



CICS

Supporting Individuals. Strengthening Communities.

Regional Governing Board

May 26, 2022 @ 1:00PM

Hertz Farm Management
415 S 11th Street, Nevada, Iowa 50201

SPECIAL NOTE TO THE PUBLIC: Members of the public who would like to call in: 1-312-626-6799

Meeting ID: 822 3905 7189, Passcode: 175411

or Join the Zoom Meeting at <https://us06web.zoom.us/j/82239057189?pwd=aXJsWDlyb2h6TS9YaigxK1BIM0Radz09>

Tentative Agenda

1) Roll Call

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Boone | <input type="checkbox"/> Cerro Gordo | <input type="checkbox"/> Franklin | <input type="checkbox"/> Greene |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Hancock | <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"/> Webster | <input type="checkbox"/> Wright | <input type="checkbox"/> JD Deambra |
| <input type="checkbox"/> Allie Wulfekuhle | <input type="checkbox"/> Kendra Alexander | <input type="checkbox"/> Julie Smith | <input type="checkbox"/> Andrea Dickerson |

2) Agenda (BJ Hoffman, Chair)

May 26, 2022 Agenda

Action

Board Chair asks for motion to approve May 26, 2022 agenda.

Motion by: _____

Second: _____

Vote on motion: _____

3) Minutes (BJ Hoffman, Chair)

April 28, 2022 Minutes

Action

Board Chair asks for motion to approve April 28, 2022 minutes.

Motion by: _____

Second: _____

Vote on motion: _____

4) Administration (Russell Wood, CEO)

Reposting IT Position at step 5 minimum salary - \$82,097.60

Action

Board Chair asks for motion to approve reposting IT position at step 5 minimum salary.

Motion by: _____

Second: _____

Vote on motion: _____

28E Changes Requested by Greene County (Dawn Rudolph)

Informational

5) Finance (Betsy Stursma)

Claims May 3 and 17, 2022

Action

Board Chair asks for motion to approve May 3 and 17, 2022 claims.

Motion by: _____

Second: _____

Vote on motion: _____

Roll call vote (mark if 'aye')

- | | | | |
|---|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Boone | <input type="checkbox"/> Cerro Gordo | <input type="checkbox"/> Franklin | <input type="checkbox"/> Greene |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Hancock | <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"/> Webster | <input type="checkbox"/> Wright | <input type="checkbox"/> JD Deambra |
| <input type="checkbox"/> Allie Wulfekuhle | <input type="checkbox"/> Kendra Alexander | | |

April Expenditure Report

Informational

Closeout of Fund 10

Informational

Occupancy Expenses and Topics

Informational

6) Planning (Patti Leeds)

IRSH RFP Response from 43 North Iowa

Action

Board Chair asks for motion to instruct staff to negotiate with provider.

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

7) Operations (Karla Webb)

Heartland Business Systems Contract

Action

Board Chair asks for motion to approve/deny contract with HBS.

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

FY22 Contract for Norse Ventures LLC., dba Thrive

Action

Board Chair asks for motion to approve/deny FY22 contract with Norse Ventures LLC., dba Thrive.

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____



FY23 Contracts

Action

- Brian Vold, ARNP
- Integrated Behavioral Health Services, P.C. dba Classroom Clinic
- Community & Family Resources
- Crossroads Mental Health Center
- Foundation 2, Inc.
- Greene County Medical Center dba Greene County Family Medicine
- HIRTA
- eVizzit of Iowa Psychiatric PC Integrated Telehealth Partners
- North Central Sheltered Workshop dba LifeWorks Community Services
- Lutheran Services in Iowa
- Mainstream Living
- Mary Greeley Medical Center
- New Beginnings Counseling Services
- Norse Ventures LLC., dba Thrive
- Optimae Life Services
- Plains Area Mental Health, Inc.
- Premier Payee, Inc.
- Progress Industries
- Salvation Army

Board Chair asks for motion to approve/deny FY23 contracts.

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

8) Public Comments

Board Chair asks for public comments at this time

9) Next Meeting – June 23, 2022





CICS

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Regional Governing Board Meeting Minutes

April 28, 2022

Hertz Farm Management, Nevada, IA

Board Members Present: Boone, Cerro Gordo, Hamilton, Hancock, Hardin, Madison, Poweshiek, Story, Wright, JD Deambra, Allie Wulfekuhle, Julie Smith. **Counties/Members Absent:** Franklin, Greene, Jasper, Marshall, Warren, Kendra Alexander, Andrea Dickerson. **Administrative Team Present:** Russell Wood, Patti Leeds, Betsy Sturmsma, Karla Webb.

Agenda & Minutes

Motion to approve the April 28, 2022 agenda. Motion by Kloberdanz, second by Dawley. All ayes, motion carried.

Motion to approve the March 24, 2022 minutes. Motion by Clifton, second by Heddens. All ayes, motion carried.

Russell Wood, CEO shared the CEO and Officer job descriptions. If approved, they will go to Franklin County HR. Descriptions will be changed to contain the same computer requirements. **Motion by Heddens, second by Deambra to approve CEO and Officer job descriptions with amended change. All ayes, motion carried.**

Wood shared the CICS Supplemental Employee Manual. With all staff following the Franklin County employee manual the Admin team was able to remove items and simplify the supplemental manual. Clarified wording regarding wages for employees was added. Wood will have the wording updated. **Motion by Kloberdanz, second by Rayhons to approve the CICS Supplemental Employee Manual with stated changes. All ayes, motion carried.**

Wood explained the Regional Operational Guidance from DHS which states the requirements for Intensive Residential Service Homes. Regions have to meet the requirements regardless of cost to the Region to the extent that there are funds available. The State would like Regions to do RFPs to fully fund IRSH for a full calendar year. Wood explained the timeline in the CICS RFP and Admin is asking the Board to approve the timeline and allow the release of the RFP to providers. **Motion by Kloberdanz, second by Clifton to approve the IRSH RFP. All ayes, motion carried.**

Wood requested to have the Board authorize the CEO to sign occupancy related agreements to cut down on time, etc. to approve office space to expedite the process across the region. **Motion by Kretzinger, second by Helgevoid to authorize the CEO to sign occupancy related agreements. All ayes, motion carried.**

Wood shared the May Mental Health Month Proclamation and requested the Board to adopt the resolution. Wood also requested the Board members adopt a resolution in their respective counties themselves. **Motion**

by Heddens, second by Dawley to approve the May Mental Health Month Proclamation. All ayes, motion carried.

Planning and Development Officer Patti Leeds introduced Andrew Allen of YSS to give an update on the progress of the Youth Recovery Campus project. Allen stated mass excavation will begin possibly the end of June, but more likely in July. Watts requested as it gets closer and building plans have been approved to share it in the media. Allen stated there will be a minimum of 70 beds. YSS plans to open the Youth Recovery Campus in the Fall of 2023. Allen is willing to come speak with county Boards to share with them the progress and where their investment is going to.

Leeds updated the Board on IRSH. She had been meeting with two providers that have expressed interest before Admin was aware of the RFP process. She is meeting with MCO's and potential IRSH providers to make sure everyone understands what is necessary from them. Admin is looking at Webster and Cerro Gordo county providers at this point and would like one up and running by November. Wood stated spreading out the IRSH beds throughout the region with various providers would be a good idea.

Leeds stated there have been requests for people to attend ASIST training. Admin would like to have ASIST trainers come to Iowa to train trainers within the region, otherwise to become a trainer they would have to travel out of state for the training. This is a five day training and is very intense. The trainers have requested for CICS to provide lunch for the participants so they can stay on task throughout the days of training. **Motion by Kloberdanz, second by Heddens to approve public purpose for ASIST training for train the trainer. All ayes, motion carried on roll call vote.**

Leeds stated the CIT training will be July 18-22, 2022 in Newton and is open for law enforcement and first responders. SolutionPoint+ is coming from Texas to do this training. Leeds is working with Capstone to bring in experts for children's behavioral health, etc. to give short presentations. The training is five days, eight hours each day. There is a maximum of 20 that can attend the training and CICS will reimburse for expenses. There will be two more training in the future – November 2022 and May 2023. The flyer and registration form will be emailed to the Governing Board members who are encouraged to share them with their law enforcement agencies.

Finance Officer Betsy Stursma shared the claims report for April 5 and 19, 2022. **Motion by Dawley, second by Deambra to approve claims. All ayes, motion carried on roll call vote. Stursma also provided the March expenditure report.**

Stursma gave the Board a financial forecast for CICS. If CICS was unable to encumber any funds this fiscal year, CICS would be at a 165% fund balance. Instead CICS is looking at a 66% fund balance with the YSS and possible IRSH projects. The region is at approximately the same as last year for expenditures. The second payment from the state will be reduced to whatever it takes to get to the 40% fund balance. If CICS received full state payments the Region would draw in approximately \$18 million in FY2025. Large projects will still be a possibility in the future as state funds can be increased as expenditures increase. CICS will remain fiscally responsible. Hoffman questioned if there were something that can be done in the summer months to continue learning and not regressing by fall. Wood will look into summer programs based in mental health.



Operations Officer Karla Webb explained the updates to the Management Plan Policies and Procedures including updated income guidelines, added BHIS services, and added funding up to five days for mental health inpatient treatment or until the initial civil commitment hearing is held, whichever takes longer. The required implementation dates have been removed due to those dates having passed. The sliding fee schedule has been updated for adults and children. Webb stated both advisory committees have discussed the changes and once the Governing Board approves the plan and amendments then it is reviewed by the MHDS Commission for recommendation, then onto DHS for final approval with an effective date of 7/1/2022. **Motion by Clifton, second by Hoffman to approve Management Plan Policies and Procedures Amendments as shared. All ayes, motion carried.**

Webb presented FY22 contract amendments for Capstone Behavioral Healthcare, Arc of Marshall County, NAMI Central Iowa, and Optimae Life Service. **Motion by Dawley, second by Hoffman to approve FY22 contract amendments as presented. All ayes, motion carried.**

Webb presented FY23 contracts for Arc of Story County and Friendship Ark, Inc. **Motion by Kretzinger, second by Deambra to approve . All ayes, motion carried. Heddens abstained.**

Webb presented FY23 contracts for Access, Inc., Achieve Mental Health, Inc., Central Iowa Recovery, Inc., ChildServe Community Options, Christian Opportunity Center, CIRSI, Inc., Duncan Heights, Inc., FIA Friendship Club, Inc., Freedom Pointe of Greater Webster County, Goshorn Psych-Services, PLLC, Hamilton County Public Hospital dba Van Diest Medical Center, Heartland Senior Services, Integrated Treatment Services, LLC, Mid-Iowa Triumph Recovery Center, Inc., MIW, Inc., North Central Iowa Mental Health Center, Inc. dba Unity Point Health-Berryhill Center, North Iowa Transitional and Employment Services, Inc. dba 43 North Iowa, and One Vision. **Motion by Kloberdanz, second by Dawley to approve FY23 contracts as presented. All ayes, motion carried.**

Webb updated the Board on the Adult Advisory Committee to look at the current structure. Recommendation of the subcommittee is to have the Adult Advisory Committee consist of 22 members. The members would include ten individuals that represent an individual that utilizes mental health services, ten providers providing service in the region, and two non-voting Governing Board members. The subcommittee would like to bring applications to the Governing Board to review and have the Governing Board approve the appointments. Terms would be staggered. **Motion by Rayhons, second by Watts to approve the Adult Advisory Committee restructuring and bylaws. All ayes, motion carried.**

Webb presented an appointment to the Children's Advisory Committee for Melinda Struthoff, a provider in Cerro Gordo County. **Motion by Clifton, second by Watts to approve the appointment to the Children's Advisory Committee. All ayes, motion carried.**

Webb presented an incentive for prescribers and LISW/Psychologists. These are two separate incentives, they are adding psychologist and telehealth. **Motion by Deambra, second by Kloberdanz to approve the incentive. All ayes, motion carried.**

Stursma stated Trilex will be running radio spots, posting on social media, etc. in May for Mental Health Awareness Month. The MHDS collaborative is doing an op-ed statewide and running radio ads on some larger



radio stations and running an article in the Cedar Rapids Gazette to be shared with other newspapers throughout the state. If anyone has local events going on in May for Mental Health Month, email Lisa Hill and she will get it posted on the CICS website and Facebook page.

Wood shared his appreciation for the Board and their willingness to move forward with investment in services for the region.

Board Chair asked for public comment. There was none.

Next Meeting is **May 26, 2022**.

Motion by Watts, second by Heddens to adjourn. All ayes, meeting adjourned.

Patti Leeds, Recording Secretary

BJ Hoffman, Board Chair



RESOLUTION 2022-18 :
A RESOLUTION RECOMMENDING CERTAIN AMENDMENTS TO THE
28E AGREEMENT FOR CENTRAL IOWA COMMUNITY SERVICES

WHEREAS under Iowa Code section 331.389(1)(a) every non-exempt county in the State of Iowa must participate in a regional mental health and disability service system that affords its residents local access to mental health and disability services;

WHEREAS Iowa Code section 331.390(1) requires “[t]he counties comprising a mental health and disability services region ... [to] enter into an agreement under chapter 28E to form a regional administrator under the control of a governing board to function on behalf of those counties”;

WHEREAS Greene County has joined the Central Iowa Community Services (CICS) Mental Health and Disability Services Region pursuant to Iowa Code Chapter 331;

WHEREAS the member counties of the CICS Region recently adopted a new 28E Agreement, which was filed with the Iowa Secretary of State on May 3, 2022, and assigned the Filing Number M514746;

WHEREAS the residents of Greene County have benefited greatly from the County’s membership in the CICS Region;

WHEREAS the new 28E Agreement contains certain ambiguities that should be clarified to avoid future conflict among the member counties and to reduce the Region’s exposure to liability;

WHEREAS, in particular, Section 5.2(e) of the 28E Agreement prescribes that the addition of new counties to the Region requires the unanimous approval of every member county, but section 5.4 instead indicates that new counties can be added to the Region by a majority vote of the Directors on the Region’s Governing Board in accordance with the procedures set forth in Section 4.3;

WHEREAS Section 5.2 of the 28E Agreement further states that the various actions enumerated in Section 5.2 require the approval of “each member county,” but Section 5.3 suggests that those same actions can be taken “by majority of the votes”;

WHEREAS Section 5.3 twice refers to “amendment[s]” to the 28E Agreement, even though Section 5.3 has nothing to do with the procedures for amending the document, which are instead described in Section 8.1; and

WHEREAS Section 5.5(a) refers to the Region’s “fiscal year” even though the Region’s fiscal year is nowhere defined in the Agreement;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF SUPERVISORS FOR GREENE COUNTY, IOWA:

Section 1. That the Greene County Board of Supervisors recommends to its fellow member counties in the Central Iowa Community Services Mental Health and Disability Services Region that the following provisions in the 28E Agreement for Central Iowa Community Services (the “28E Agreement”) be revised as follows:

Section 5.3 Member Voting Procedure

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

Section 5.4 Additional Member Counties

If a county wishes to become a member county of the Region after the Effective Date, the county must make a written request to the Governing Board. Such request will then be addressed through the Member Voting Procedure set forth in Section 5.3. If a new county’s request is approved in accordance with the Member Voting Procedure, such new membership will not become effective until the county provides a signature page to this Agreement and a resolution from its Board of Supervisors that it agrees to abide by the terms of this Agreement as set out herein and possesses legal power and authority to do so.

Section 7.1(a)(1) The Region’s fiscal year shall begin on July 1 of each year and end on June 30 of the following year. All funds received by the member counties for purposes related to the Region from any source are considered Regional funds whether in the Regional Pooled funds account or in a member County’s MHDS fund balance. A member county’s MHDS fund balance includes all funds contained in a member County’s Fund 10. Member Counties shall contribute all remaining MHDS Fund Balance to the Regional Account no later than June 30, 2022. Regional funds shall be used to pay all costs of the Region. Said funds shall be managed by the CEO, or staff designated by the Region, in compliance with the law, direction from the Governing Board and documented in the fiscal policies. Pooled regional funds shall be

administered by the fiscal agent subject to the provisions of the fiscal policies.

Section 2. That Greene County's Director on the Central Iowa Community Services Governing Board is hereby authorized and directed to convey a copy of this Resolution to the Governing Board.

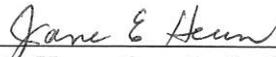
Section 3. That Greene County's Director on the Central Iowa Community Services Governing Board is hereby further authorized and directed to propose that Sections 5.3, 5.4, and 7.1(a)(1) of the 28E Agreement be amended in a manner consistent with Section 1 of this Resolution according to the amendment procedures set forth in Section 8.1 of the 28E Agreement.

Passed and approved on 5/16/2022.



John Muir, Chairperson

Attest:



Jare Heun, County Auditor



CICS

Supporting Individuals. Strengthening Communities.

28E Agreement for Central Iowa Community Services

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

SECTION 1: IDENTITY OF THE PARTIES

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

SECTION 2: PURPOSE, GOALS AND OBJECTIVES

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

SECTION 3: TERM AND TERMINATION

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

SECTION 4: GOVERNANCE

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

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

4.2 Director Vacancies

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

4.3 Voting Procedures for the Governing Board

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



4.4 Board Officers

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

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

4.5 Powers of the Governing Board

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

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

4.6 Appointment of Committees

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

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

The Region shall have a regional Children's Advisory committee consisting of parents of



children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a children's behavioral health service provider, a member of the juvenile court, a pediatrician, a child care provider, a local law enforcement representative, and regional governing board members.

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

4.7 Methods for Dispute Resolution

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

4.8 Mediation

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

SECTION 5: MEMBERS

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

- (a) To respond to reasonable requests to make local records available as allowed under federal, state and local laws to the Region for the purposes of this Agreement;
- (b) To abide by decisions of the Governing Board;
- (c) To cooperate with local, state and federal agencies as appropriate;
- (d) To provide sufficient office space for the performance of Regional duties. (Any rent amount shall include all occupancy costs based on a market analysis of rental rates which include utilities and other agreed upon building expenses in a single monthly amount.);
- (e) To support the effective collaboration of other county functions as deemed appropriate;
- (f) To provide county staff as agreed between the member county and the Governing Board; and
- (g) To contribute the member county's maximum maintenance of effort established by state law unless otherwise specified by the Governing Board.

5.2 Decisions that Require a Member Vote

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

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



5.3 Member Voting Procedure

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

5.4 Additional Member Counties

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

5.5 Member County Withdrawal/Removal

(a) Member County Withdrawal

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

(b) Member County Removal

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

(c) Allocating Cash

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

5.6 Suspension of Voting Rights and Services

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

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



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

SECTION 6: STAFF

- 6.1 Selection process for Regional Administrative Team and CEO
One Team member shall perform functions as the Chief Executive Officer (CEO) and other Team members shall perform the functions of the CICS Officers.

The CEO shall be recruited, selected, appointed, or removed by the Governing Board. The CEO shall report to the Region's Governing Board.

The CEO is the single point of accountability in the Region. The CEO shall assign the Regional functions and responsibilities to ensure that each of the required functions are performed.

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

- 6.3 General functions and responsibilities of staff
Staff shall include one or more coordinators of adult disability services and one or more coordinators of children's behavioral health services. Coordinators must have a bachelor's or higher degree in human services related or administrative related field. In lieu of a degree in administration, a coordinator may provide documentation of relevant management experience.

