



# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board

July 28, 2022 @ 1:00PM

Story County Administration Building  
900 6<sup>th</sup> 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: 878 4539 7670, Passcode: 433166

or Join the Zoom Meeting at <https://us06web.zoom.us/j/87845397670?pwd=TGtJTEdjbhFsRmdlQm9xeUkyciB1dz09>

**Please note we are meeting at the Story County Administration Building now.**

### 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)

July 28, 2022 Agenda

**Action**

*Board Chair asks for motion to approve*

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

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

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

#### 3) Minutes (BJ Hoffman, Chair)

June 23, 2022 Minutes

**Action**

*Board Chair asks for motion to approve*

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

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

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

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

Encumbrance Application to DHS

**Informational**

#### 5) Finance (Betsy Stursma)

June Expenditure Report

**Informational**

Claims June 28, July 12 and July 26, 2022

**Action**

*Board Chair asks for motion to approve claims.*

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

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

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

*Roll call vote (mark if 'aye')*

- |   |   |                                    |                                     |
|---|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Boone            | <input type="checkbox"/> 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 |                                    |                                     |

**6) Operations (Karla Webb)**

ICAP Property Insurance Options

**Action**

*Board Chair asks for motion to approve/deny ICAP property insurance coverage.*

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

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

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

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

Business Associate Agreement – Cerro Gordo County

**Action**

*Board Chair asks for motion to approve/deny BAA for Cerro Gordo County.*

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

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

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

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

Business Associate Agreement – Marshall County

**Action**

*Board Chair asks for motion to approve/deny BAA for Marshall County.*

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

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

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

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

Business Associate Agreement – Wright County

**Action**

*Board Chair asks for motion to approve/deny BAA for Wright County.*

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

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

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

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

MOU Agreement – Marshall County

**Action**

*Board Chair asks for motion to approve/deny Marshall County MOU Agreement.*

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

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

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

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



Marshall County Lease

**Action**

*Board Chair asks for motion to approve/deny Marshall County lease.*

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

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

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

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

Adult Advisory Board Appointment – Deb Williams

**Action**

*Board Chair asks for motion to approve/deny Adult Advisory Board appointment.*

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

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

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

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

FY23 Provider Contracts

**Action**

Brain Injury Association of Iowa

Grace C. Mae Advocate Center, Inc.

Mercy Health Services Iowa Corp. dba MercyOne North Iowa Medical Center

Prairie Ridge Ingegrated Behavioral Healthcare

Youth & Shelter Services, Inc.

*Board Chair asks for motion to approve/deny provider contracts.*

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

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

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

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

**7) Planning (Patti Treibel-Leeds)**

CIT Training Overview

**Informational**

**8) Public Comments**

*Board Chair asks for public comments at this time*

**9) Next Meeting – August 25, 2022 Meet August 18 instead due to ISAC Conference?**





# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board Meeting Minutes

June 23, 2022

Hertz Farm Management, Nevada, IA

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

### Agenda & Minutes

**Motion to approve the June 23, 2022 agenda with an addition to section 4 of the agenda to include MOUs for paper client files and individual counties. Motion by Dawley, second by Campbell to approve agenda with the stated addition. All ayes, motion carried.**

**Motion to approve the May 26, 2022 minutes. Motion by Talsma, second by Rayhons. All ayes, motion carried.**

Karla Webb, Operations Officer presented the ICAP annual renewal for liability insurance. There will be an update to property insurance which will come back to the Board in July. **Motion by Clifton, second by Kretzinger to approve ICAP quote as presented. All ayes, motion carried.**

Webb presented the Fiscal Agent Agreement which would renew Story County as the CICS fiscal agent for three years. **Motion by Nolte, second by Deambra to approve Fiscal Agent Agreement with Story County. All ayes, motion carried.**

Webb presented Memorandums of Understanding between CICS and Franklin County for CICS employees. **Motion by Dawley, second by Talsma to approve employee MOU's. All ayes, motion carried. Nolte abstained.**

Webb presented Memorandums of Understanding between CICS and Boone, Marshall, Greene, Hamilton, Hardin and Story addressing client paper files held by counties. Webb stated there may be more from other counties in the future. **Motion by Campbell, second by Talsma to approve individual MOUs as presented for client files. All ayes, motion carried.**

Webb presented the ISAC HIPAA Program Service Agreement renewal. Webb highlighted what the agreement covers and the cost. **Motion by Patten, second by Rayhons to approve the ISAC HIPAA Program Service Agreement renewal. All ayes, motion carried.**

Webb presented the HIPAA Policies and Procedures for CICS. **Motion by Watts, second by Hoffman to approve the CICS HIPAA Policies and Procedures. All ayes, motion carried.**

