V	6871	Partnership for Progress		Comm Based Settings (6+ B	41500	04064	314	62				1922.00
				Disbursement#	3900							1,922.00
7144 V	5596	Penn Center		Comm Based Settings (6+ B	41500	04064	314	62				2231.69
7144 V	5596	Penn Center		Support Services - Suppor	41500	04032	329	62				6300.00
7144 V	5596	Penn Center		Crisis Stabilization Resi	41500	04044	313	62				1800.95
				Disbursement#	3901							10,332.64
7159 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				17615.44
				Disbursement#	3902							17,615.44
7146 V	5840	Progress Industries		Support Services - Suppor	41500	04032	329	62				1647.26

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7146 V	5840	Progress Industries		Day Habilitation	41500	04050	367	62				339.36
7146 V	5840	Progress Industries		Day Habilitation	41500	04250	367	62				1276.16
7146 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				744.92
7146 V	5840	Progress Industries		Support Services - Suppor	41500	04332	329	62				740.37
7146 V	5840	Progress Industries		Day Habilitation	41500	04350	367	62				284.60
7146 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04350	368	62				372.46
7146 V	5840	Progress Industries		Support Services - Suppor	41500	04732	329	62				557.96
7146 V	5840	Progress Industries		Day Habilitation	41500	04750	367	62				2846.00
				Disbursement#	3903							8,809.09
												Disbursement Total
7143 V	5533	Region Six Planning Commission		Transportation - General	41500	04031	354	62				28.00
7143 V	5533	Region Six Planning Commission		Transportation - General	41500	04231	354	62				68.00
7143 V	5533	Region Six Planning Commission		Transportation - General	41500	04331	354	62				47.60
				Disbursement#	3904							143.60
												Disbursement Total
7147 V	6470	Kim Schomaker		Services Management - Mil	41500	04022	413	62				143.04
7147 V	6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				76.88
7147 V	6470	Kim Schomaker		Services Management - Mil	41500	04322	413	62				76.88
				Disbursement#	3905							296.80
												Disbursement Total
7118 V	1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				57.00
				Disbursement#	3906							57.00
												Disbursement Total
7148 V	6706	Story County Community Serv		Services Management - Mil	41500	04022	413	62				1.12
7148 V	6706	Story County Community Serv		Direct Admin - Mileage &	41500	04411	413	62				51.52
				Disbursement#	3907							52.64
												Disbursement Total
7150 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				201.36
7150 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				276.20
7150 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				304.20
7150 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				131.20
7150 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				382.40
7150 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				312.40
7150 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				369.80
7150 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.20
7150 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				276.20
				Disbursement#	3908							2,324.96
												Disbursement Total
7136 V	4112	Patti Treibel-Leeds		Direct Admin - Mileage &	41500	04411	413	62				375.76
				Disbursement#	3909							375.76
												Disbursement Total
7152 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				350.00
7152 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62	56			14974.48
7152 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62	56			3750.00
				Disbursement#	3910							19,074.48
												Disbursement Total
7153 V	7601	VISA		Direct Admin - Mileage &	41500	04411	413	62				262.08
7153 V	7601	VISA		Direct Admin - Informatio	41500	04411	632	62				760.00
				Disbursement#	3911							1,022.08
												Disbursement Total

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7154 V	7741	What's Next? LLC		Direct Admin - Custodial	41500	04411	471	62	56			1100.00
				Disbursement#	3912							1,100.00
7155 V	7806	Russell Wood		Direct Admin - Mileage &	41500	04411	413	62				451.59
				Disbursement#	3913							451.59
					44	Total Disbursements					289,916.94	
					0	Total ACH					.00	
					0	Total EFT					.00	
					44	Grand Total					289,916.94	
					Credits/Refunds Included							.00

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Totals by Fund	
41500 Central Iowa Community Service	289,916.94
Final Total	289,916.94

End of report