- 6.4 Employment of staff
- (a) All staff members performing services for the Region, including, but not limited to, the CEO, Administrative Team members, coordinators of adult disability services, coordinators of children's behavioral health services, service coordinators, office support, planners, etc., may remain employees of his or her respective county. If so, there will be a statement of understanding between the Governing Board and the individual county Boards of Supervisors that will identify the individual employee, the position to be filled, and the portion of the employee's wages and benefits that will be the responsibility of the Region.
- (b) The Governing Board may, by action, cause all employees performing services for the Region to be employed by a single employer of record in lieu of remaining employees of their respective counties. The single employer of record may be a member county, a separate entity, or the Governing Board may create its own employing entity. If such action is taken by the Governing Board, member counties will work with the region to transition staff who will continue to perform services for the Region to a single employer of record.
- If the Governing Board takes action to cause all employees performing services for the Region to be employed by a single employer of record, the CEO shall work with the member counties to determine the locations of the office space that best meets the needs of the Region.
- The preference for location of office space shall be in county-controlled buildings. If the member county identifies the requested space is not available, or the CEO



determines an alternative location will better serve the Region and its clients, other space will be secured which shall be paid by the Region. When office space is provided in county-controlled buildings, the member county shall provide access to the internet and telephones as requested. The costs of access to the internet and telephones shall be included in the occupancy costs identified in Section 5.1(d).

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

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

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

SECTION 7: REGION FINANCES

7.1 Methods for Management & Expenditure of Funding

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

(a) General

1. All funds received by the member counties for purposes related to the Region from any source are considered Regional funds whether in the Regional Pooled funds account or a member County's MHDS fund balance. A member county's MHDS fund balance includes all funds contained in a member County's Fund 10. Member Counties shall contribute all remaining MHDS Fund Balance to the Regional Account no later than June 30, 2022. Regional funds shall be used to pay all costs of the Region. Said funds shall be managed by the CEO, or staff designated by the Region, in compliance with the law, direction from the Governing Board and documented in the fiscal policies. Pooled regional funds shall be administered by the fiscal agent subject to the provisions of the fiscal policies.
2. The fiscal agent of the Region shall be a member county designated by the Governing Board. The Governing Board shall enter into a fiscal agent contract with said County which shall list the terms and conditions for the Fiscal Agent.

(b) Administrative Funding and Resources



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

(c) Use of Savings for Reinvestment

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

7.2 Process for New Member County Initial Funding

If an additional county becomes a member of the Region, such county shall transfer the required amount of its MHDS fund balance to the Region.

7.3 Process for Annual Independent Audit

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

7.4 Methods of Acquiring and Disposing of Real Property

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

SECTION 8: SCOPE & AMENDMENTS

8.1 Amendments

If the Governing Board feels it is in the best interests of the Region for an amendment to be made to this 28E Agreement, the Governing Board shall have authority to amend this agreement by a 2/3 vote of all eligible voting Directors. This shall be done at a regularly scheduled meeting or a special meeting called for that purpose with notice of changes sent to all members at least 14 days prior to the meeting at which an amendment vote is scheduled.



Entire Agreement

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

8.2 Invalidity

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

8.3 No Waiver

The waiver by any party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.



SIGNATURE PAGE

IN WITNESS WHEREOF, _____ COUNTY, EXECUTES THE INTERGOVERNMENTAL AGREEMENT WITH THE CENTRAL IOWA COMMUNITY SERVICES MENTAL HEALTH AND DISABILITY SERVICES REGION.

By: _____
(Print name)

Board of Supervisors Chairperson

ATTEST: _____
(Print name)

County Auditor

ACKNOWLEDGMENT BY NOTARY

State of Iowa)
)ss

_____ COUNTY)

On this ____ day of _____, 2021, before me the undersigned, a Notary Public in and for said County and State, personally appeared _____ and _____, to me personally known, who, being duly sworn, did say that they are the Chairperson of the Board of Supervisors and County Auditor of _____ County, Iowa respectively; that the seal affixed hereto is the seal of said _____ County, Iowa, by the authority of its Board of Supervisors and that said _____ and _____ as such officers, acknowledge the execution of said instrument to be the voluntary act and deed of said _____ County, it and by them voluntarily executed.

Notary Public In and for Said County
And State of Iowa

Disbursement Date 05/03/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6538 V	20	Access, Inc.		Support Services - Suppor	41500	04232	329	62				410.00
				Disbursement# 5195								410.00
6541 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04042	366	62				8.21
6541 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04242	366	62				558.58
6541 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04342	366	62				8.21
				Disbursement# 5196								575.00
6543 V	573	Charles Ballard		Direct Admin - Mileage &	41500	04411	413	62				32.87
				Disbursement# 5197								32.87
6546 V	884	Boone County Jail		Prescription Medication (	41500	04046	306	62				29.46
6546 V	884	Boone County Jail		Prescription Medication (	41500	04046	306	62				9.19
				Disbursement# 5198								20.27
6584 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				1494.04
6584 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				2880.72
6584 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				1928.70
				Disbursement# 5199								6,303.46
6549 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				232.09
6549 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54
6549 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
6549 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
6549 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
6549 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09
				Disbursement# 5200								1,141.68
6550 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				260.05
				Disbursement# 5201								260.05
6551 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				391.89
6551 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
6551 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				416.58
6551 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
				Disbursement# 5202								1,119.69
6552 V	1473	ChildServe Inc.		Support Services - Respit	41500	04232	325	62				179.20
				Disbursement# 5203								179.20
6589 V	82883	Christian Opportunity Center		Support Services - Suppor	41500	04232	329	62				585.07
6589 V	82883	Christian Opportunity Center		Support Services - Suppor	41500	04232	329	62				757.15
6589 V	82883	Christian Opportunity Center		Day Habilitation	41500	04250	367	62				339.05
6589 V	82883	Christian Opportunity Center		Day Habilitation	41500	04250	367	62				912.86
6589 V	82883	Christian Opportunity Center		Voc/Day - Individual Supp	41500	04250	368	62				748.84
6589 V	82883	Christian Opportunity Center		Voc/Day - Individual Supp	41500	04250	368	62				374.42
				Disbursement# 5204								3,717.39
6553 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				259.60
6553 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				290.40

Disbursement Date 05/03/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6553 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				75.20
6553 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				378.40
6553 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				257.05
6553 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				306.85
				Disbursement#	5205							1,567.50
6539 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				20.00
				Disbursement#	5206							20.00
6554 V	2243	Kathy Erickson		Mental Health Advocate -	41500	04075	413	62				153.27
				Disbursement#	5207							153.27
6578 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				4640.00
6578 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				290.00
6578 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				290.00
6578 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				290.00
				Disbursement#	5208							5,510.00
6555 V	2347	David Fiester		Commitment - Legal Repres	41500	04074	393	62				165.00
				Disbursement#	5209							165.00
6588 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				143.49
6588 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				97.86
6588 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				111.32
6588 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				91.00
				Disbursement#	5210							443.67
6556 V	2402	Meghan Freie		Services Management - Mil	41500	04022	413	62				306.54
				Disbursement#	5211							306.54
6557 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				845.68
6557 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				5442.98
				Disbursement#	5212							6,288.66
6559 V	2629	Greene County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				121.24
				Disbursement#	5213							121.24
6558 V	2609	City of Grinnell		Crisis Prevention Trainin	41500	04046	422	62				450.00
				Disbursement#	5214							450.00
6560 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				44.50
6560 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				32.00
6560 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				32.00
6560 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				32.00
				Disbursement#	5215							140.50
6540 V	286	Hancock County Health System		Commitment - Diagnostic E	41500	04074	300	62				150.00
				Disbursement#	5216							150.00
6562 V	3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				2683.05

Disbursement Date 05/03/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6562 V	3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				2683.05
6562 V	3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				2730.17
				Disbursement# 5217		Disbursement		Total				8,096.27
6591 V	83374	Randy Hisey		Commitment - Legal Repres	41500	04074	393	62				119.70
				Disbursement# 5218		Disbursement		Total				119.70
6565 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				1024.80
6565 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04250	367	62				957.84
6565 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				1366.40
6565 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04350	367	62				810.48
6565 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				888.02
6565 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				355.75
				Disbursement# 5219		Disbursement		Total				5,403.29
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				537.33
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				248.34
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				866.97
6567 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
				Disbursement# 5220		Disbursement		Total				7,434.66
6566 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				548.94
6566 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				297.15
6566 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				297.15
				Disbursement# 5221		Disbursement		Total				1,143.24
6569 V	4103	Lisa Leanhart		Direct Admin - Mileage &	41500	04411	413	62				27.50
				Disbursement# 5222		Disbursement		Total				27.50
6563 V	3082	Lundy Law, PLC		Commitment - Legal Repres	41500	04074	393	62				163.80
6563 V	3082	Lundy Law, PLC		Commitment - Legal Repres	41500	04074	393	62				157.50
6563 V	3082	Lundy Law, PLC		Commitment - Legal Repres	41500	04074	393	62				100.80
6563 V	3082	Lundy Law, PLC		Commitment - Legal Repres	41500	04074	393	62				56.70
				Disbursement# 5223		Disbursement		Total				478.80

Disbursement Date 05/03/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
6570 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00	
6570 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00	
6570 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00	
6570 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47	
6570 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47	
				Disbursement#	5233							Disbursement Total	204.94
6579 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				57.74	
				Disbursement#	5234							Disbursement Total	57.74
6545 V	865	Prairie View Management, Inc.		Comm Based Settings (6+ B	41500	04064	329	62				1732.50	
				Disbursement#	5235							Disbursement Total	1,732.50
6590 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				1547.20	
6590 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				20771.51	
				Disbursement#	5236							Disbursement Total	22,318.71
6580 V	6465	Scenic Acres		Comm Based Settings (6+ B	41500	04064	329	62				3931.42	
				Disbursement#	5237							Disbursement Total	3,931.42
6544 V	771	Sioux Rivers Region		Mental Health Advocate -	41500	04075	395	62				85.04	
				Disbursement#	5238							Disbursement Total	85.04
6547 V	1091	Julie Smith		Public Education Services	41500	04005	373	62				66.69	
				Disbursement#	5239							Disbursement Total	66.69
6581 V	6682	Lisa Soder		Services Management - Mil	41500	04022	413	62				16.71	
6581 V	6682	Lisa Soder		Services Management - Mil	41500	04222	413	62				16.22	
6581 V	6682	Lisa Soder		Services Management - Mil	41500	04322	413	62				16.21	
				Disbursement#	5240							Disbursement Total	49.14
6583 V	6804	SolutionPoint+, LLC		Crisis Prevention Trainin	41500	04046	422	62				19772.00	
				Disbursement#	5241							Disbursement Total	19,772.00
6582 V	6706	Story County Community Serv		Direct Admin - Mileage &	41500	04411	413	62				121.10	
				Disbursement#	5242							Disbursement Total	121.10
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.20	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.20	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.20	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				101.20	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				358.60	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				311.20	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				195.16	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				156.20	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				156.20	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				150.32	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				318.00	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.20	
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				118.60	

Disbursement Date 05/03/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				145.00
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				322.90
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				245.10
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				263.40
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				257.05
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				148.00
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				41.70
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.70
6585 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				41.20
				Disbursement#	5243	Disbursement	Total					3,543.93
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				39.00
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				39.00
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				117.00
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				195.00
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				123.50
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				97.50
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				273.00
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				110.50
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				273.00
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				143.00
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				65.00
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				91.00
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				65.00
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50
6564 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				247.00
				Disbursement#	5244	Disbursement	Total					2,385.50
6586 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				44.33
6586 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				284.10
6586 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				105.12
				Disbursement#	5245	Disbursement	Total					223.31
6587 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				1850.00
				Disbursement#	5246	Disbursement	Total					1,850.00
6568 V	3597	Wapello County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				65.85
				Disbursement#	5247	Disbursement	Total					65.85
6542 E	573	Karla K Webb		Public Education Services	41500	04005	373	62				26.00
				Disbursement#	5248	Disbursement	Total					26.00
					54	Total Disbursements						176,025.66
					0	Total ACH						.00
					0	Total EFT						.00
					54	Grand Total						176,025.66
						Credits/Refunds Included						185.51



Totals by Fund

41500 Central Iowa Community Service 176,025.66

Final Total 176,025.66

End of report

Disbursement Date 05/17/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6805 V	15	Abbe Center for Community		Comm Based Settings (6+ B	41500	04064	314	62				6476.40
6805 V	15	Abbe Center for Community		Comm Based Settings (6+ B	41500	04064	314	62				1005.90
				Disbursement# 5250		Disbursement		Total				7,482.30
6806 V	169	Amazon Capital Services		Direct Admin - Informatio	41500	04411	262	62				29.89
6806 V	169	Amazon Capital Services		Direct Admin - Stationary	41500	04411	260	62				29.98
6806 V	169	Amazon Capital Services		Direct Admin - Informatio	41500	04411	632	62				249.00
				Disbursement# 5251		Disbursement		Total				308.87
6810 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04042	366	62				35.94
6810 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04242	366	62				539.06
				Disbursement# 5252		Disbursement		Total				575.00
6812 V	508	ARC of Story County		Information & Referral Se	41500	04003	371	62				160.38
6812 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04042	366	62				358.25
6812 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04242	366	62				2837.47
6812 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04342	366	62				444.28
				Disbursement# 5253		Disbursement		Total				3,800.38
6811 V	501	Associates for Psychiatric Srv		Commitment - Diagnostic E	41500	04074	300	62				285.00
				Disbursement# 5254		Disbursement		Total				285.00
6813 V	588	Brittany Baker		Services Management - Mil	41500	04022	413	62				227.34
6813 V	588	Brittany Baker		Services Management - Mil	41500	04222	413	62				220.66
6813 V	588	Brittany Baker		Services Management - Mil	41500	04322	413	62				220.66
				Disbursement# 5255		Disbursement		Total				668.66
6816 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				578.35
6816 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				232.09
6816 V	1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				962.23
6816 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				155.61
6816 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				228.34
6816 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				347.20
6816 V	1230	Capstone Behavioral Healthcare		Justice System Involved C	41500	04025	376	62				6293.00
6816 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				7388.00
6816 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				5423.60
6816 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04242	366	62				1179.00
6816 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04342	366	62				314.40
6816 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				1250.00
6816 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				625.00
6816 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				833.34
6816 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				833.34
				Disbursement# 5256		Disbursement		Total				26,643.50
6807 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				232.02
				Disbursement# 5257		Disbursement		Total				232.02
6870 V	72147	CDW Government Inc.		Direct Admin - Informatio	41500	04411	632	62				664.45
				Disbursement# 5258		Disbursement		Total				664.45

Disbursement Date 05/17/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6827	V 2097	Cedar Valley Ranch, Inc.		Comm Based Settings (6+ B	41500	04064	314	62				4710.60
				Disbursement# 5259		Disbursement		Total				4,710.60
6818	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
6818	V 1327	Center Associates		Crisis Evaluation	41500	04044	301	62				808.52
6818	V 1327	Center Associates		Justice System Involved C	41500	04025	376	62				6648.00
6818	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
6818	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
6818	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
6818	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
6818	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
6818	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
6818	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
6818	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09
				Disbursement# 5260		Disbursement		Total				8,496.27
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				208.04
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				468.09
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				312.06
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				312.06
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.08
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				390.08
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				273.05
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				403.08
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				182.04
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.08
6820	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				325.06
6820	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				416.08
6820	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				429.08
6820	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				364.07
6820	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				286.06
6820	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				481.09
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				234.05
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				234.05
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				221.04
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				286.06
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				195.04
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.08
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				676.13
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				390.08
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				351.07
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				741.15
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				442.09
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				169.03
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				403.08
6820	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				403.08
6820	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				169.03
6820	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				247.05
6820	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				273.05
6820	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				247.05

Disbursement Date 05/17/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				416.08
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				312.06
				Disbursement# 5261		Disbursement		Total				12,521.45
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				481.09
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				286.06
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				468.09
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				338.07
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				156.03
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				247.05
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				429.09
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				156.03
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				156.03
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				624.12
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				429.08
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				520.10
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				442.09
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				273.05
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				377.07
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				286.06
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				260.05
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				312.06
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				182.04
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				169.03
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				299.06
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				520.10
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				338.07
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				273.05
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				221.04
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				182.04
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				273.05
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				390.08
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				182.04
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				390.08
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				910.18
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				663.13
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				312.06
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				442.09
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				338.07
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				429.08
				Disbursement# 5262		Disbursement		Total				12,755.51
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				338.07
6820 V	1349	Central Iowa		Detention Commitment - Sheriff Tran	41500	04074	353	62				403.08
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				364.07
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				169.03
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				286.06
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				598.12
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				143.03
6820 V	1349	Central Iowa		Detention Transportation - General	41500	04031	354	62				507.10

Disbursement Date 05/17/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6820 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				117.02
6820 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				806.16
6820 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				39.01
6820 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				481.09
6820 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				195.04
6820 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				390.08
6820 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				221.04
6820 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				312.06
6820 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				910.17
6820 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.08
6820 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				234.05
6820 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				221.04
6820 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				494.10
6820 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04274	353	62				234.05
				Disbursement#	5263	Disbursement		Total				7,892.55
6822 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
6822 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				69.43
6822 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				69.43
				Disbursement#	5264	Disbursement		Total				294.47
6821 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				1502.00
6821 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				5908.00
6821 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				6089.82
6821 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				1320.18
6821 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				5592.00
6821 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				1868.37
6821 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04332	329	62				133.92
6821 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04350	367	62				1011.04
				Disbursement#	5265	Disbursement		Total				23,425.33
6819 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04332	329	62				5465.10
				Disbursement#	5266	Disbursement		Total				5,465.10
6823 V	1475	Choice Employment Services		Voc/Day - Individual Supp	41500	04250	368	62				299.54
				Disbursement#	5267	Disbursement		Total				299.54
6871 V	72751	Christina Christenson		Services Management - Mil	41500	04022	413	62				80.75
6871 V	72751	Christina Christenson		Services Management - Mil	41500	04222	413	62				197.14
6871 V	72751	Christina Christenson		Services Management - Mil	41500	04322	413	62				78.38
				Disbursement#	5268	Disbursement		Total				356.27
6877 V	83451	Community Care of Knoxville		Comm Based Settings (6+ B	41500	04064	314	62				1133.82
6877 V	83451	Community Care of Knoxville		Comm Based Settings (6+ B	41500	04064	314	62				755.88
				Disbursement#	5269	Disbursement		Total				1,889.70
6814 V	745	Counsel Off. & Document		Direct Admin - Office Equ	41500	04411	444	62				34.58
				Disbursement#	5270	Disbursement		Total				34.58
6824 V	1751	Jessica Crawford		Services Management - Mil	41500	04022	413	62				172.46

Disbursement Date 05/17/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6824 V	1751	Jessica Crawford		Services Management - Mil	41500	04222	413	62				167.37
6824 V	1751	Jessica Crawford		Services Management - Mil	41500	04322	413	62				167.37
				Disbursement# 5271		Disbursement		Total				507.20
6825 V	1809	Brenda Daily		Services Management - Mil	41500	04022	413	62				260.01
6825 V	1809	Brenda Daily		Services Management - Mil	41500	04222	413	62				22.39
6825 V	1809	Brenda Daily		Services Management - Mil	41500	04322	413	62				22.39
				Disbursement# 5272		Disbursement		Total				304.79
6875 V	83176	Diana Dawley		Direct Admin - Mileage &	41500	04411	413	62				365.04
				Disbursement# 5273		Disbursement		Total				365.04
6860 V	6709	Duncan Heights, Inc.		Support Services - Suppor	41500	04032	329	62				1405.08
6860 V	6709	Duncan Heights, Inc.		Support Services - Suppor	41500	04032	329	62				4643.38
				Disbursement# 5274		Disbursement		Total				6,048.46
6850 V	5696	Eyerly Ball CMHS		Public Education Services	41500	04005	373	62				341.10
6850 V	5696	Eyerly Ball CMHS		Crisis Evaluation	41500	04044	301	62				232.09
6850 V	5696	Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				7138.00
				Disbursement# 5275		Disbursement		Total				7,711.19
6828 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				2296.80
6828 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04242	366	62				3601.80
6828 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04342	366	62				365.40
				Disbursement# 5276		Disbursement		Total				6,264.00
6829 V	2438	Foundation 2, Inc.		Mobile Response	41500	04044	307	62				9132.00
				Disbursement# 5277		Disbursement		Total				9,132.00
6869 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				96.28
				Disbursement# 5278		Disbursement		Total				96.28
6837 V	2924	Frontier Communications		Direct Admin - Telecommun	41500	04411	414	62				150.28
				Disbursement# 5279		Disbursement		Total				150.28
6830 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				71.50
6831 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				58.50
6831 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				71.50
6831 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				26.00
6831 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				110.50
6831 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				58.50
6831 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				104.00
6831 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				169.00
				Disbursement# 5280		Disbursement		Total				669.50
6854 V	5917	Genesis Health System		Other Priv./Public Hospit	41500	04073	319	62				134.53
				Disbursement# 5281		Disbursement		Total				134.53
6833 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				57.00
6833 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				30.00

Disbursement Date 05/17/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	5282	Disbursement		Total				87.00
6834	V 2726	Hamilton County Jail		Prescription Medication (	41500	04046	306	62				124.21
				Disbursement#	5283	Disbursement		Total				124.21
6835	V 2782	Jodi Hamilton		Services Management - Mil	41500	04022	413	62				83.30
6835	V 2782	Jodi Hamilton		Services Management - Mil	41500	04222	413	62				80.85
6835	V 2782	Jodi Hamilton		Services Management - Mil	41500	04322	413	62				80.85
				Disbursement#	5284	Disbursement		Total				245.00
6876	V 83215	Carrie Hisler		Services Management - Mil	41500	04022	413	62				142.42
6876	V 83215	Carrie Hisler		Services Management - Mil	41500	04222	413	62				138.22
6876	V 83215	Carrie Hisler		Services Management - Mil	41500	04322	413	62				138.22
				Disbursement#	5285	Disbursement		Total				418.86
6815	V 764	Infinity Health		24 Hour Crisis Response	41500	04044	305	62				89.30
6815	V 764	Infinity Health		Mobile Response	41500	04044	307	62				55.00
				Disbursement#	5286	Disbursement		Total				144.30
6839	V 3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				451.39
				Disbursement#	5287	Disbursement		Total				451.39
6840	V 3849	Kaplan & Frese LLP		Commitment - Legal Repres	41500	04074	393	62				292.52
				Disbursement#	5288	Disbursement		Total				292.52
6832	V 2681	Lechtenberg Law Office LLC		Commitment - Legal Repres	41500	04074	393	62				42.00
				Disbursement#	5289	Disbursement		Total				42.00
6826	V 2082	Aimee Lenth		Services Management - Mil	41500	04022	413	62				85.92
6826	V 2082	Aimee Lenth		Services Management - Mil	41500	04222	413	62				83.40
6826	V 2082	Aimee Lenth		Services Management - Mil	41500	04322	413	62				83.40
				Disbursement#	5290	Disbursement		Total				252.72
6817	V 1279	LifeWorks Community Services		Support Services - Suppor	41500	04032	329	62				5313.60
6817	V 1279	LifeWorks Community Services		Day Habilitation	41500	04250	367	62				782.40
6817	V 1279	LifeWorks Community Services		Voc/Day - Individual Supp	41500	04250	368	62				747.79
6817	V 1279	LifeWorks Community Services		Support Services - Suppor	41500	04332	329	62				211.42
6817	V 1279	LifeWorks Community Services		Day Habilitation	41500	04350	367	62				1117.60
6817	V 1279	LifeWorks Community Services		Voc/Day - Individual Supp	41500	04350	368	62				374.42
6817	V 1279	LifeWorks Community Services		Voc/Day - Group Supported	41500	04350	369	62				576.24
6817	V 1279	LifeWorks Community Services		Day Habilitation	41500	04750	367	62				304.80
				Disbursement#	5291	Disbursement		Total				9,428.27
6867	V 8100	Marco		Direct Admin - Office Equ	41500	04411	636	62				211.61
				Disbursement#	5292	Disbursement		Total				211.61
6841	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
6841	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
				Disbursement#	5293	Disbursement		Total				62.00

Disbursement Date 05/17/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6842 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				290.38
6842 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				75.75
6842 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				164.13
6842 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				239.88
6842 V	4500	Mary Greeley Medical Center		Transportation - General	41500	04031	354	62				75.75
6842 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				75.75
6842 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				2000.00
6842 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				800.00
6842 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				6800.00
6842 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				800.00
6842 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4000.00
6842 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				8000.00
6842 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				2800.00
6842 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				400.00
6842 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3200.00
				Disbursement#	5294							29,721.64
						Disbursement		Total				
6866 V	7953	Robin McKee		Services Management - Mil	41500	04022	413	62				185.08
6866 V	7953	Robin McKee		Services Management - Mil	41500	04222	413	62				117.18
6866 V	7953	Robin McKee		Services Management - Mil	41500	04322	413	62				117.19
				Disbursement#	5295							419.45
						Disbursement		Total				
6844 V	4721	Medicap Pharmacy		Prescription Medication (	41500	04046	306	62				159.53
				Disbursement#	5296							159.53
						Disbursement		Total				
6846 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				545.87
				Disbursement#	5297							545.87
						Disbursement		Total				
6843 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				17.68
6843 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				23.92
6843 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				11.67
				Disbursement#	5298							53.27
						Disbursement		Total				
6845 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				6344.00
				Disbursement#	5299							6,344.00
						Disbursement		Total				
6847 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04050	368	62				374.42
6847 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04250	362	62				257.75
6847 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				412.40
6847 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04350	368	62				70.07
				Disbursement#	5300							1,114.64
						Disbursement		Total				
6848 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04032	329	62				540.90
6848 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04050	368	62				239.63
6848 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	314	62				5677.88
6848 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				5442.22
6848 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04232	329	62				270.45
6848 V	5283	North Iowa Vocational Center		Voc/Day - Prevocational S	41500	04250	362	62				186.48
6848 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04250	368	62				299.54
6848 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04250	368	62				374.42

Disbursement Date 05/17/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6848 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04332	329	62				216.36
6848 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04350	367	62				161.09
6848 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04350	368	62				1193.33
6848 V	5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04350	369	62				502.74
6848 V	5283	North Iowa Vocational Center		Basic Needs - Other	41500	04033	399	62				1642.97
6848 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				368.83
6848 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				1005.90
				Disbursement# 5301								Disbursement Total 18,122.74
6836 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				1387.03
6836 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				15606.13
6836 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				245.00
6836 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				1029.00
6836 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				1564.77
				Disbursement# 5302								Disbursement Total 19,831.93
6851 V	5788	Pottawattamie Co Sheriff's Off		Commitment - Sheriff Tran	41500	04074	353	62				35.00
				Disbursement# 5303								Disbursement Total 35.00
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				6.25
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				20.32
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				114.17
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				21.25
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				114.17
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				21.25
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				21.25
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				4.00
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				4.00
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				26.87
6872 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				262.09
6873 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				4.00
				Disbursement# 5304								Disbursement Total 619.62
6852 V	5825	Premier Payee, Inc		Support Services - Repres	41500	04032	327	62				48.00
				Disbursement# 5305								Disbursement Total 48.00
6874 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				22233.24
				Disbursement# 5306								Disbursement Total 22,233.24
6853 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				1123.26
6853 V	5840	Progress Industries		Support Services - Suppor	41500	04332	329	62				171.68
6853 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04350	368	62				1123.26
6853 V	5840	Progress Industries		Support Services - Suppor	41500	04732	329	62				600.88
				Disbursement# 5307								Disbursement Total 3,019.08
6849 V	5533	Region Six Planning Commission		Transportation - General	41500	04031	354	62				63.00
6849 V	5533	Region Six Planning Commission		Transportation - General	41500	04231	354	62				126.00
6849 V	5533	Region Six Planning Commission		Transportation - General	41500	04331	354	62				30.80
				Disbursement# 5308								Disbursement Total 219.80

Disbursement Date 05/17/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
6855 V	6096	Respite Connection		Support Services - Respit	41500	04332	325	62				893.86
				Disbursement# 5309		Disbursement		Total				893.86
6808 V	322	Salvation Army		Support Services - Repres	41500	04032	327	62				672.00
6808 V	322	Salvation Army		Support Services - Repres	41500	04232	327	62				96.00
				Disbursement# 5310		Disbursement		Total				768.00
6857 V	6470	Kim Schomaker		Services Management - Mil	41500	04022	413	62				82.74
6857 V	6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				80.31
6857 V	6470	Kim Schomaker		Services Management - Mil	41500	04322	413	62				80.31
				Disbursement# 5311		Disbursement		Total				243.36
6856 V	6455	Scott County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				50.77
6856 V	6455	Scott County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				63.51
				Disbursement# 5312		Disbursement		Total				114.28
6858 V	6579	Jen Sheehan		Services Management - Mil	41500	04022	413	62				256.56
6858 V	6579	Jen Sheehan		Services Management - Mil	41500	04222	413	62				407.09
6858 V	6579	Jen Sheehan		Services Management - Mil	41500	04322	413	62				256.56
				Disbursement# 5313		Disbursement		Total				920.21
6859 V	6706	Story County Community Serv		Direct Admin - Mileage &	41500	04411	413	62				1.17
				Disbursement# 5314		Disbursement		Total				1.17
6861 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				131.70
6861 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.70
6861 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				11.70
6861 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				216.70
6861 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				46.80
6861 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				119.25
6861 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				113.40
6861 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				191.70
6861 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				251.70
				Disbursement# 5315		Disbursement		Total				1,154.65
6838 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50
6838 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50
6838 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				123.50
				Disbursement# 5316		Disbursement		Total				292.50
6868 V	71957	Jessica Van De Voort		Services Management - Mil	41500	04022	413	62				117.47
6868 V	71957	Jessica Van De Voort		Services Management - Mil	41500	04222	413	62				61.78
6868 V	71957	Jessica Van De Voort		Services Management - Mil	41500	04322	413	62				61.77
				Disbursement# 5317		Disbursement		Total				241.02
6862 V	7601	VISA		Direct Admin - Publicatio	41500	04411	400	62				202.03
6862 V	7601	VISA		Direct Admin - Postage &	41500	04411	412	62				116.00
6862 V	7601	VISA		Direct Admin - Mileage &	41500	04411	413	62				248.64
6862 V	7601	VISA		Direct Admin - Informatio	41500	04411	632	62				780.00
6862 V	7601	VISA		Direct Admin - Informatio	41500	04411	632	62				40.11

Disbursement Date 05/17/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	5318							1,386.78
6863	V 7694	Walters & Johnson		Commitment - Legal Repres	41500	04074	393	62				50.60
6863	V 7694	Walters & Johnson		Commitment - Legal Repres	41500	04074	393	62				31.70
				Disbursement#	5319							82.30
6809	V 350	Woolstock Mutal Telephone Assn		Direct Admin - Telecommun	41500	04411	414	62				55.00
				Disbursement#	5320							55.00
6864	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				99000.00
6864	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				548623.00
6864	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				720.38
6865	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				2161.14
6865	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				1440.76
6865	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				3241.71
6865	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				3601.90
6865	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				1800.95
6865	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				360.19
6865	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				360.19
6865	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				1800.95
6865	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				1440.76
				Disbursement#	5321							664,551.93
					72	Total Disbursements						935,137.57
					0	Total ACH						.00
					0	Total EFT						.00
					72	Grand Total						935,137.57
						Credits/Refunds Included						.00

Totals by Fund	
41500 Central Iowa Community Service	935,137.57
Final Total	935,137.57

End of report

April 2022 Expenditure Report

FY 2022	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY22 Budget	Budget Remaining	% of Budget Used
Core Domains						
COA	Treatment					
42305	Mental health outpatient therapy	\$ 3,094	\$ 21,337	\$ 150,000	\$ 128,663	14%
42306	Medication prescribing & management	\$ 1,629	\$ 13,890	\$ 20,000	\$ 6,110	69%
43301	Assessment & evaluation	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
71319	Mental health inpatient therapy-MHI	\$ -	\$ 80,142	\$ 200,000	\$ 119,858	40%
73319	Mental health inpatient therapy	\$ -	\$ -	\$ 25,000	\$ 25,000	0%
	Crisis Services					
32322	Personal emergency response system	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
44301	Crisis evaluation	\$ 52,949	\$ 503,064	\$ 625,000	\$ 121,936	80%
44302	23 hour crisis observation & holding	\$ -	\$ -	\$ 40,000	\$ 40,000	0%
44305	24 hour access to crisis response	\$ -	\$ -	\$ -	\$ -	
44307	Mobile response	\$ 89,578	\$ 927,045	\$ 950,000	\$ 22,955	98%
44312	Crisis Stabilization community-based services	\$ 18,705	\$ 187,210	\$ 250,000	\$ 62,790	75%
44313	Crisis Stabilization residential services	\$ 4,682	\$ 154,310	\$ 150,000	\$ (4,310)	103%
44396	Access Centers: start-up / sustainability	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
	Support for Community Living					
32320	Home health aide	\$ -	\$ -	\$ -	\$ -	
32325	Respite	\$ 741	\$ 3,313	\$ 5,000	\$ 1,687	66%
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -	
32329	Supported community living	\$ 34,451	\$ 499,482	\$ 1,100,000	\$ 600,518	45%
42329	Intensive residential services	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
	Support for Employment					
50362	Prevocational services	\$ 1,022	\$ 7,276	\$ 25,000	\$ 17,724	29%
50364	Job development	\$ -	\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 9,484	\$ 92,754	\$ 225,000	\$ 132,246	41%
50368	Supported employment	\$ 8,286	\$ 100,602	\$ 100,000	\$ (602)	101%
50369	Group Supported employment-enclave	\$ 1,193	\$ 12,184	\$ 20,000	\$ 7,816	61%
	Recovery Services					
45323	Family support	\$ 4,373	\$ 37,060	\$ 25,000	\$ (12,060)	148%
45366	Peer support	\$ -	\$ 3,719	\$ 20,000	\$ 16,281	19%
	Service Coordination					
21375	Case management	\$ -	\$ -	\$ -	\$ -	
24376	Health homes	\$ -	\$ -	\$ -	\$ -	
	Sub-Acute Services					
63309	Subacute services-1-5 beds	\$ -	\$ -	\$ 100,000	\$ 100,000	0%
64309	Subacute services-6 and over beds	\$ -	\$ 213,249	\$ 100,000	\$ (113,249)	213%
	Core Evidenced Based Treatment					
04422	Education & Training Services - provider competency	\$ -	\$ -	\$ 15,000	\$ 15,000	0%
32396	Supported housing	\$ -	\$ -	\$ -	\$ -	
42398	Assertive community treatment (ACT)	\$ 12,214	\$ 100,061	\$ 125,000	\$ 24,939	80%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
	Core Domains Total	\$ 242,401	\$ 2,956,698	\$ 5,305,000	\$ 2,348,302	56%
Mandated Services						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 20,828	\$ 208,824	\$ 400,000	\$ 191,176	52%
75XXX	Mental health advocate	\$ 16,380	\$ 195,193	\$ 250,000	\$ 54,807	78%
	Mandated Services Total	\$ 37,208	\$ 404,017	\$ 700,000	\$ 295,983	58%
Additional Core Domains						
	Justice system-involved services					
25xxx	Coordination services	\$ 26,995	\$ 254,815	\$ 600,000	\$ 345,185	42%
44346	24 hour crisis line**	\$ -	\$ -	\$ -	\$ -	
44366	Warm line**	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
46305	Mental health services in jails	\$ 6,016	\$ 105,544	\$ 250,000	\$ 144,456	42%
46399	Justice system-involved services-other	\$ -	\$ -	\$ -	\$ -	
46422	Crisis prevention training	\$ -	\$ -	\$ 25,000	\$ 25,000	0%
46425	Mental health court related costs	\$ -	\$ -	\$ -	\$ -	
74301	Civil commitment prescreening evaluation	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
	Additional Core Evidenced based treatment					
42366	Peer self-help drop-in centers	\$ 78,744	\$ 660,923	\$ 785,000	\$ 124,077	84%
42397	Psychiatric rehabilitation (IPR)	\$ 2,187	\$ 12,076	\$ 60,000	\$ 47,924	20%
	Additional Core Domains Total	\$ 113,942	\$ 1,033,358	\$ 1,735,000	\$ 701,642	60%
Other Informational Services						
03371	Information & referral	\$ 134	\$ 748	\$ -	\$ (748)	
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	\$ 4,024	\$ 112,519	\$ 200,000	\$ 87,481	56%
	Other Informational Services Total	\$ 4,158	\$ 113,267	\$ 250,000	\$ 136,733	45%
Essential Community Living Support Services						

April 2022 Expenditure Report

FY 2022	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY22 Budget	Budget Remaining	% of Budget Used
06399	Academic services		\$ -	\$ -	\$ -	
22XXX	Services management	\$ 145,004	\$ 1,371,836	\$ 1,950,000	\$ 578,164	70%
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 25,767	\$ 161,814	\$ 250,000	\$ 88,186	65%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ -	\$ 300	\$ 5,000	\$ 4,700	6%
32327	Representative payee	\$ 768	\$ 8,235	\$ 20,000	\$ 11,765	41%
32335	CDAC		\$ -	\$ -	\$ -	#DIV/0!
32399	Other support		\$ -	\$ -	\$ -	#DIV/0!
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 2,108	\$ 30,215	\$ 200,000	\$ 169,785	
33345	Ongoing rent subsidy	\$ -	\$ 770	\$ -	\$ (770)	
33399	Other basic needs	\$ 1,039	\$ 26,608	\$ 80,000	\$ 53,392	
41305	Physiological outpatient treatment	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
41306	Prescription meds	\$ 625	\$ 1,852	\$ 15,000	\$ 13,148	12%
41307	In-home nursing		\$ -	\$ -	\$ -	
41308	Health supplies		\$ -	\$ -	\$ -	
41399	Other physiological treatment		\$ -	\$ -	\$ -	
42309	Partial hospitalization		\$ -	\$ -	\$ -	
42310	Transitional living program	\$ -	\$ 58,609	\$ 400,000	\$ 341,391	15%
42363	Day treatment		\$ -	\$ -	\$ -	
42396	Community support programs	\$ -	\$ 531	\$ 10,000	\$ 9,469	5%
42399	Other psychotherapeutic treatment	\$ -	\$ -	\$ -	\$ -	
43399	Other non-crisis evaluation		\$ -	\$ -	\$ -	
44304	Emergency care		\$ -	\$ -	\$ -	
44399	Other crisis services		\$ -	\$ -	\$ -	
45399	Other family & peer support		\$ -	\$ -	\$ -	
46306	Psychiatric medications in jail	\$ 3,544	\$ 32,227	\$ 50,000	\$ 17,773	64%
50361	Vocational skills training		\$ -	\$ -	\$ -	
50365	Supported education		\$ -	\$ -	\$ -	
50399	Other vocational & day services		\$ -	\$ -	\$ -	
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$ -	\$ -	\$ -	\$ -	
63XXX	ICF 1-5 beds (63317 & 63318)		\$ -	\$ -	\$ -	
63329	SCL 1-5 beds		\$ -	\$ -	\$ -	
63399	Other 1-5 beds		\$ -	\$ -	\$ -	
Essential Comm Living Support Services Total		\$ 178,856	\$ 1,692,997	\$ 2,985,000	\$ 1,292,003	57%
Other Congregate Services						
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 35,746	\$ 503,192	\$ 900,000	\$ 396,808	56%
64XXX	ICF 6 and over beds (64317 & 64318)		\$ 3,896	\$ -	\$ (3,896)	
64329	SCL 6 and over beds	\$ 1,509	\$ 107,095	\$ -	\$ (107,095)	
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
Other Congregate Services Total		\$ 37,255	\$ 614,183	\$ 900,000	\$ 285,817	68%
Administration						
11XXX	Direct Administration	\$ 89,593	\$ 1,162,522	\$ 1,500,000	\$ 337,478	78%
12XXX	Purchased Administration	\$ 4,940	\$ 32,364	\$ 125,000	\$ 92,636	26%
Administration Total		\$ 94,533	\$ 1,194,886	\$ 1,625,000	\$ 430,114	74%
Regional Totals		\$ 708,352.77	\$ 8,009,406.84	\$ 13,500,000	\$ 5,490,593	59%
83%						
(45XX-XXX)County Provided Case Management						
(46XX-XXX)County Provided Services						

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

13951	Distribution to MHDS regional fiscal agent from member county	\$ -	\$ -			
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$ -	\$ -			
15481	Distribution to Other MHDS Region (CARES)	\$ -	\$ -			

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

Intensive Residential Services Proposal

43NorthIowa
Helping people find their way
Transitional Living and Employment

PROPOSALS SHALL BE DIRECTED TO:

RUSSELL WOOD, CEO

CICS REGION

123 1st Avenue SW

Hampton, Iowa 50441

russell.wood@cicsmhds.org

Eligibility:

North Iowa Transition & Employment Services, Inc. dba 43 North Iowa (43NI), is eligible and qualified to respond to this RFP and is a registered vendor in Iowa. As a 501(c3) nonprofit organization, 43 North Iowa is the organization that resulted from merging NIVC Services, Inc and North Iowa Transition Center. These organizations had served north Iowans with disabilities for 50 and 40 years respectively. Over 75 FTE and 20 PTE staff members work various shifts to meet the needs of the people we serve. 43NI has experience developing and sustaining best practice programs such as Individual Placement and Support (IPS). 43NI is governed by a seven-member board of directors representing various sectors of the community. The organization operates on an inclusive mission and does not discriminate on any basis for its programs or employment.

The mission is helping people with disabilities find their way through home, employment and community experience. 43 North Iowa is enrolled with Iowa Medicaid Enterprise, is certified by the DIA to provide residential care and is CARF accredited in Transition and Community Inclusion services. Other CARF accreditations include Community Employment Services – Job Development and Job Supports; Community Integration, Employee Development Services, Supported Living Services and Transition Services an approved Menu of Services Agreement with IVRS.

Within the annual plan for CICS and DHS, 43 North Iowa will develop and implement a 4 bed Intensive Residential Service Home. Participants will be accepted into the program according to the requirements of No Reject, No Eject per Iowa Code. Intensive care will be provided 24 hours a day, 365 days a year on a highly individualized basis.

43NI meets all Iowa provider requirements of Iowa code 441-25 necessary to respond to this RFP for Intensive Residential Services.

43 North Iowa (43NI) is currently enrolled with Iowa Medicaid Enterprise as a 1915i home and provider of HCBS services including habilitation waiver and supported community living Provider.

43NI agrees to provide the following:

- 1) Staffing 24 hours a day, 7 days a week, 365 days a year and the following requirements:.
- 2) Maintain a minimum staffing ratio of one staff to every two and one-half residents. Staffing ratios shall be responsive to the needs of the individuals served.
- 3) Ensure that all staff members have the following minimum qualifications:**1.** One year of experience working with individuals with a mental illness or multi-occurring conditions.**2.** A high school diploma or equivalent.
- 4) Ensure that within the first year of employment, staff members complete 48 hours of training in mental health and multi-occurring conditions. During each consecutive year of employment, staff members shall complete 24 hours of training in mental health and multi-occurring conditions. Staff training shall include, but is not limited to the following:**1.** Applied behavioral analysis.**2.** Autism spectrum disorders, diagnoses, symptomology and treatment.**3.** Brain injury diagnoses, symptomology and treatment.**4.** Crisis management and de-escalation and mental health diagnoses,

symptomology and treatment.5. Motivational interviewing.6. Psychiatric medications.7. Substance use disorders and treatment.8. Other diagnoses or conditions present in the population served.

- 5) Provide coordination with the individual's clinical mental health and physical health treatment, and other services and supports.
- 6) Provide clinical oversight by a mental health professional. The mental health professional shall review and consult on all behavioral health services provided to the individual, and any other plans developed for the individual, including but not limited to service plans, behavior intervention plans, crisis intervention plans, emergency plans, cognitive rehabilitation plans, or physical rehabilitation plans.
- 7) 43NI currently has a cooperative agreement with Prairie Ridge, an outpatient mental health provider, and ensure that individuals have timely access to outpatient mental health services, including but not limited to ACT. Lorrie Young, the executive director, agrees to add the IRSH home to our service contract. To Include substance abuse treatment, nursing, and other professional services.
- 8) Accept and serve eligible individuals who are court-ordered to intensive residential services as part of the no reject, no eject philosophy.
- 9) Be located in a neighborhood setting to maximize community integration and natural supports.
- 10) Demonstrate specialization in serving individuals with an SPMI or multi-occurring conditions and serve individuals with similar conditions in the same site.
- 11) 43NI currently provides residential services to SPMI population at the Residential Care Facility and plan to be designated as an intensive residential services provider by CICS by meeting the training and service guidelines.

The IRSH home operated by 43NI will serve adults with the most intensive severe and persistent mental illness conditions who have functional impairments and may also have multi-occurring conditions.

Staffing

43NI agrees to meet the staffing requirements for being an Intensive Residential Service Home:

- 1) Staffing 24 hours per day, 7 days a week, 365 days a year for eligible Members
- 2) Maintain a direct care staffing ration of no more than 2.5 members per staff member with opportunities for lower ratios when needed
- 3) Staff members will have at least one year of experience and a high school diploma or equivalent
- 4) Staff members will complete 48 hours of training in mental health with multi-occurring conditions in year one
- 5) Ongoing training will consist of 24 hours per year

Staffing Roles

The IRSH program will be implemented with the following staff roles:

Intensive Program Team Manager, IPL, CNA, and Direct Support Personnel.

Tanya S. Harders-Weir has been named as Intensive Program Director and will provide administrative oversight along with the executive director. Harders-Weir has a BS in Criminal Justice. She has been the RDF – PMI Administrator since 2019. Prior to that she was the SCL Service Coordinator. Prior work was as a Shift Leader for Four Oaks. She is highly qualified and experienced to manage employees and ensure compliance with DIA and staff residential services programs.

Harders-Weir is highly trained and will be well positioned to ensure compliance of staff members in completing trainings. Her certifications include: Mandatory Reporter, Nurtured Heart, First Aid/CPR Certified, Mental Health First Aid, Med Manager, Trauma Informed Care/Kinnect/Rainbow Dance.

The **IRSH Team Manager** has a key role in the provision of quality services and supports to individuals living in a IRSH home. He/she facilitates the person-centered planning process to assist individuals, their families and teams to develop plans and supports to ensure that clients have the support they need to live independently in the community.

Additionally, Team Managers coordinate the delivery of services with funders, employment supports and families.

1. Coordinate the independent living supports identified within the individual service plan to meet the needs of the supported individual.
2. Assist clients, their families and teams in setting goals and strategies that result in greater independence in their life.
3. Coordinate and facilitate the implementation of individual service planning process while continually evaluating the effectiveness of services and making changes as needed.
4. Assist individuals in developing rehabilitation skills in areas, including, but not limited to, symptom management, medication management, personal health and hygiene, housekeeping and laundry, budgeting and money management, meal planning and preparation, transportation, and applications for entitlements or other services.
5. Facilitate the effective use of free time to promote integration and community engagement, including employment, education, volunteering.
6. Teach basic safety and emergency procedures, including reviewing crisis plans.
7. Advocate for client rights and facilitate the effective use of services through individual choice.
8. Ensure that all necessary medical, psychiatric, therapy and other service-related appointments are scheduled and attended, documenting reasons for missed appointments.
9. Assist individuals in completing general daily housekeeping and/or meal preparation duties to help maintain a healthy, safe, and clean-living environment.
10. Work closely with clients and families, coworkers, funding sources and other community service agencies to provide comprehensive services to meet the needs of individuals being served.
11. Maintain up-to-date case records and other documentation to demonstrate

outcomes and progress on behalf of clients. Disseminate information to team members.

12. Manage caseload and maintain adequate funding to ensure that the service plan remains responsive the changing needs of the client. Complete all documentation within required timeframes.
13. Maintain effective communication with colleagues, management, and partners, reporting all key events within established timeframes.
14. Participate in departmental and agency meetings. Provide input to other team members and volunteer to share responsibilities that contribute to the success of the team.
15. Carry out additional responsibilities as identified and assigned to fulfill the 43 North Iowa mission.

The **IRSH Team Lead** plays a critical role in ensuring service stability for the organization through the effective execution of the daily operation of the IRSH Home. He or she coordinates effective staffing patterns, leads on-sight training of new staff, participates on an on-call team, and ensures our client's daily needs are met. He or she coordinates with IRSH Team Manager to ensure all policies and procedures are met.

Duties and Responsibilities

1. Assist as needed with initial and annual reports
2. Train staff on daily procedures in the IRSH Home including covering open shifts.
3. Ensure assigned staff are meeting with their clients for their weekly individual time.
4. Assist with home meetings/house council
5. Assist in the transition of moving clients from one program to the next
6. Member of the crisis on-call rotation
7. Meet with staff and provide supervision
8. Plan and execute activities
9. Become part of the rotation of staff that leads groups
10. Assist in the creation of structured programs
11. Ensure that all DIA regulations are being followed

This is a split position. Thirty hours of each week is spent interacting with staff and clients, including nights and weekends. The remaining ten hours is spent in the office, completing paperwork and other assigned duties.

The IRSH Life Coach with CNA is a critical provider of quality supports to customers receiving transitional living services in our IRSH home. This position also requires a CNA certification. He/she is responsible for helping clients learn and practice skills to help them prepare to live an independent life in the community. Coaches are responsible for implementing the individual service plan, facilitating natural supports, and ensuring that individuals have the support they need to meet their goals.

Duties and Responsibilities

1. Provide transitional living supports to promote successful participation in programming and individual treatment goals.
2. Assist individuals in developing rehabilitation skills in areas, including, but not limited to, symptom management, medication management, personal health and hygiene, housekeeping and laundry, budgeting and money management, meal planning and preparation, transportation, and applications for entitlements or other services.
3. Facilitate the effective use of free time to promote integration and community engagement, including employment, education, volunteering.
4. Assess issues of concern with individuals receiving transitional living supports and promptly report issues to the administrators, qualified mental health professionals or service coordinators.
5. Teach basic safety and emergency procedures, including reviewing crisis plans.
6. Advocate for client rights and facilitate the effective use of services through individual choice.
7. Ensure that all necessary medical, psychiatric, therapy and other service-related appointments are scheduled and attended, documenting reasons for missed appointments.
8. Assist in leading groups and planned activities, as well as completing general daily housekeeping and/or meal preparation duties to help maintain a healthy, safe, and clean- living environment.
9. Accurately complete all documentation within required timeframes.
10. Maintain effective communication with management, colleagues and between shifts, reporting all key events within established timeframes.
11. Coordinate schedules and priorities with management and co-workers to ensure staffing needs are met.
12. Participate in departmental and agency meetings. Provide input to other team members and volunteer to share responsibilities that contribute to the success of the team.
13. Carry out additional responsibilities as identified and assigned to fulfill the mission of 43 North Iowa.

Life Coach (Direct Support Provider)

The IRSH Life Coach is a critical provider of quality supports to customers receiving transitional living services in our IRSH home. He/she is responsible for helping clients learn and practice skills to help them prepare to live an independent life in the community. Coaches are responsible for implementing the individual service plan, facilitating natural supports, and ensuring that individuals have the support they need to meet their goals.

Duties and Responsibilities

1. Provide transitional living supports to promote successful participation in programming and individual treatment goals.
2. Assist individuals in developing rehabilitation skills in areas, including, but not limited to, symptom management, medication management, personal health and hygiene, housekeeping and laundry, budgeting and money management, meal planning and preparation, transportation, and applications for entitlements or other services.
3. Facilitate the effective use of free time to promote integration and community engagement, including employment, education, volunteering.
4. Assess issues of concern with individuals receiving transitional living supports and promptly report issues to the administrators, qualified mental health professionals or service coordinators.
5. Teach basic safety and emergency procedures, including reviewing crisis plans.
6. Advocate for client rights and facilitate the effective use of services through individual choice.
7. Ensure that all necessary medical, psychiatric, therapy and other service-related appointments are scheduled and attended, documenting reasons for missed appointments.
8. Assist in leading groups and planned activities, as well as completing general daily housekeeping and/or meal preparation duties to help maintain a healthy, safe, and clean- living environment.
9. Accurately complete all documentation within required timeframes.
10. Maintain effective communication with management, colleagues and between shifts, reporting all key events within established time frames.
11. Coordinate schedules and priorities with management and co-workers to ensure staffing needs are met.
12. Participate in departmental and agency meetings. Provide input to other team members and volunteer to share responsibilities that contribute to the success of the team.
13. Carry out additional responsibilities as identified and assigned to fulfill the 43 North Iowa mission

Staffing Qualifications

IRSH Team Manager will have

1. Bachelor of Arts Degree in Human Services preferred or a combination of education and relevant experience equivalent to a Bachelor of Art's Degree
2. Ability to relate to and effectively communicate a diverse set of solutions
3. Ability to express ideas clearly and concisely, orally and in writing
4. Must be computer literate with proficient skills in the use of email and Word
5. Self-directed, highly motivated worker who can work independently
6. Willingness to work on all shifts, weekends and holidays
7. Must possess a valid Iowa State Driver's License and maintain a favorable

- driving record according to the Department of Motor Vehicles
8. Must be willing to engage in ongoing professional development and secure and maintain certifications as recommended by supervisor within required timeframes
 9. Willingness to participate in community activities to promote the mission of 43 North Iowa
 10. Ability to anticipate problems and develop contingency plans to deal with them as well as evaluate and implement alternative courses of action
 11. Ability to continue a course of action in the face of adversity
 12. Must have the ability to lift up to 40 lbs.

IRSH Team Lead will have

1. Associate's Degree in Human Services preferred or a combination of education and relevant work experience equivalent to an Associate's Degree
2. Ability to relate to and effectively communicate a diverse set of solutions
3. Ability to express ideas clearly and concisely, orally and in writing
4. Must be computer literate with proficient skills in the use of email and Word
5. Self-directed, highly motivated worker who can work independently
6. Willingness to work on all shifts, weekends, and holidays if necessary, to help ensure support employee retention
7. Must possess a valid Iowa State Driver's License and maintain a favorable driving record according to the Department of Motor Vehicles
8. Must participate in staff development opportunities and maintain required trainings to fulfill position responsibilities.
9. Must possess private auto liability insurance and submit written verification of the same
10. Must be willing to engage in ongoing professional development and secure and maintain certifications as recommended by supervisor within required timeframes
11. Willingness to participate in community activities to promote the mission of 43 North Iowa
12. Ability to anticipate problems and develop contingency plans to deal with them as well as evaluate and implement alternative courses of action
13. Ability to continue a course of action in the face of adversity
14. Must have the ability to lift up to 40 lbs.

IRSH Life Coach/CNA (DSP) will have –

1. Associate of Arts Degree in Human Services preferred or a combination of education and relevant experience equivalent to an Associate of Art's Degree
 - a. IRSH requires one year experience
2. Must be a CNA
3. Ability to relate to and effectively communicate a diverse set of solutions
4. Ability to express ideas clearly and concisely, orally and in writing

5. Must be computer literate with proficient skills in the use of email and Word
6. Self-directed, highly motivated worker who can work independently
7. Willingness to work on all shifts, weekends, and holidays
8. Must possess a valid Iowa State Driver's License and maintain a favorable driving record according to the Department of Motor Vehicles
9. Must possess private auto liability insurance and submit written verification of the same
10. Must be willing to engage in ongoing professional development and secure and maintain certifications as recommended by supervisor within required timeframes
11. Willingness to participate in community activities to promote the mission of 43 North Iowa
12. Ability to anticipate problems and develop contingency plans to deal with them as well as evaluate and implement alternative courses of action
13. Ability to continue a course of action in the face of adversity
14. Must have the ability to lift up to 40 lbs.

IRSH Life Coaches (DSP) will have –

1. Associate of Arts Degree in Human Services preferred or a combination of education and relevant experience equivalent to an Associate of Art's Degree
 - a. IRSH requires one year experience
2. Ability to relate to and effectively communicate a diverse set of solutions
3. Ability to express ideas clearly and concisely, orally and in writing
4. Must be computer literate with proficient skills in the use of email and Word
5. Self-directed, highly motivated worker who can work independently
6. Willingness to work on all shifts, weekends, and holidays
7. Must possess a valid Iowa State Driver's License and maintain a favorable driving record according to the Department of Motor Vehicles
8. Must possess private auto liability insurance and submit written verification of the same
9. Must be willing to engage in ongoing professional development and secure and maintain certifications as recommended by supervisor within required timeframes
10. Willingness to participate in community activities to promote the mission of 43 North Iowa
11. Ability to anticipate problems and develop contingency plans to deal with them as well as evaluate and implement alternative courses of action
12. Ability to continue a course of action in the face of adversity
13. Must have the ability to lift up to 40 lbs.

43NI has long-term partnerships with the following organizations: North Iowa area high schools, Central Rivers Area Education Agency, Iowa Vocational Rehabilitation Services, County Social Services, Central Iowa Community Services, Prairie Ridge Integrated Health Home (with contracted services), WIOA Title I Youth Program, Iowa Works, NIACC

programs, Community Kitchen, Housing, Regional Transit, Medicaid, Elderbridge Agency, and other community organizations.

Staff members must have good working relationships with other area providers to ensure member's needs are met and to meet our common goal of helping participants succeed.

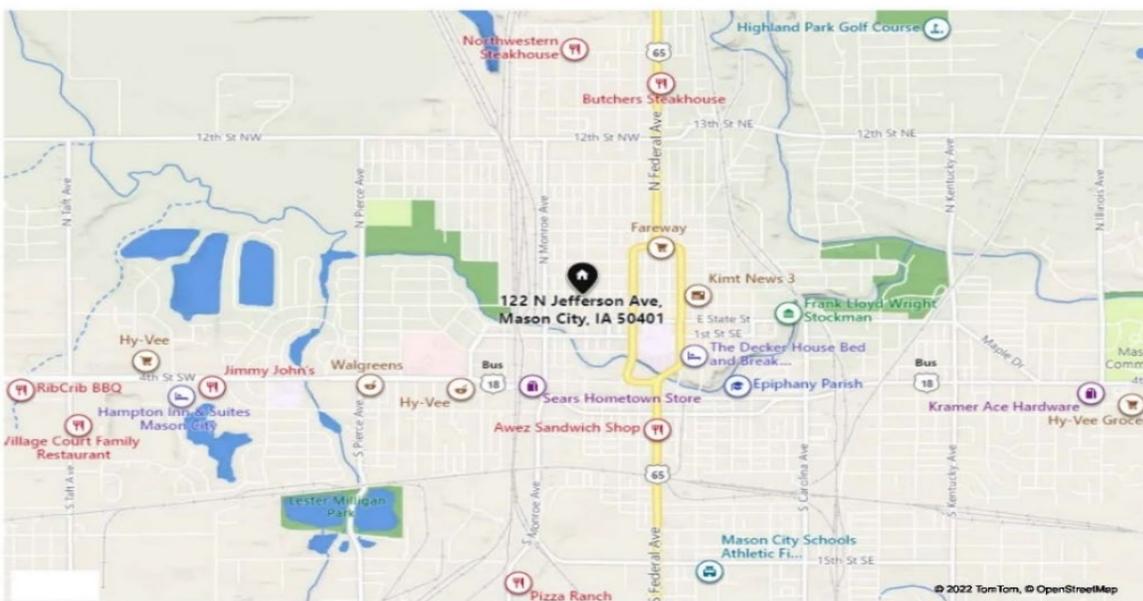
Evidence of eligibility to bill Medicaid according to code 441.25

The National Provider Identification number for 43NI is 1205993664. This number along with the tax ID number 42-0951757 have been used for Medicaid billing for decades.

Scope of Work

The Director developed a vision along with the management team for delivery of IRSH services. The Board of Directors approved this vision. The facility for the program will be a remodeled existing property located at 122/124 North Jefferson, Mason City, Iowa for IRSH, and CARF accredited for Transition and Community Inclusion services.

This is a community home (currently a duplex) located in a neighborhood setting. Up to 4 individuals can be served at this location. Accessibility will be standard after the remodel.



This location is walkable to the RCF, Fareway grocery store, Community Kitchen, West Park, the US Post Office, Affordables resale store, the Dollar store, and many downtown stores and restaurants.

PROPOSED IRSH RESIDENCE CONVERSION & RENOVATION

Location: 122 N. Jefferson Ave., Mason City, IA. Owner: 43 North Iowa

Scope of Construction Work

The Project involves the conversion of a two-story duplex into a four-bedroom residence. Current tenants will move out by July 1, 2022. The existing building is wood frame construction with concrete foundation walls and concrete slab basement.

The ground level will be accessible, and include a: living area, dining area, kitchen, accessible bedroom, laundry room, and accessible bathroom.

The upper level will have three bedrooms, staff room, and bathroom.

The work involves extensive interior construction, including room reconfiguration, cabinets, finishes, HVAC equipment replacement, electrical power and lighting, plumbing fixtures, and related work.

Exterior renovation includes window and door replacement, siding replacement, foundation repairs, and related work. Sitework includes eliminating stoops, adding an accessibility ramp, concrete sidewalk and driveway replacement, landscaping, and related work.

The Renovation Project Cost estimate of \$361,100 is an additional start-up cost to the attached estimated budget.

Preliminary Construction Cost Estimate

General Construction	\$167,700
MEP Construction	70,500
Subtotal	\$238,200
Miscellaneous & Contingencies	23,800
Subtotal	\$262,000
General Conditions (5%)	13,100
Subtotal	\$275,100
Overhead & Profit (15%)	41,300
Construction Cost	\$316,400
Other Costs	
Appliances	12,100
Architectural Fee (10%)	31,600
Bidding Expenses	1,000
Subtotal	<u>\$ 44,700</u>
Total Project Cost Estimate	\$361,100

Intensive residential services provide intensive 24-hour supervision, behavioral health services, and other supportive services in a community-based residential setting. An example of how we see this work is as follows. John is 38 years old and has a serious and persistent mental illness and drug abuse. He has lived in a variety of settings but often is physically and verbally aggressive to staff and other clients. He has been admitted to the hospital for inpatient psychiatric services multiple times. When he was last admitted, his provider discharged him from services. This is the third discharge.

43NI would admit him to the IRSH home. We envision that with specially trained staff and intensive psychiatric support, his aggressiveness ameliorates. Positive interactions with staff and roommates increase. Inpatient hospitalizations are reduced along with calls to law enforcement. Given time, community activities will increase with access to employment.

10 Staff members will be hired to operate the IRSH home. The hours of operation are 24/7, 365 days a year. Staff members providing direct care personnel on three 8-hour shifts. The intention is to run the shifts from 6 am – 2 pm; 2 pm – 10 p; 10 pm – 6 a.m. We believe this will best serve the residents and staff members.

One FTE Manager (BA or equivalent) will work 8-10 hours with clients and 30 -32 hours with office work, intakes, plan writing and other reporting.

One FTE Team Lead (AA or equivalent) will work 30-32 with clients and reporting 8 -10 hours

One CNA (registered CNA certification) is 30 -32- with clients being and 8-10 hours in documentation

One .1 FTE LPN on Contract with Prairie Ridge will provide oversight using 10% of her time
7 FTE Life Coaches (DSP's with at least one year of experience and HS diploma or equivalence) will provide 1 staff to 2 clients ratio unless a higher ratio is needed. There may be several part-time positions combined to reach a total of 7 full-time positions.

The scheduling could look something like this. There will always be two staff members available to residents (shown in bold) other hours in italics are administrative reporting time. Complex situations may require a higher staffing ratio.

Bold – direct service; italic administrative work

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Mgr 1 FTE		8	8	8	8	<i>8</i>	
Lead 1 FTE		<i>8</i>	8	8	8	8	
LPN .1FTE		<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	
CNA 1 FTE				<i>8</i>	8	8	8
Life Coach (LC) 1 FTE	8		8	8	8	8	
LC 1 FTE	8	8			8		8
LC 1 FTE		8		8		8	8
LC 1 FTE	8		8		8		8
LC 1 FTE	8	8		8			8
LC 1 FTE		8	8		8		8

Because 43NI operates the Residential Care Facility (RCF), Qualified Life Coaches will be cross trained to work at both locations so that staff members are highly trained to provide back-up to the Life Coaches on the schedule. This means, that training will be increased for the Life Coaches who have a year or more of experience and the required education. Also, staffing may end up sharing a position with the RCF as the services play out.

43 North Iowa ensures that within the first year of employment, staff members complete 48 hours of training in mental health and multi-occurring conditions. During each consecutive year of employment, staff members shall complete 24 hours of training in mental health and multi-occurring conditions.

Training Plan

YEAR ONE TRAINING New Staff Orientation:

HIPAA Dos and Don'ts: Electronic Communication and Social Media
 Supporting Client Rights for Professionals in Behavioral Health
 Basics of Defensive Driving
 Meet with the Executive Director
 Meet with HR
 Meet with your Primary Manager
 Community Inclusion
 What does Becoming Trauma-Informed Mean for Non-Clinical Staff
 Person Centered Planning in Behavioral Health
 Compassion Fatigue and Caregiver Satisfaction
 Positive Behavior Support Planning Part 1
 Crisis Management Basics for Paraprofessionals
 Recovery Principles and Practices in Mental Health Treatment

IRSH Year 1 Training

Introduction to Applied Behavior analysis
 Introduction to Autism Spectrum Disorders
 Social Integration Strategies for People with Autism Spectrum Disorder
 Introduction to Motivational Interviewing
 Crisis Intervention Training
 Psychopharmacology: Overview for Behavioral health professions
 Trauma Informed Care
 Co-Occurring Disorders: An Overview for Paraprofessionals
 Evidence Based Practices in Treatment of Substance Use Disorders
 CDAC Training
 Illness Management and Recovery Model
 Understanding and Treating Borderline Personality Disorder
 Six Steps to Assist with Working with Individuals with Borderline personality Disorder

Total Year One Training Credit Hours: 48

ANNUAL TRAINING

Active Shooter Response
Supporting Client Rights for Paraprofessionals in Behavioral Health
Recovery Principles and Practices in Mental Health Treatment
Overview of Bipolar and Related Disorders
Suicide and Depression in Older Adults
Crisis Intervention Training
Trauma Informed Care (Annual)
Psychopharmacology: Overview for Behavioral Health professionals
Emergency preparedness Training
Resident Supervision Training
Mealtime procedures Training
Infection Control Training
Incent reporting
Introduction to Autism Spectrum Disorders
Illness Management and Recovery Model

Total Annual Training Credit Hours - 26

Training Development

To enhance on-going Trauma Informed Care, 3 staff members will go through Train the Trainer programing through Midwest Trauma Services Network with Frank Grijalva and his staff. There will be 70 hours of coaching over 2 years, Frank or a designee would watch delivery of training two times per trainer so an additional 18 hours. Total training is 88 hours for 3 people. Certified to train KINNECT as follows 3 days of training = 24 hours coaching of delivery narrative 20 hours, witness 1 session per trainee 3 times each 10 hours for a

All travel over 2 years \$6000

Total for all coaching, training and travel \$34,000

Frank Grijalva MSPH, MSCC
Director-Consultant Midwest Trauma Services Network
Senior Vice President of Programming
International Trauma Center
712-898-6131

Another key constant training need is for Certified Drug and Alcohol Counselors. Two staff members would go through this training for an estimated cost of \$2000 each for a total cost of \$4000

Implementation Schedule

2022	June 1	July	August	Sept	Oct	Nov
Notice to tenants to vacate	x					
Begin Architectural Services	x	x				
Mobilization of preparations	x	x	x			
Let Bids		x				
Accept Contract			x			
Demo			x			
Construction			x	x	x	x
Completion						Inspection
Hire Staff			Advertise	Hire	train	train

2022 - 2023	Dec	Jan	Feb	Mar	April	May
Building	OPEN					
Services	Begin	x	x	x	x	x
Training	On-going	x	x	x	x	x

Upon meeting the requirements for eligibility, a member's length of stay in the program will be determined on an individual basis using person-centered planning with the goal to live in the most integrated setting possible.

IRSH, Individuals will have opportunities for employment, job development, and other community activities such as day habilitation and vocational or pre-vocational activities.

Because we can draw on highly trained existing staff, as we roll out, staff coverage needs can be met through new staff with quick-start dedicated training and existing staff until the census increases and all new positions are filled.

The construction timeline is not in control by the Agency. As soon as word is received initial mobilization can begin. Early architectural activity in June can help get the construction process started to meet the timeline. Construction and supply chain schedules and interruptions can impact the timeline.

Outcomes

43 North Iowa agrees to work with the Region to contribute to the outcome measurement efforts. This effort includes assisting with identifying key data to be collected, collection timelines, and evaluation measures and/or performance reports.

An annual report of program activities will be submitted to the Region within 45 days of the end of the contract.

Budget/Budget narrative attached

Provider agrees that the Projected Cost Report shall be compared to the Actual Cost Report that shall be submitted within 45 days of the end of the contract and the contract shall be cost settled.

The start-up costs of construction and 25% of the annual budget would be needed upon contract to get the project started in time to meet required deadlines.

IRSH Response Budge and Budget Narrative

Provider Name: North Iowa Transition and Employment Services dba 43 North Iowa
 NPI: 1205993664

ite Name: IRSH template
 iver Type: MH

Professional Direct Staff Contract	\$ 5,200.00
Other Direct Staff	\$ 391,456.00
Direct Care Training	\$ 9,800.00
Direct Staff Benefits	\$ 117,436.80
Direct Staff Payroll Taxes	\$ 50,889.00
Mileage and Auto Rental	\$ 1,750.00
Agency Vehicle Expenses	\$ 3,500.00
Other Related Transportation	\$ 5,000.00
Direct Care Development and Training	\$ 38,000.00
Other (Consultation Expenses)	\$ 5,000.00
Other Equipment Repair and Purchase	\$ 7,500.00
Total Direct Expense	\$ 635,531.80
Indirect Expense (limited to 20% of direct expense)	\$ 95,329.77
Total Cost	\$ 730,861.57
Number of Units to be Provided	1,460
Unit Cost	\$ 500.59

Proposed line-item budget for start-up costs and service delivery for 1 year

Proposed start-up budget narrative

Provider agrees that the Projected Cost Report shall be compared to the Actual Cost Report that shall be submitted within 45 days of the end of the contract and the contract shall be cost settled.

OTHER TERMS:

The Medicaid/MCO rate shall be honored for Fee-for-Service.

REGION shall pay an Access Fee for any approved amount above the Medicaid/MCO rate.

Contract modifications may be executed through a written agreement between REGION and Provider.

Provider shall submit to REGION an itemized invoice with supporting documentation of expenditures for IRSH start-up costs.

IRSH start-up costs may include essential itemized expenses identified in the proposal and negotiated with the region.

Provider shall receive a prior authorization before admission of a client.

Budget Narrative

Professional Direct Staff Contract Contract with Prairie Ridge for LPN .1)	5200
<u>IRSH Team Manager 1 FTE</u> Annual Salary \$23.50/hr	48880
<u>IRSH Team Lead 1 FTE</u> Annual Salary \$20/hr	41600
<u>Certified Nurses Aide 1 FTE</u> Annual Salary \$18.70/hr	38896
<u>Life Coach (DSP) 7 FTE</u> Annual Salary \$18.00/hr 18 x 2080=37440 (x7)	262080
<u>Direct Care Training</u> Relias Training \$5200, live trainings, meals, staff coverage if needed	9,800
Direct Care Staff Beneits \$391,456 x .30	\$117,436.80
Direct Staff Payroll Taxes \$391,456 x .13	50889
Mileage .50 per mile x 3500	1750
Agency Vehicle Expense	3500
Insurance, Repairs, parts, unknown cost and cost increases 10% of toal agency expenses 2782.41 plus misc	
Other Related Transportation	5000
Miscellaneous unknown transportation emergency; unknown need for specialized vehicle, van accessible, emergency transportation, extra staff for transportation, etc.	

Direct Care Development and Training \$38,000
Trauma Informed Care - train the trainer

70 hours of coaching over 2 years, he or a designee would watch delivery of training two times per trainer so an additional 18 hours. Total training is 88 hours for 3 people. Certified to train KINNECT as follows

3 days of training = 24 hours coaching of delivery narrative 20 hours, witness 1 session per trainee 3 times each 10 hours

Total 54 hours

All travel over 2 years \$6000

Total for all coaching, training and travel \$34,000

Certified Drug and Alcohol Counselor Training for 2 people
\$1000 class, \$400 Test, \$350 Travel, \$250 Materials =2000 x2

Other Specialized Training \$5,000
Unknown complex conditions or new trends in residents may require specialized training

Other Equipment and Repair
Computer/Stations for 3 people x \$2500 each 7500
laptop, monitor, dual monitors on one station, desks, chairs

Indirect Expenses of Administration, HR, oversight .15 x total direct expenses of \$635,531.80 95,329.77

730861.57



1700 Stephen Street – P.O. Box 347 – Little Chute – WI 54140 – Phone: 800-236-7914 – Fax: 920-788-7739

CUSTOMER ON BOARDING DATA

Company Full Legal Name: _____ d.b.a.: _____

Bill to Address: _____

Primary Mailing Address: _____

City, State, Zip: _____

AP Contact Name _____ Phone: (_____) _____ - _____

AP Email Address: _____ Invoices provided via Paper _____ Email _____

Date Business Established: _____ DUNS #: _____

Credit Limit Requested \$ _____ HBS Account Manager _____

Annual Revenue \$ _____

Ownership Type (please check one)

____ Partnership ____ Corporation ____ Limited Liability Company ____ Other _____

Date Entity was Incorporated or Organized ____/____/____

Please include all applicable Sales and Use tax exemption certificates.

By providing your signature, you warrant that you have express authority to execute this form and to legally bind your organization.

Authorized Signature: _____ Date _____

Name/Title: _____

Any purchase that the customer makes from HBS is governed by HBS' Standard Terms and Conditions ("ST&Cs") located at http://www.hbs.net/standard-terms-and-conditions, which are incorporated herein by reference. The ST&Cs are subject to change. When a new order is placed, the ST&Cs on the above-stated website at that time shall apply.



Help Desk Services

Reduce technology challenges with high-quality remote support services



Proactive services to optimize equipment and solve user issues

Help Desk Services from HBS serve as a complete extension of your organization, applying our expertise and experience on your behalf. We help to create an efficient, secure environment while reducing overall operating costs.



Remote Support Agent

With the HBS Help Desk remote support agent, our support team has complete visibility to the health of your equipment. HBS can monitor remotely for issues, push software, and script resolutions when persistent problems arise.



Patch Management

One key aspect of improving device performance is making sure it is running the most recent updates. With our patch management service, we evaluate the latest in Microsoft updates and apply the necessary patches down to your devices when the time is appropriate. In addition to patching Microsoft operating systems, we can also patch common 3rd party products such as Firefox, Adobe, Java.



Managed Anti-Virus/Malware

With the dramatic increase in Ransomware and Malware attacks, it becomes increasingly important for a comprehensive security solution. One aspect of this that is a quality Anti-Virus Solution. Our centrally managed antivirus solution is built on the latest behaviorally-based technology offering used by advanced threat protection software. This means it is extremely lightweight with little impact to device speed. Since it's behavior-based, it is quick to respond to threats often undetected by its signature-based competitors.



Device Monitoring

HBS's Device monitoring platform allows visibility to device components such as CPU, Memory, & Disk Utilization, Windows Services & Process, and we can set critical thresholds for alerts. In addition, we can run scripts against certain alert criteria to ensure the greatest uptime for our clients.



Remote Help desk

Even with proactive services, users will have issues on occasion. HBS engineers can provide remote assistance to support you staffs when the need arises. The HBS Help Desk is available Monday-Friday 7am-6pm CST with engineers waiting to take your call. For customers with 24x7 needs, on call support is available for an additional fee. Key areas of support include:

- Password resets
- Email issues (Exchange, Office365)
- MS Office tools and common applications
- Network connectivity
- Desktop software installation and troubleshooting
- Printer issues
- Mobile devices (iPhone, Android, iPads)
- Virus remediation
- Account setup and deletion
- Computer slowness
- Citrix Client Connections & More



Monthly Reporting

Our goal within the Managed Services team is that you never have to see us. This is the best indicator that we're keeping your systems running at their fullest potential. Of course, this doesn't mean we are not working for you in the background. For that reason, we provide our help desk clients with monthly reports noting the services performed on all of their HBS managed systems.

Help Desk Service Plans

	 Agent Only*	 Basic*	 Preferred
Desktop/Laptop Support			
Remote Support Agent			
Control Center Access			
24x7x365 Device Monitoring			
Automated Patch Management			
Automated Disk Cleanup			
Anti-Virus/Malware Software			
Anti-Virus/Malware Updates			
Customer Portal Access			
Remote Printer Support			
Unlimited Remote Help Desk (Business Hours)			

* Agent Only and Basic Service Plans can be supplemented with per hour remote Help Desk support.

After hours support available for additional fee.



inquiry@hbs.net

1-877-212-2669



Reach out to our managed service experts:

hbs.net

Heartland Business Systems, LLC

 [Linkedin.HBS.net](https://www.linkedin.com/company/Heartland-Business-Systems)

 [@HBSTech](https://twitter.com/HBSTech)



Managed Services

Quote #276882 v1



Prepared For:
Central Iowa Community Services
 Karla Webb
 126 S Kellogg Ave Ste. 001
 Ames, IA 50010

P: (515) 663-2945
E: karla.webb@cicsmhds.org

Prepared By:
Heartland Business Systems
 Keri McMahon
 1700 Stephen Street
 Little Chute, WI 54140

P: (515) 400-8296
E: kcmahon@hbs.net

Date Issued:
05.23.2022

Expires:
06.03.2022

Monthly Recurring Services		Recurring	Qty	Ext. Recurring
DC-MSP-BASIC	Managed Desktop Basic Managed Desktop Basic - Includes Remote Support Agent, Control Center Access, Windows Based Automated Patch Management, Asset & Life-cycle Management, Antivirus	\$12.95	40	\$518.00
DC-VEEAM-O365-MO	Veeam Backup for Microsoft Office 365 - Monthly Veeam Backup for Microsoft Office 365 - Per User Per Month. Veeam License only. For cloud storage at HBS, also include part DC-VCC-GB-MO.	\$1.50	30	\$45.00
DC-VCC-GB-MO	Veeam Cloud Connect Backup: Disk Space - Per GB - Per Month Veeam Cloud Connect Backup: Disk Space - Per GB - Stored Includes 7 days worth of Veeam Cloud Connect Insider Protection	\$0.20	1500	\$300.00
Recurring Subtotal				\$863.00

Onboarding & One Time Services		Price	Qty	Ext. Price
DC-MSP-BASIC-ONB	Managed Desktop Basic Onboarding Managed Desktop Basic Onboarding	\$20.00	40	\$800.00
HBS-FLEX-SERVICES	HBS FLEX Services Flexible Services block- Rates for services based on attached HBS FLEX Volume Service Schedule This would be used for baseline assessment and onboarding for managed services. Any unused funds could be used for reactive support tickets.	\$5,000.00	1	\$5,000.00
Subtotal				\$5,800.00

Quote Summary	Recurring	One-Time
Monthly Recurring Services	\$863.00	\$0.00
Onboarding & One Time Services	\$0.00	\$5,800.00
Total:	\$863.00	\$5,800.00

This quote may not include applicable sales tax, shipping, handling and/or delivery charges. Final applicable sales tax, shipping, handling and/or delivery charges are calculated and applied at invoice. The above prices are for hardware/software only, and do not include delivery, setup or installation by Heartland ("HBS") unless otherwise noted. Installation by HBS is available at our regular hourly rates, or pursuant to a prepaid HBS Flex Agreement. This configuration is presented for convenience only. HBS is not responsible for typographical or other errors/omissions regarding prices or other information. Prices and configurations are subject to change without notice. HBS may modify or cancel this quote if the pricing is impacted by a tariff. A 15% restocking fee will be charged on any returned part. Customer is responsible for all costs associated with return of product and a \$25.00 processing fee. No returns are accepted by HBS without prior written approval. This quote expressly limits acceptance to the terms of this quote, and HBS disclaims any additional terms. By providing your "E-Signature," you acknowledge that your electronic signature is the legal equivalent of your manual signature, and you warrant that you have express authority to execute this agreement and legally bind your organization to this proposal and all attached documents. Any purchase that the customer makes from HBS is governed by HBS' Standard Terms and Conditions ("ST&Cs") located at <http://www.hbs.net/standard-terms-and-conditions>, which are incorporated herein by reference. The ST&Cs are subject to change. When a new order is placed, the ST&Cs on the above-stated website at that time shall apply. If customer has signed HBS' ST&Cs version 2018.v2.0 or later, or the parties have executed a current master services agreement, the signed agreement shall supersede the version on the website. Any order(s) that exceeds the credit limit assigned by HBS shall require upfront payment from customer in an amount determined by HBS. HBS shall make this determination at the time of the order, unless customer has previously submitted the required onboarding paperwork. In such event, HBS shall make this determination at the time of quoting. QT.2021.v1.0

Acceptance

Heartland Business Systems

Central Iowa Community Services

Keri McMahon

Signature / Name

05/23/2022

Date

Signature / Name

Initials

Date

Iowa Flex Rates

SCHEDULE to the Service Agreement (“Agreement”) between Heartland Business Systems, a Wisconsin limited liability company, (hereafter called Heartland) and Central Iowa Community Services (Customer). Heartland and Customer (hereafter called PARTIES) agree as follows:

1. The terms of this SCHEDULE shall govern in the event of a conflict between the terms of the Agreement and the terms of this SCHEDULE.
2. **Pricing.** Customer agrees to pay Heartland based upon the hourly rates described below. Pricing does not include applicable sales tax which will be charged at time of invoicing.
3. **Travel.** Travel will be billed to customer at below rates based on one way travel from closest Heartland office.
4. **Prepayment.** HBSFLEX Volume Service Pricing is available only for prepaid service blocks.
5. **Expiration.** HBSFLEX Agreements will expire 18 months from date of purchase.
6. **Additions.** Should this quote be an addition or conversion of an existing agreement, Rate schedule below will apply to all funds.

HOURLY SERVICES BILLING SCHEDULE
(time is billed in 15 minute increments)

Engineer Work Role	Hourly Rate
Infosec Consultant 7	\$275
Infosec Consultant 6 Infosec Consultant-Applications	\$225
Helpdesk 1	\$115
All Other Work Roles	\$175
After Hours Rate <ul style="list-style-type: none"> • Before 8am or after 5pm CST Weekends & Company Recognized Holidays	1.5x Base Rate

Managed Services Agreement

THIS AGREEMENT is entered into between Heartland Business Systems, LLC, a Wisconsin limited liability company (“Provider”), with its principal offices located at 1700 Stephen Street, Little Chute, WI 54140, and Central Iowa Community Services (“Customer”).

The terms of this Agreement include Provider’s Standard Terms and Conditions located at <http://www.hbs.net/standard-terms-and-conditions> (“ST&C”). Should any term contained in this Agreement directly conflict with any term in the ST&C, this Agreement shall control.

ARTICLE I

CUSTOMER REQUIREMENTS, LIMITATIONS AND ASSUMPTIONS

In order to perform the Services described herein, Customer agrees to provide to Provider the following:

A. **Access.** Remote access to Customer’s network, and for any required on-site Services, physical access to Customer’s facilities and network (collectively, the “Customer Environment”) to provide the Services described herein. Additional requirements regarding access are provided within this Agreement.

B. **Internet.** Customer will provide adequate bandwidth (including sufficiently low latency and packet loss) for connectivity to the Internet.

C. **Hardware.** Customer agrees that it will have industry standard server, routing and firewall appliances and that such appliances have up-to-date manufacturer warranties and further authorizes Provider, as a consultant, to contact these manufacturers on behalf of Customer for support if needed. Remediation of hardware failures of Customer-owned equipment will be handled on a time and materials (“T&M”) basis.

D. **Software.** Customer represents and warrants that all Customer-provided software licensing shall be genuine and that its support agreements are up-to-date, and hereby authorizes Provider to contact these software vendors on behalf

of Customer for support if needed in accordance with the provision of Services described herein.

E. Data Security and Protection. Customer represents and warrants that the Customer Environment is protected by industry standard security and virus protection software.

F. Proper Backup. Customer warrants and represents to Provider that Customer's data and system has been properly backed up prior to the commencement of any services provided by Provider and understands that the Provider shall have no liability whatsoever, under any circumstances, for any damages that Customer suffers from Customer's failure to backup data.

G. Existing Environment Suitability Requirements. In order for the Customer's existing environment to qualify for managed services, all equipment (PC's, Laptops, Servers, Switches, Routers, Firewalls, Wireless controllers) must be running currently supported software versions as approved by the manufacturer. All equipment must be newer than 3 years old. Equipment that initially passes the minimum standard requirement for service can reveal itself to become chronically failing. Should this occur, while rare, Customer agrees to work constructively and positively with Provider to replace such equipment through Provider.

H. Client Contact. Customer shall only have authorized personnel contact the Service Desk by phone, email, Customer portal, or computer agent, and Customer shall provide a complete description of the issue. Customer shall provide point of contact information (name, telephone number, email), be as clear as possible about the urgency of the case, and communicate issues within a reasonable time of becoming aware of the issue

I. Additional Fees. Additional time incurred by Provider as the result of Customer's failure to comply with its obligations in this Agreement will result in additional invoiced fees for such Services, which will be performed on a T&M basis

ARTICLE II

ADDITIONAL TERMS AND CONDITIONS

A. Invoicing and Payment Terms. Provider will invoice Customer as described in the attached Quote. Provider will invoice Customer monthly for the recurring costs as identified on the attached Quote. For monthly subscription-based licenses, Customer agrees to allow Provider to adjust billed quantities based on Customer's monthly consumption. Customer may also request adjustment to quantities needed on a monthly basis. It is understood that any and all services requested by Client that fall outside of the terms of this Agreement will be considered projects and will be billed as separate individual services. The parties agree that Provider shall have the right to update the pricing for this Agreement at any time by providing 30 days prior written notice to Customer.

B. Failure to Pay. Any invoice, whether for this Agreement or any other products or services provided by Provider, remaining unpaid after its due date shall be grounds for Provider to immediately withhold any Services covered by this Agreement or any other services, and shall be a default. In the event of a default, Provider shall have the right, prior to providing any notice of default, to accelerate the payment of all amounts owed by Customer, which shall become immediately due and payable without notice or demand. If Provider institutes collection procedures to recover any amount, Customer shall pay all expenses of collection and all reasonable attorneys' fees and costs incurred by Provider.

C. Travel Expenses. Provider will invoice Customer for reasonable travel expenses including mileage at the IRS standard mileage rate. All time that Provider spends travelling will be applied to the monthly "Managed Services" as identified on the attached Quote.

D. Telco Fees. Services performed by Provider on the Customer's behalf for issues related to or caused by the Customer's telephone and communications Providers and related circuitry will be billed on a T&M basis at the Network Support rate as indicated in the attached quote.

E. Term. The term of this Agreement shall commence on the Agreement Effective Date and shall continue each month until terminated pursuant to the following section.

F. Termination by Either Party. In the event that the attached Quote contains a specific initial term, the Customer shall not have the right to terminate this Agreement during such term. This Agreement shall remain in effect following the expiration of such term, and either party shall have the right to terminate this Agreement on or after the expiration of such term by providing at least 60 days' prior written notice to the other party, provided that if the termination date would fall on a day other than the last day of the month, the termination shall be effective as of the last day of that month. In the event that the attached Quote does not contain a specific initial term, either party shall have the right to terminate this Agreement at any time by providing at least 60 days' prior written notice to the other party, provided that if the termination date would fall on a day other than the last day of the month, the termination shall be effective as of the last day of that month.

G. Termination for Breach. In the event of a default by one party, the non-defaulting party may provide written notice of the default and may terminate this Agreement at any time following the expiration of a reasonable opportunity to cure such default; provided that, if the defaulting party has cured the default prior to the expiration of such cure period, this Agreement shall remain in effect. For purposes of this Agreement, a "reasonable opportunity to cure" shall be ten (10) days for a monetary or payment default and thirty (30) days for a non-monetary or non-payment default. In the event of a subsequent default of any type, the non-defaulting party may immediately terminate this Agreement without any notice or opportunity to cure. Furthermore, in the event of a default by Customer, Provider shall not be required to provide any additional services of any type, including but not limited to the transferring, providing or copying of any data, unless Customer has first paid all amounts owed to Provider and the amount charged by Provider for such additional services.

H. Payment Upon Termination. Upon termination, Customer shall remain responsible for, and shall be obligated to pay Provider for all fees associated with Provider's performance of the Services prior to the effective date of termination. Customer shall also remain responsible for any outstanding annual fees amortized in this Agreement. Such fee could include but are not limited to Manufacturer Software Assurance, Outsourced Monitoring Fees, Right to Use Software Licensing. The Customer agrees and acknowledges that early termination of this Agreement may cause Provider to incur various additional costs. In the event that the Customer terminates this Agreement early for any reason whatsoever, the Customer agrees to immediately pay the following amount to Provider: all early termination expenses that Provider is charged by its applicable vendors and suppliers.

I. Indemnification. Customer shall indemnify and hold harmless Provider from any and all damages, claims, actions, investigations, proceedings, losses, costs, and other related expenses (including actual attorney fees) arising out of: (i) any material breach of this Agreement by Customer; or (ii) Customer's infringement, misappropriation, or violation of any trademark, service mark, trade name, copyrighted or patented material, or other intellectual property of Provider. The indemnification rights granted hereby are independent of, and in addition to, such rights and remedies as either party may have at law or in equity, or otherwise, including the right to seek specific performance, rescission, or restitution.

J. Limitation of Liability. Provider warrants that its Services will be in substantial conformance with this Agreement and any attached documents. Aside from the foregoing, Provider makes no further warranties or representations. Except as specifically provided in this Agreement, Provider shall have no liability or responsibility to the Customer or to any other person, firm, or entity with respect to any liability, loss, or damage arising out of, or relating to, the operation or non-operation of the Services. Provider hereby specifically disclaims any and all warranties, whether express or implied, including, without limitation, warranties of merchantability or fitness for a particular purpose in connection with this Agreement or Provider's provision of, or failure to provide, the Services. The sole and entire maximum liability of Provider to the Customer for any and all proven loss, claim, damage or liability of any kind (including but not limited to contract or tort) with respect to all Services provided by Provider and any act or omission of Provider will consist of a duty to refund not more than the amounts actually paid by the Customer during the year

preceding such loss, claim, damage or liability.

K. Service Operation Disclaimer. Customer grants Provider authorization to view any data within the regular routine of the repair or system improvement. Customer also authorizes Provider to reasonably delete, change, and or rewrite any necessary information to complete the system repair or improvement that is consistent with the standards and practices in the industry.

L. Notices. Any notice or other communication hereunder shall be in writing and shall be deemed to have been duly given (a) upon receipt (or refusal of receipt) if delivered personally, (b) when sent by electronic mail or facsimile transmission, (c) when sent by overnight courier service, (d) when mailed by first class mail, postage prepaid, or (e) when mailed by certified or registered mail, return receipt requested, with postage prepaid to the parties at the following addresses, or to such other address as a party may designate in writing:

If to Provider:

Heartland Business Systems, LLC

Attention: Legal Department

P.O. Box 347

Little Chute, WI 54140

If to Customer:

Address Specified in Quote

SCHEDULE A: SCOPE OF MANAGED SERVICES

The scope of managed services provided may vary dependent on the exact services purchases. The following scope of services may apply as follows:

Reporting, Management, and Tracking

Provider will provide monthly reports detailing:

- Service tickets-Opened, Resolved, In Progress
- Asset inventory under management
- Time usage for service tickets
- Monitored alerts for assets under management

Alert Notifications

When an alert is generated from Provider's monitoring platform, the Provider's Service Desk will receive the notification, contact the Customer based on the escalation policy defined during onboarding. Escalation could include phone call or email to Customer staff or Provider service personnel.

Diagnosis and Troubleshooting

Network diagnosis and support issues will be done remotely for all network devices covered with a managed services plan under this Agreement. Any remediation steps would be billed at the applicable hourly rate.

Customer agrees to allow Provider to install remote support agent on applicable devices so as to enable remote

monitoring and Provider access to managed systems.

Additional Line of Business Application updates by Provider that are not listed in this Agreement will be subject to additional monthly fees

Patching

If Customer's Managed Service include patching of servers or workstations, patching will be automated and conducted on a scheduled basis via automated patching application. Patching includes various levels of security patches but does not include Windows feature pack updates.

Provider agrees to conduct patching only during approved patch window as designated by Customer during onboarding, unless otherwise agreed upon. Patching will be conducted on a best effort basis based on HBS recommended patching policies. Patch applications troubleshooting for specific devices would be billed additionally.

Manual patching of servers or applications is not included unless expressly written in attached quote.

Patching often requires systems to be rebooted. Automated reboots will take place during the patching window. Please make sure all documents are saved prior to scheduled patching window. Provider will not be held liable for lost changes to open documents as a result of patching.

Billable Support

Support not covered by productized SKUs will be billable at applicable service rates based on engineering tiers. Examples of billable work by tier is as follows:

Helpdesk I

- End user desktop support
- End user VPN configuration
- Password resets
- Microsoft Office Suite
- Mobile device setup and configuration
- Printer troubleshooting
- Network drive mapping for end user device
- Office 365 User Administration
- Simple Active Directory, DNS, and DHCP administration
- Whitelist URL in firewall
- Spam filter administration
- Computer slowness troubleshooting
- End-User support in all basic software/hardware/3rd party software
- Spyware/Malware/Virus Removal (Non-Incident Response work - ESRM Team)
- Anything not defined in NOC II and NOC III

NOC II

- Simple Layer 2 configuration of network switches, routers, and firewalls (Assign VLAN)
- Advanced Active Directory, DNS, and DHCP administration
- Veeam administration (job configuration, failed backup troubleshooting, schedules, file/folder restore)
- Hypervisor administration (VMware, Hyper-V)
- Cisco Meraki troubleshooting
- Administration of specialized server roles and features (RDS, IIS)

- Print server configuration
- Troubleshoot SMB ISP issues

NOC III

- Advanced Layer 3 network troubleshooting
- Configuration and advanced troubleshooting of hypervisor
- VPN configuration on firewall or router
- Advanced backup recovery (restore full VMs and servers, GRT restores)
- Linux server troubleshooting and administration
- SAN troubleshooting and administration
- Add new network equipment to the existing infrastructure
- Creating VLANs, trunking, policies, routes, routing protocols, QoS, ACLs, link aggregation, and packet shaping.
- Wireless troubleshooting (Enterprise grade networking equipment)
- Consultative input regarding networking and systems
- Troubleshoot enterprise ISP issues

SCHEDULE B: PROVIDER STANDARD SLA

Helpdesk Schedule

Business Hours: Monday-Friday 7:00am – 6:00 pm CST, not including Holidays

After Hours: Engineers are on call 24x7.

Support Requests to be made by Customer via phone or email as noted below:

Helpdesk Phone Number: 1-877-212-2669

Helpdesk Email Address: hd@hbscloudservices.com

After hours rates apply for any work performed outside of business hours above. For after-hours/ emergency work you must call phone number above, leave a voicemail, and the on-call engineer will return your call promptly. Email tickets submitted after hours will be responded to the next business day.

The following response times apply to telephone calls, voice messages, or monitored alerts received by the Service Desk during normal business hours stated above. Problems reported by e-mail to the Service Desk, or cases created in the Customer Portal, will be responded to within 24 hours. Emergency tickets should always be called in to receive top priority.

Minimum .25 hours charged applied per support request at the appropriate support rate.

Priority	DEFINITION	Response Time	Resolution Time	Escalation Time
0	Urgent - Site down. Operation of a critical business system is stopped or severely restricted, stopping production or operations. No workaround is	1 hour	ASAP Best Effort	2 hour

	available.			
1	High – Site at risk or performance severely degraded. Operation of a critical business system is stopped or severely restricted, but does not stop production or operations. No workarounds or short-term workarounds are available, but restricted operations can continue.	4 hours	ASAP Best Effort	8 hours
2	Medium – Performance impaired. Problems that impair the operation of the Customer’s existing system, yet most business operations remain functional. This can be a minor problem with no major effect on business operations, or a major problem where an acceptable workaround exists.	8 hours	ASAP Best Effort	24 hours
3	Low – General assistance. Business process can continue, one user affected. Information or assistance on product capabilities, installation, or configuration. There is minimal impact on business process	24 hours	ASAP Best Effort	72 hours

V2021.2

Data Center Agreement

Master Data Center Agreement

THIS AGREEMENT is entered into between Heartland Business Systems, LLC, a Wisconsin limited liability company (“Provider”), and Central Iowa Community Services (“Customer”). The terms of this Agreement include Provider’s Standard Terms and Conditions located at <http://www.hbs.net/standard-terms-and-conditions> (“ST&C”). Should any term contained in this Agreement directly conflict with any term in the ST&C, this Agreement shall control.

ARTICLE I

PROVISION OF SERVICES AND RELATED EQUIPMENT

A. Services. Provider shall provide to Customer those services (the “Services”) specifically identified on the attached Quote. Unless Provider and Customer agree to the contrary, and such agreement is memorialized on the Quote, the transmission facilities through which Provider provides the Services to Customer need not be dedicated to the provision of Services exclusively to Customer; and Provider shall be entitled to utilize such facilities for the transmission of other data, or the provision of Services to other customers, provided such other utilization of these facilities does not interfere with Customer’s use and/or enjoyment of the

Services. Provider covenants and agrees that the Services shall be functional in all material respects and available for Customer's use on or before the date of first availability identified on the Quote.

B. Availability of Services. Provider shall use commercially reasonable efforts to ensure the continuous availability of the Services without interruption. Notwithstanding, Customer acknowledges and agrees that, from time to time, the Services may be temporarily unavailable during periods of testing, maintenance, repair, or during other periods caused by events of force majeure.

Availability/Service Credit: The Services are accessible 24/7, with a 99.9% targeted uptime. 99.9% of the time during any calendar month, the Services shall be available. Unavailability is a condition in which there is unavailability of the Services due to hardware failure OR sustained packet loss in excess of fifty percent within the Provider's facilities for at least two consecutive hours due to a failure of the Provider to provide Services during such period; unavailability does not include packet loss or network unavailability due to scheduled maintenance or inability of a user to connect with the Services due to Internet or telecommunications problems or any other issues outside the control of Provider. In order to receive any service credit, Customer must notify Provider within seven (7) days from the time Customer becomes eligible to receive a service credit. Failure to comply with this requirement will forfeit Customer's right to receive a service credit. The aggregate maximum number of service credits to be issued by Provider to Customer for any and all downtime periods and performance problems during any given calendar month shall not exceed one month of service. Service credits are issued as followed:

Length of Unavailability (per calendar month)	Service Credit
24 to 48 hours of aggregate unavailability below 99.9%	1 day of service fees credited (i.e.: 1/30 monthly fees)
48 to 96 hours of aggregate unavailability below 99.9%	1. 2 days of service fees credited (i.e.: 1/15 monthly fees)

*Each block of 96 hours of aggregate unavailability thereafter shall be credited 5 days of service fees.

*All Service Credit shall be applied to the next month's invoice.

C. Use of Services.

1. Customer represents and warrants that it will not use the Services or otherwise engage in any activities: that constitute or encourage a violation of any applicable law or regulation, including, but not limited to, the sale of illegal goods, or the violation of export control or obscenity laws; that defame, impersonate, or invade the privacy of any third party or entity; that infringe the rights of any third party, including, but not limited to, the intellectual property, business, contractual, or fiduciary rights of others; that are in any way connected with the transmission of "junk mail," "spam," or the unsolicited mass distribution of e-mail, or with any unethical marketing practices; that cause the reselling or transfer for value any services provided by the attached Quote unless otherwise indicated to the contrary in the attached Quote; or that removes any copyright ownership information, or falsifies such information, on any files uploaded, downloaded, made publicly available through, or transmitted via Provider's system.

2. Provider reserves the right, at any time, to refuse to host or discontinue hosting any Web site or Internet connection which Provider believes, in its sole discretion: offers for sale goods or services, or uses or displays materials, that are illegal, obscene, vulgar, offensive, dangerous, or are otherwise inappropriate; received a significant number of complaints for failing to be reasonably accessible to customers, or timely fulfill customer orders; has become the subject of a government complaint or investigation; has violated or is alleged to have violated any local, state, or federal law or regulation; has violated or is alleged to have violated the rights or interests of any person or entity; impairs or threatens to impair the functionality of servers owned or operated by Provider, or other Web sites hosted or maintained by Provider on its own behalf or for the benefit of other customers; or has violated or threatens to violate this Agreement.

3. Customer explicitly licenses Provider to make any copies of copyright protected materials necessary to provide Internet and related services to Customer, as well as make any necessary copies necessary to preserve and maintain Provider's system and Customer's files and electronic mail.

4. Customer explicitly licenses Provider to make any copies, without limitation, of any copyrighted materials submitted to a public forum maintained on Provider's system, or submitted to any forum to which Provider provides access. This clause cannot be modified by either party unless any modification is in writing and signed by both parties.

5. Unattended Forms. Customer is not permitted to run any programs or software which continually send data over or access Provider's system, or run any programs or software on Provider's system unattended, unless such use has been approved in advance by Provider's staff.

D. Equipment.

1. Installation, Operation, and Maintenance of Equipment. Provider shall instruct, construct, operate, and maintain all cable, equipment, and other facilities necessary to provide the Services to Customer up to a point of demarcation identified by Provider. Unless Provider and Customer agree otherwise, and such agreement is memorialized on the Quote, Customer shall be responsible for the installation, construction, operation, and maintenance of all cable, equipment, software, licensing and other facilities necessary to utilize the Services from and after the point of demarcation. To the extent necessary, Customer shall, at no cost to Provider, grant to Provider and its agent's access, including any necessary or required easement, to Customer's premises as may be necessary for Provider to install, construct, operate, or maintain any cable, equipment, software, licensing or other facilities, to otherwise provide the Services to Customer. Except in emergency situations (which shall be determined by Provider, in its reasonable judgment), Provider will obtain approval from Customer (not to be unreasonably withheld or delayed) before entering upon Customer's premises to engage in any of the foregoing activities.

2. Responsibility for Equipment. Except as may be otherwise specified in the Quote, neither party shall be responsible for the maintenance or repair of cable, electronics, structures, equipment, or materials owned by the other party; provided, however, that each party shall be responsible to the other for any damage or harm, including damage caused by environmental conditions at a party's location, or by the negligence or willful misconduct of the other party. Customer shall be responsible for maintaining insurance coverage adequate to cover damage to Customer's physical property whether located at Customer's premises or at Provider's premises.

3. Title and Control of Facilities. Title to equipment or facilities owned by Provider and used in any fashion to provide Services shall remain with Provider. Customer shall keep all such equipment and facilities located on Customer's premises free and clear of all liens, encumbrances, and security interests, and shall not tamper with or allow the same to be moved or tampered with by any person not authorized by Provider to do so. Customer shall also keep all such equipment and facilities secure and free from environmental hazards.

4. Access to Equipment and Facilities upon Termination or Expiration of Agreement. Customer shall grant to Provider access to all of Provider's equipment and other facilities in or about Customer's premises for purposes of removing the same during the thirty (30) days immediately following the expiration or termination of this Agreement by either party and for any reason. Such access shall be granted during normal business hours and shall afford Provider sufficient time and opportunity to remove its equipment and other facilities from Customer's premises.

E. Procurement of Access Rights. Customer shall, at its expense, procure all necessary rights of way, easements, franchises, licenses, conduit rights, building entrance rights, landlord consents, and other rights and grants of authority which are necessary or desirable for Provider to provide the Services specifically to Customer.

F. Security of Transmitted Information. When applicable, the Customer shall incorporate Secure Socket Layer ("SSL"), or substantially equivalent technology, to transmit sensitive Customer information (such as payment information, credit card information, social security numbers and medical information protected by HIPAA) over the World Wide Web. Notwithstanding the incorporation of such technology into the Services delivered to Customer, Provider shall not be liable to Customer or any third party for the failure of such technology to maintain the confidentiality of any information transmitted by, from, or to Provider pursuant to this Agreement, or in connection with the Services provided to Customer.

G. Virtual Private Network Security. Provider's VPN security is followed in accordance with NIST Publications:

<http://csrc.nist.gov/publications/nistpubs/800-52/SP800-52.pdf>

<http://csrc.nist.gov/publications/nistpubs/800-77/sp800-77.pdf>

<http://csrc.nist.gov/publications/nistpubs/800-113/SP800-113.pdf>

H. Customer Responsibility of Hosted Software.

1. General. Customer acknowledges that with respect to the Hosted Software, all the design, development, operation, support and maintenance of the Hosted Software program is Customer's full financial responsibility. In addition, any Web site owned or operated by Customer; any telecommunication equipment and software owned or operated by Customer; all computer network hardware and software owned and operated by Customer; and all associated software licensing, services, support, maintenance, upgrades, and renewal costs of all items owned or operated by Customer is Customer's full financial responsibility. Software licensing and renewals may include but are not limited to CRM, SQL, anti-virus, etc. Further, Customer acknowledges that in respect to the Hosted Software, the Provider's only responsibility is to provide Hosting Services as outlined in this Agreement. Customer further acknowledges that no system on the Internet can be guaranteed safe from unauthorized intrusion, and therefore any confidential information stored on or transmitted through Provider's system is stored or transmitted at Customer's own risk.

2. Hosted Software Content. Customer represents and warrants that: (i) Customer owns or has sufficient rights in and to Hosted Software and the Hosted Software Content, including without limitation, personal, medical and financial information contained within the Hosted Software content, in order to use, and permit use of, the Hosted Software content as contemplated in this Agreement; and (ii) the Hosted Software Content does not and shall not contain any content, materials, advertising or services that infringe on or violate any applicable law, regulation or right of a third party. Customer also acknowledges that Hosted Software Content may be stored on servers located within the United States or accessed by Provider's support personnel in the United States, and hereby authorizes such access and storage. Provider only provides access to the Hosted Software, Provider does not operate or control the information, services, opinions or other content of the Internet. Provider does not monitor and shall have no liability or responsibility whatsoever for the Hosted Software Content of any transmissions or communications transmitted or otherwise disseminated via the Hosting Services. Customer agrees that it shall make no claim whatsoever against Provider relating to the Hosted Software Content or content of the Internet or respecting any information, product, service or software ordered through or provided via the Internet, and Customer shall indemnify and hold Provider harmless from any and all claims (including claims by governmental entities seeking to impose penal sanctions) related, directly or indirectly, to such Hosted Software Content.

3. Configuration and Support. Customer agrees to maintain and update DNS records for all domains, and therefore holds all responsibility pertaining to DNS configuration. Customer agrees to provide level 1 support including, but not limited to initial incoming calls and basic level troubleshooting. Customer acknowledges the responsibility to reconfigure and set up all mail clients for each individual user account on each computer.

ARTICLE II

COMPENSATION AND PAYMENT TERMS

A. Compensation to Provider. As compensation for the Services provided hereunder, Customer shall pay to Provider the rates and other charges identified on the Quote for Services provided or made available to Customer during the period identified on Provider's invoice to Customer.

B. Taxes and Other Charges. There may be added to any charges under the paragraph above, an amount equal to industry-wide surcharges and/or fees and surcharge, duty, levy, tax, or withholding, including, but not limited to, sales, property, excise and use taxes, or any tax in lieu thereof or in addition thereto, imposed by any local, state, or federal government or governmental agency with respect to the Services, or with respect to this Agreement, excepting only taxes on the income of Provider. Furthermore, service order charges apply to certain services and will be charged for those services in addition to other charges.

C. Payment. Provider shall render an invoice in accordance with Provider's usual and customary billing cycle for Services delivered or made available to Customer during each preceding month during the Term. Customer shall pay each invoice in full within thirty (30) days of the date of each invoice. Any invoice, whether for this Agreement or any other products or services provided by Provider, remaining unpaid after its due date shall be grounds for Provider to withhold any Services covered by this Agreement and shall be a default. In the event of a default, Provider shall have the right to accelerate the payment of all amounts owed by Customer, which shall become immediately due and payable without notice or demand. If Provider institutes collection procedures to recover any amount, Customer shall pay all expenses of collection and all reasonable attorneys' fees and costs

incurred by Provider.

ARTICLE III

TERM AND TERMINATION

A. Term. This Agreement shall become effective on the later to occur of: (i) the date first written above; or (ii) the date upon which both parties have executed this Agreement (hereinafter, the “Effective Date” of this Agreement). Provider shall utilize commercially reasonable efforts to make the Services available to Customer as soon as possible; and the Services shall be available to Customer, subject to the terms and conditions hereof, for that period commencing on the Effective Date and continuing until termination as described herein. In the event that the attached Quote contains a specific initial term, the Customer shall not have the right to terminate this Agreement during such term. This Agreement shall remain in effect following the expiration of such term, and either party shall have the right to terminate this Agreement on or after the expiration of such term by providing at least 30 days’ prior written notice to the other party, provided that if the termination date would fall on a day other than the last day of the month, the termination shall be effective as of the last day of that month. In the event that the attached Quote does not contain a specific initial term, either party shall have the right to terminate this Agreement at any time by providing at least 30 days’ prior written notice to the other party, provided that if the termination date would fall on a day other than the last day of the month, the termination shall be effective as of the last day of that month.

B. Default. In the event of a default by one party, the non-defaulting party may provide written notice of the default and may terminate this Agreement at any time following the expiration of a reasonable opportunity to cure such default; provided that, if the defaulting party has cured the default prior to the expiration of such cure period, this Agreement shall remain in effect. For purposes of this Agreement, a “reasonable opportunity to cure” shall be ten (10) days for a monetary or payment default and thirty (30) days for a non-monetary or non-payment default. In the event of a subsequent default of any type, the non-defaulting party may immediately terminate this Agreement without any notice or opportunity to cure. Furthermore, in the event of a default by Customer, Provider shall not be required to provide any additional services, including but not limited to the transferring, providing or copying of any data, unless Customer has first paid all amounts owed to Provider and the amount charged by Provider for such additional services. In the event that this Agreement is terminated due to a default by Customer, Provider shall have no obligation to retain any data provided by Customer, and Provider may delete such data without demand or notice.

C. Changes in Legislation. Should any changes in legislation or law require any changes to this Agreement or any services provided by Provider, Provider reserves the right to make any such changes, as are determined necessary or prudent to be compliant, at Provider's sole discretion, without giving Customer advanced notice. If such changes are made, Provider promises to send by electronic or postal mail notice of any changes in a reasonable time period. In event of such changes, Customer may terminate service without a required notice period, but is to pay for services provided to the date of the effective termination.

D. Effect of Early Termination. The termination of this Agreement for any cause shall not release either party hereto from any liability which at the time of termination has already accrued to the other party hereto, or which thereafter may accrue with respect to any act or omission prior to termination, or from any obligation which is expressly stated herein to survive termination. Termination of this Agreement in accordance with its terms shall be without prejudice to any other rights or remedies of the parties.

ARTICLE IV

INDEMNIFICATION AND LIMITATION OF LIABILITY

A. Indemnification. Customer hereby indemnifies and holds harmless Provider from any and all damages, claims, actions, investigations, proceedings, losses, costs, and other related expenses (including actual attorney fees) that may arise out of: (i) any material breach of this Agreement by Customer; (ii) any breach of any of the representations or warranties made by Customer in this Agreement; and (iii) any alleged violation of any rights of another, including, but not limited to, each party’s use of any content, trademark, service mark, trade name, copyrighted or patented material, or other intellectual property of its own or of any third party. Customer shall also indemnify and hold Provider harmless from any and all damages, claims, actions, investigations, proceedings, losses, costs, and other related expenses (including actual attorney fees) that may relate to or arise out of any violation of the General Data Protection Regulation (GDPR) (EU) 2016/679, as amended from time to time, or any related law, rule, regulation or order, by Customer or its officers, employees, and agents. The indemnification rights granted hereby are independent of, and in addition to, such rights and remedies as either party may have at law or in equity, or otherwise, including

the right to seek specific performance, rescission, or restitution.

B. LIMITATION OF LIABILITY.

1. **IN GENERAL.** EXCEPT AS SPECIFICALLY PROVIDED IN THIS AGREEMENT, PROVIDER SHALL HAVE NO LIABILITY OR RESPONSIBILITY TO CUSTOMER OR TO ANY OTHER PERSON, FIRM, OR ENTITY WITH RESPECT TO ANY LIABILITY, LOSS, OR DAMAGE ARISING OUT OF, OR RELATING TO, THE OPERATION OR NON-OPERATION OF THE SERVICES. PROVIDER HEREBY SPECIFICALLY DISCLAIMS ANY AND ALL WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE IN CONNECTION WITH THIS AGREEMENT OR PROVIDER'S PROVISION OF, OR FAILURE TO PROVIDE, THE SERVICES.

2. **NO LIABILITY FOR CONTENT.** THE CONTENT THAT CUSTOMER MAY ACCESS OR DELIVER THROUGH ANY SERVICES IS PROVIDED BY INDEPENDENT CONTENT PROVIDERS, OVER WHICH PROVIDER DOES NOT EXERCISE AND DISCLAIMS ANY CONTROL. PROVIDER NEITHER PREVIEWS CONTENT NOR EXERCISES EDITORIAL CONTROL, DOES NOT ENDORSE ANY OPINIONS OR INFORMATION ACCESSED THROUGH ANY SERVICE, AND ASSUMES NO RESPONSIBILITY FOR ON-LINE CONTENT. PROVIDER SPECIFICALLY DISCLAIMS ANY RESPONSIBILITY FOR THE ACCURACY OR QUALITY OF THE INFORMATION OBTAINED IN USING THE SERVICES.

3. **DAMAGE, LOSS, OR DESTRUCTION OF SOFTWARE FILES AND/OR DATA.** PROVIDER ASSUMES NO RESPONSIBILITY WHATSOEVER FOR ANY DAMAGE TO OR LOSS OR DESTRUCTION OF ANY OF CUSTOMER'S HARDWARE, SOFTWARE, FILES, DATA, OR PERIPHERALS WHICH MAY RESULT FROM CUSTOMER'S USE OF THE SERVICES, OR FROM THE INSTALLATION, MAINTENANCE, OR REMOVAL OF ANY SERVICE OR RELATED EQUIPMENT OR SOFTWARE. PROVIDER DOES NOT WARRANT THAT ANY DATA OR FILES SENT BY OR TO CUSTOMER WILL BE TRANSMITTED IN UNCORRUPTED FORM WITHIN ANY PERIOD OF TIME.

4. **NO CONSEQUENTIAL DAMAGES.** EXCEPT FOR INDEMNIFICATION REQUIREMENTS, AND EXCEPT FOR DAMAGES RESULTING FROM GROSS NEGLIGENCE, WILLFUL MISCONDUCT, RECKLESSNESS, OR PERSONAL INJURY OR DEATH, OR DAMAGE TO PROPERTY, NEITHER PARTY WILL BE LIABLE TO THE OTHER FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, RELIANCE, OR SPECIAL DAMAGES SUFFERED BY THE OTHER PARTY.

5. **MAXIMUM LIABILITY.** THE SOLE AND ENTIRE MAXIMUM LIABILITY OF PROVIDER TO CUSTOMER FOR ANY AND ALL PROVEN LOSS, CLAIM, DAMAGE OR LIABILITY OF ANY KIND (INCLUDING BUT NOT LIMITED TO CONTRACT OR TORT) WITH RESPECT TO ALL SERVICES PROVIDED BY PROVIDER AND ANY ACT OR OMISSION OF PROVIDER WILL CONSIST OF A DUTY TO REFUND NOT MORE THAN THE AMOUNTS PAID BY THE CUSTOMER TO PROVIDER DURING THE YEAR PRECEDING SUCH LOSS, CLAIM, DAMAGE OR LIABILITY.

ARTICLE V

MISCELLANEOUS

A. **Notices.** Any notice or other communication hereunder shall be in writing and shall be deemed to have been duly given (a) upon receipt (or refusal of receipt) if delivered personally, (b) when sent by electronic mail or facsimile transmission, (c) when sent by overnight courier service, (d) when mailed by first class mail, postage prepaid, or (e) when mailed by certified or registered mail, return receipt requested, with postage prepaid to the parties at the following addresses, or to such other address as a party may designate in writing :

If to Provider:

Heartland Business Systems, LLC

Attention: Legal Department

1700 Stephen Street

P.O. Box 347

Little Chute, WI 54140-0347

If to Customer:

Address Specified in Quote

B. **Survival.** All representations, warranties, covenants, conditions, and agreements contained herein which either are expressed as surviving the expiration or termination of this Agreement or, by their nature, are to be performed or observed, in whole or in part, after the termination or expiration of this Agreement shall survive the termination or expiration of this Agreement.

C. **Licenses.** Customer grants any permissions or licenses (including but not limited to copyright licenses), as may be required, and within Customer's power to grant, to Provider in order to provide Internet and related services to Customer, or as may be required for Provider to operate for Customer's benefit.

D. **System and Service Modifications.** The services and software that may be offered in a Quote are subject to change and limitation is at Provider's discretion, as is any month to month pricing schedule or pricing schedule not under contract. Provider will notify Customer of any changes by electronic or postal mail to the agent named in this Agreement or other Customer officer, unless the change is judged by Provider to be necessary to preserve proper security or functioning of Provider's system. If Customer objects to any change in service, unless the change is one Provider has determined is necessary for security purposes or to maintain proper operation of Provider's system, Customer will be entitled to cancel only the specific service affected by said change or modification. Customer's continued use of the Hosting services after the effective date of such modified general terms and conditions, policies, or changes in services or software will constitute Customer's acceptance of such modified terms.

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Norse Ventures LLC., dba Thrive**

Chart of Account	Service Description	Unit of Service	Rate
50368	Individual Supported Employment: Long Term Job Coaching	Tier 1 (U4) = 1 contact/month	\$70.07
		Tier 2 (U3) = 2-8 hours/month	\$374.42
		Tier 3 (U5) = 9-16 hours/month	\$747.79
		Tier 4 (U7) = 17-25 hours/month	\$1,169.27
		Tier 5 (UC) = 26 + hours/month	\$46.76/hour
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 (U3) groups of 2-4; 15 Min. unit	\$2.94
		Tier 2 (U5) groups of 5-6; 15 Min. unit	\$1.83
		Tier 3 (U7) groups of 7-8; 15 Min. unit	\$1.31

OTHER TERMS:

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

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

Total cost per person for all supported employment services not to exceed \$3,167.89/month.

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

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Norse Ventures LLC., dba Thrive:

By: 

Print Name: Jordan Nelson

Print Title: Owner/CEO

Date: 5/10/22

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Brian Vold**

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

OTHER TERMS:

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

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

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Brian Vold:

By: 

Print Name: _____

Print Title: ARNP

Date: 4-29-23

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

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

OTHER TERMS:

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

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

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

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

By: Sue Gehling

Print Name: Sue Gehling

Print Title: owner

Date: 4/29/22

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Community & Family Resources**

Chart of Account	Service Description	Unit of Service	Rate
42306	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42306	Care Coordination	One Tele Health Session	\$31.21
42305	Therapy Evaluation (90791)	Visit	\$155.61
42305	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83

OTHER TERMS:

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

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

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Community & Family Resources:

By: Michelle DeLatorre

Print Name: Michelle DeLatorre

Print Title: Executive Director

Date: 5-2-22

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

Chart of Account	Service Description	Unit of Service	Rate
46305 Jail 42305 Outpatient	Therapy Evaluation (90791)	Visit	\$155.61
46305 Jail 42305 Outpatient	Therapy 90837 90834 90832	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
46305 Jail 42305 Outpatient	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
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
42306	Care Coordination	One Tele Health Session	\$31.21
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
43301	Assessment, Evaluation, & Early Identification	Hour	\$190.89
44301	Crisis Psychiatric Evaluation (1 appointment/month)	Visit	DR. \$300.67 ARNP \$232.09 PA \$232.09
44301	Crisis Therapy Services (2 appointments/month)	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
44305	Community Based Crisis Intervention Services	Hour	\$126.00
05373	Public Education, Prevention and Education	Hour	\$126.00; Maximum of 12 hours/contract period
42306	Medication Prescribing & Management Onboarding & Access July 2022 – April 2023 For Sandra Edwards, PMHNP	N/A	*Maximum of \$12,500.00

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 Assessment, Evaluation, & Early Identification.

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.

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. If a crisis therapy evaluation is needed, this can be performed during the reserved crisis therapy time slot and billable at the contracted therapy evaluation reimbursement rate as applicable. CICS Service Coordination staff shall be informed of the reserved time slots for the Crisis Therapy Service.

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 by June 30, 2023 for Fiscal Year 2023 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. 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 service period ending April 30, 2023, no Medication Prescribing & Management Onboarding & Access Fee will be paid by CICS.

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

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Crossroads Mental Health Center:

By: Brittany Palmer

Print Name: Brittany Palmer

Print Title: Executive Director

Date: 5/12/2022

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Foundation 2, Inc.**

Chart of Account	Service Description	Unit of Service	Rate
44346	24 Hour Crisis Phone Line Service and Chat through www.YourLifeIowa.org	Monthly	No fee
44307	Mobile Crisis Response Dispatch	Monthly	\$9,153.00 (based on \$.25 per capita)

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.

24 Hour Crisis Phone Line: Crisis calls received on the CICS Crisis Line will be rolled over to Your Life Iowa Crisis Line.

Mobile Crisis Response Dispatch:

I. Region Responsibilities

- a. Region agrees that they are responsible for all marketing, advertising and promotion of mobile crisis outreach and dispatch services.
- b. Region agrees, when possible and appropriate, to identify that Foundation 2 provides the mobile crisis response dispatch service.
- c. Region understands that there are times that phone/internet services are down due to circumstances outside the provider's control.
- d. Should the contract be terminated at any point and CICS requests the provider to continue to render Covered Services in accordance with this Agreement until other arrangements for service can be made, CICS will compensate provider on a prorated basis.

II. Provider Responsibilities

- a. Provider will consult in the development of appropriate marketing materials.

- b. Provider will roll over calls from the CICS Crisis Line to the Your Life Iowa Crisis Line. Provider will not charge CICS a cost for the CICS Crisis phone number to remain in service.

III. Service Delivery

- a. For Mobile Crisis Response Dispatch Provider will send a Region representative a monthly report that will include the number of contacts for dispatch services (calls, text and chat) taken from residents of the Region and demographics including age range, gender, and county of call origin. Information about a caller that would violate their right to protected health information will not be shared with the region but might be shared with entities who provide emergency services when there is an imminent threat to the life and safety of the caller or others.
- b. Provider will work diligently and quickly to address any technology issues with outside providers (phone/internet carrier).
- c. Provider agrees to dispatch Mobile Crisis Response services when this service is requested by a citizen or law enforcement. Prior to dispatch, Provider will briefly assess for safety of the scene, gather a brief description of the presenting crisis, and obtain an address of response and phone number for a consenting individual at the scene. Provider will then contact the Eyerly Ball CMHS MCRT to begin the dispatch.
 - In the event MCRT is requested but Provider has assessed the risk of harm to self or others to be immediate, law enforcement will be contacted first, and MCRT may be dispatched as a secondary response. Provider agrees to contact Eyerly Ball MCRT leadership team member if the appropriate response for an MCRT request is unclear.

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Foundation 2, Inc.:

By:  _____

Print Name: Daniel J. Blumme

Print Title: CEO

Date: 5/17/22

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

Chart of Account	Service Description	Unit of Service	Rate
42305	Therapy Evaluation (90791)	Visit	\$155.61
42306	Psychiatric Evaluation (90792)	Visit	Dr \$300.67 ARNP \$232.09 PA \$232.09
42305	Therapy 90837	60 Min.	\$114.17
	90834	45 Min.	\$114.17
	90832	30 Min.	\$59.43
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
43301	Evaluation, Non-Crisis Assessment and Evaluation	Hour	\$190.89

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.

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

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

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

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

By: _____

Print Name: Chad Butterfield

Print Title: CEO

Date: 5/3/22

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

Chart of Account	Service Description	Unit of Service	Rate
31354	Story County Transportation County – Outside City of Ames City of Ames	One Way Trip	\$18.34
		One Way Trip	\$14.45
31354	Jasper County Transportation	One Way Trip	\$11.01
31354	Warren County Transportation	One Way Trip	\$11.49
31354	Boone County Transportation County – Outside City of Boone City of Boone	Per loaded mile	\$2.45
		One Way Trip	\$11.05
31354	Madison County Transportation Per Mile Transportation Per Trip Transportation	Per loaded mile	\$2.24
		One Way Trip	\$7.99

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: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

HIRTA Transit:

By:  _____

Print Name: Phil Clifton

Print Title: Board Chair

Date: 4/28/2022

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
eVizzit of Iowa Psychiatry PC dba Integrated Telehealth Partners**

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

OTHER TERMS:

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

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

CICS will also fund psychiatric evaluation to include access and care coordination services provided at UnityPoint Health-Berryhill Center Urgent Care Services when these services are contracted with ITP. The client Case Overview Form shall be submitted to CICS within 2 business days of providing the telehealth service using ITP's JuvoNow software platform. When applicable, Provider will submit client Case Overview Form to a contracted Mental Health Disability Service Region for services determined to be provided to a resident of that MHDS Region.

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

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

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

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

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

*** For Crisis Stabilization Community Based Psychiatric Evaluation services CICS will reimburse Provider \$450/case with a minimum reimbursement of \$900/month. When invoicing CICS, Provider shall include client name when this service is provided.

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

Central Iowa Community Services:

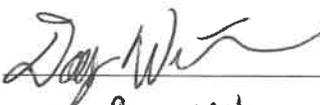
By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

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

By: 

Print Name: Doug Wilson

Print Title: Assistant Vice President

Date: 4/22/2022

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

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living (ID/DD)	15 Min.	\$9.61
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	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
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	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73
50368	Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.48 \$68.48
50368	Supported Employment: Long Term Job Coaching	Tier 1 = 1 contact/month Tier 2 = 2-8 hours/month Tier 3 = 9-16 hours/month Tier 4 = 17-25 hours/month Tier 5 = 26 + hours/month	\$70.07 \$374.42 \$747.79 \$1,169.27 \$46.76/hour
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$2.94 \$1.83 \$1.31
50367	Day Habilitation (ID/DD/MI)	15 Min.	\$5.08
50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$70.22 \$73.68 \$83.91 \$85.10 \$99.10 \$121.18

OTHER TERMS:

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

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

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

Total cost per person for all supported employment services not to exceed \$3,167.89/month.

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

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

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

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

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

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

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

North Central Sheltered Workshop dba LifeWorks Community Services:

By: Teresa Naughton

Print Name: Teresa Naughton

Print Title: Executive Director

Date: April 29, 2022

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

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living – ID/DD	15 Min.	\$9.61
32325	Individual Respite	15 Min.	\$4.58
32325	Group Respite	15 Min.	\$3.29
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	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
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	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73

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: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Lutheran Services in Iowa:

By:  _____

Print Name: James Coody Lewsten

Print Title: Director HCBS

Date: 5/6/22

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Mainstream Living**

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living (ID/DD)	15 Min.	\$9.05
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	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$2.94 \$1.83 \$1.31
50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$70.22 \$73.68 \$83.91 \$85.10 \$99.10 \$121.18
50367	Day Habilitation (ID/DD/MI)	15 Min.	\$3.42
50367	Day Habilitation (MI)	Daily	\$65.49

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 and Day 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.

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

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

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

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

Total cost per person for all supported employment services not to exceed \$3,167.89/month.

Central Iowa Community Services:

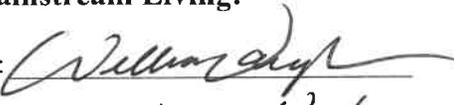
By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Mainstream Living:

By: 

Print Name: William Vaughn

Print Title: President & CEO

Date: 4/27/2022

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

Chart of Account	Service Description	Unit of Service	Rate
73319	Inpatient Services (Does not include physician services)	Daily	\$1,045.80
73319	Inpatient Physician Services	Daily	\$148.47
64309	Subacute Level I	Daily	\$400.00
64309	Subacute Level II	Daily	\$350.00
31354	General Transportation - First Person (Driver)	Hour	\$57.96
31354	General Transportation – Second Person	Hour	\$30.09
74353	Civil Commitment Transportation - First Person (Driver)	Hour	\$57.96
74353	Civil Commitment Transportation – Second Person	Hour	\$30.09
42305	Outpatient Therapy Evaluation (90791)	Visit	\$155.61
42305	Outpatient Therapy 90837	60 Min	\$114.17
	90834	45 Min	\$114.17
	90832	30 Min	\$59.43
42305	Outpatient Group Therapy (90853)	Hour	\$69.43
42305	Outpatient Family Therapy (90846)	Hour	\$98.83
42306	Outpatient Psychiatric Evaluation (90792)	Visit	Dr \$300.67 ARNP \$232.09 PA \$232.09
42306	Outpatient Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45

OTHER TERMS:

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

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 or until the initial civil commitment hearing is held may be considered when the individual meets CICS MH/DS Management Plan criteria.

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.

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.

Central Iowa Community Services:

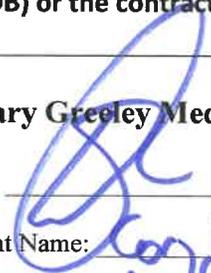
By: _____

Print Name: BJ Hoffman _____

Print Title: Chair, CICS Governing Board

Date: _____

Mary Greeley Medical Center:

By:  _____

Print Name: Tom Geller _____

Print Title: Vice President _____

Date: 5-13-22 _____

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
New Beginnings Counseling Service**

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living – MI High Recovery Recovery Transitional	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day	\$54.09 \$116.72
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

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

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

ATTACHMENT A
SERVICE DEFINITIONS AND RATES
New Beginnings Counseling Service

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

New Beginnings Counseling Service:

By: Rebecca Spiess

Print Name: Rebecca Spiess

Print Title: Program Supervisor

Date: 5-2-22

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Norse Ventures LLC., dba Thrive**

Chart of Account	Service Description	Unit of Service	Rate
50368	Individual Supported Employment: Long Term Job Coaching	Tier 1 (U4) = 1 contact/month Tier 2 (U3) = 2-8 hours/month Tier 3 (U5) = 9-16 hours/month Tier 4 (U7) = 17-25 hours/month Tier 5 (UC) = 26 + hours/month	\$70.07 \$374.42 \$747.79 \$1,169.27 \$46.76/hour
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 (U3) groups of 2-4; 15 Min. unit Tier 2 (U5) groups of 5-6; 15 Min. unit Tier 3 (U7) groups of 7-8; 15 Min. unit	\$2.94 \$1.83 \$1.31

OTHER TERMS:

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

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

Total cost per person for all supported employment services not to exceed \$3,167.89/month.

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

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Norse Ventures LLC., dba Thrive:

By: *JN*

Print Name: Jordan Nelson

Print Title: Owner/CEO

Date: 5/10/22

ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Optimae Life Services

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living – ID/DD	15 Min.	\$12.25
32329	Supported Community Living – ID/DD without day service**	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
64329	SCL Provided in a Residential Care Facility (RCF) licensed for 6 or more beds – without day services ID/DD**	Daily	\$129.75
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
64329	SCL Provided in a Residential Care Facility (RCF) licensed for 6 or more beds – with day service ID/DD***	Daily	\$109.61
32329/64329	Supported Community Living or Residential Care Facility – MI Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73
64329	*Residential Care Facility Service Fee SSA	Daily	\$33.53
50367	Day Habilitation – ID/DD/MI	15 Min.	\$3.64

50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$70.22 \$73.68 \$83.91 \$85.10 \$99.10 \$121.18
50367	Day Habilitation - MI	Daily	\$63.65
25376	Justice Coordination/Jail Diversion - July 1, 2022 – December 31, 2022****	Monthly	\$3,211.00
42305	Therapy Evaluation 90791	Visit	\$155.61
42306	Psychiatric Evaluation 90792	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42305	Therapy 90837 90834 90832	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
42306	Medication Management 99213	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42305	Group Therapy 90853	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
50362	Prevocational Services	Hourly	\$10.36
50362	Prevocational Services: Career Exploration	Hourly Maximum of 34 hours of Career Exploration over a 90 day period	\$39.63
50368	Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.48 \$68.48
50368	Supported Employment: Long Term Job Coaching	Tier 1 = 1 contact/month Tier 2 = 2-8 hours/month Tier 3 = 9-16 hours/month Tier 4 = 17-25 hours/month Tier 5 = 26 + hours/month	\$70.07 \$374.42 \$747.79 \$1,169.27 \$46.76/hour
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$2.94 \$1.83 \$1.31

OTHER TERMS:

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

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

***A billable unit shall be day when the consumer is present at the facility. Facility is responsible for collecting client participation. CICS will authorize and pay the Service Fee and will not be responsible for SSA Rate unless specifically authorized by CICS. FY23 contracted SSA rate will be equal to the same reimbursement rate as provided by Iowa Department of Human Services.**

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

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

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

Total cost per person for all supported employment services not to exceed \$3,167.89/month.

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

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

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

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

******Justice Coordination/Jail Diversion services funding will be reassessed prior to December 31, 2022 and a contract amendment shall be negotiated upon mutual agreement of service continuation and funding.**

For billing of Justice Coordination/Jail Diversion services, position must provide service for the entire month or rate is to be prorated. Monthly amount to be billed and reimbursed not to exceed \$3,211.00/month. For individual client eligibility provider will seek funding prior authorization with CICS. At time of monthly billing submission for Justice Coordination/Jail Diversion services, provider will submit documentation of participant names with hours served for month billed.

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Optimae Life Services:

By: Meghan Foster

Print Name: Meghan Foster

Print Title: COO

Date: 4/29/22

**ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Plains Area Mental Health, Inc.**

Chart of Account	Service Description	Unit of Service	Rate
44313	Crisis Stabilization Residential Services	Per Day	\$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.

For Crisis Stabilization Residential Services:

- Length of stay for crisis stabilization residential services is up to 5 days.
- If admission is during office hours, Provider will contact CICS service coordination in the county of residence at time of admission to see if a funding application is needed.
- Prior authorization for funding is not needed if admission is after hours. Provider will complete the funding application if admission is after hours and provide this to CICS within 1 business day.

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Plains Area Mental Health, Inc.:

By: 

Print Name: Kim Decker

Print Title: CEO

Date: 5/9/22

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

Chart of Account	Service Description	Unit of Service	Rate
32327	Representative Payee	Monthly	*\$48.00
32329	Supported Community Living – ID/DD/BI	15 Min.	\$9.28
32329	Supported Community Living – ID/DD/BI without day service**	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
32329	Supported Community Living – ID/DD/BI with day service***	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
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	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73

OTHER TERMS:

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

*FY 23 CICS reimbursement rate for representative payee services will be equal to the same reimbursement rate as allowed by Social Security Administration (SSA). Organizational representative payee services fee is considered a client participation cost, if a client was receiving CICS funding for this service prior to 1/1/22 and has continued to receive representative payee services uninterrupted and meets all other eligibility criteria CICS funding may be authorized.

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

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

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

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

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Premier Payee, Inc.:

By: *ATMoz*

Print Name: *Penny Alderly*

Print Title: *Executive Director*

Date: *4/28/2022*

ATTACHMENT A
SERVICE DEFINITIONS AND RATES
Progress Industries

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living – ID/DD	15 Min.	\$10.73
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	\$196.91 \$211.09 \$280.88 \$284.00 \$484.65 \$648.61
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	\$175.58 \$189.17 \$226.13 \$229.26 \$402.53 \$555.55
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	\$54.09 \$116.72 \$135.28 \$218.38 \$221.40 \$388.73
50367	Day Habilitation – ID/DD/MI	15 Min.	\$3.96
50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$70.22 \$73.68 \$83.91 \$85.10 \$99.10 \$121.18
50367	Day Habilitation - MI	Daily	\$92.00
50362	Prevocational Services	Hourly	\$10.36
50362	Prevocational Services: Career Exploration	Hourly Maximum of 34 hours of Career Exploration over a 90 day period	\$39.63

50368	Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$68.48 \$68.48
50368	Supported Employment: Long Term Job Coaching	Tier 1 = 1 contact/month Tier 2 = 2-8 hours/month Tier 3 = 9-16 hours/month Tier 4 = 17-25 hours/month Tier 5 = 26 + hours/month	\$70.07 \$374.42 \$747.79 \$1,169.27 \$46.76/hour
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$2.94 \$1.83 \$1.31

OTHER TERMS:

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

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

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

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

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

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

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

Total cost per person for all supported employment services not to exceed \$3,167.89/month.
Supported Employment - Individual Supported Employment: One initial and, if necessary, one extended authorization permitted per year not to exceed a total of 60 hourly units per year.
Supported Employment – Long Term Job Coaching must be reauthorized every 90 days.

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

Progress Industries:

By: [Signature]

Print Name: Sandy Ham

Print Title: President + CEO

Date: 4-25-2022

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

Chart of Account	Service Description	Unit of Service	Rate
32327	Representative Payee	Monthly	\$48.00*

OTHER TERMS:

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

*FY 23 CICS reimbursement rate for representative payee services will be equal to the same reimbursement rate as allowed by Social Security Administration (SSA). Organizational representative payee services fee is considered a client participation cost, if a client was receiving CICS funding for this service prior to 1/1/22 and has continued to receive representative payee services uninterrupted and meets all other eligibility criteria CICS funding may be authorized.

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

Central Iowa Community Services:

By: _____

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

Date: _____

The Salvation Army:

By: 

Print Name: Greg Thompson

Print Title: Divisional Commander

Date: 4-27-22