Webb presented the HIPAA Emergency Mode Operations Plan. Webb stated that this is the updated policy to reflect single employer of record, removed wording related to local services, and updated staff contact information. **Motion by Talsma, second by Deambra to approve the HIPAA Emergency Mode Operations Plan. All ayes, motion carried.**

Webb presented the Business Associate Agreement between CICS and three counties. Webb stated each agreement is individualized for each county to what takes place within those counties. **Motion by Watts, second by Talsma to approve the Business Associate Agreement between CICS and Franklin County. All ayes, motion carried. Nolte abstained. Motion by Talsma, second by Nolte to approve the Business Associate Agreement between CICS and Hardin County and CICS and Story County. All ayes, motion carried. Hoffman abstained.** Webb will present the Marshall County agreement at a later date.

Webb updated the Board on out of pocket reimbursement expense. Having difficulty in determining a process that can be used for the out of pocket medical reimbursement to employees whom have met out of pocket expenses on their current health insurance plan. The reimbursement was not included in the original RFP nor in the 28E agreement. Franklin County HR has looked into this and has determined they will not do the reimbursement. A 1099 cannot be used for this either, it will need to be adjusted through a W2. Webb stated due to being a taxable reimbursement CICS may not be able to put this into place.

Webb shared the May expenditure report and explained expenditures were higher due mostly to payments for the YSS project. Webb presented the claims report for May 31 and June 14, 2022. **Motion by Dawley, second by Talsma to approve claims. All ayes, motion carried on roll call vote.**

Webb presented the FY22 contract for Pillar of Cedar Valley. **Motion by Talsma, second by Patten to approve the FY22 contract for Pillar of Cedar Valley. All ayes, motion carried.**

Webb presented the FY23 IRSH contract with North Iowa Transitional Services Inc. dba 43 North Iowa. Webb stated the contract is the same as the standard contract used for others with the exception of changing length of the contract from 12 months to 18 months. Watts expressed concern regarding the amount for remodeling. Patti Leeds, Planning Officer explained the building is currently owned by 43 North Iowa and is currently a duplex that will be remodeled into a 4 bedroom house. The majority of of the cost is a one-time expense. Discussion was held regarding how many clients will be utilizing this location throughout the year. Leeds stated the remodeling cost may not be as high as estimated, however construction costs have risen quite a bit. Hoffman stated he appreciated the conversation and if the IRSH home impacts one individual than it is worth it. **Motion by Rayhons, second by Talsma to approve the FY23 IRSH contract with North Iowa Transitional Services Inc. dba 43 North Iowa. All ayes, motion carried.**

Webb presented FY23 contracts for Arc of Marshall County, Capstone Behavioral Healthcare, Center Associates, Central Iowa Psychological Services, Choices Therapy Services, LLC, Eyerly Ball Community Mental Health Services, Judicial Hospital Referee Agreement, Liberty Square dba Spring Harbor Residential Services, Mason City Clinic, Orchard Place, Pillar of Cedar Valley, Region 6 Resource Partners, Rodasi LLC dba Midwest Counseling, Youth Shelter Care of North Central Iowa, Inc. **Motion by Campbell, second by Clifton to approve FY23 contracts as presented. All ayes, motion carried.**



Webb presented the FY23 Boone County Mental Health Advocate Agreement. **Motion by Talsma, second by Dawley to approve as presented. All ayes, motion carried. Kretzinger abstained.**

Webb presented the FY23 contract for Central Iowa Juvenile Detention Center. **Motion by Watts, second by Deambra to approve as presented. Rayhons and Dawley abstained.**

Webb presented the FY23 Cerro Gordo County Mental Health Advocate Agreement. **Motion by Talsma, second by Nolte to approve as presented. Watts abstained.**

Webb presented the FY23 Hamilton County Mental Health Advocate Agreement and the FY23 Hardin County Mental Health Advocate Agreement. **Motion by Talsma, second by Kretzinger to approve as presented. Hoffman abstained.**

Webb presented the FY23 Jasper County Mental Health Advocate Agreement. **Motion by Dawley, second by Campbell to approve as presented. Talsma abstained.**

Board Chair asked for public comments.

Webb stated Heddens emailed this morning and she and Wood are at a Justice meeting, that is why they are absent. Ken Burns' documentary on mental illness is going to air next week entitled 'Hiding in Plain Sight' on Iowa Public Television and Heddens wanted to share that with the Board.

Webb stated there was a press release that went out this week stating CICS will fund two therapy sessions with the CICS contracted providers waiving the income and resource requirements through August 31. Capstone is also promoting that on their social media. CICS will review utilization to determine if providing this for a longer period of time would be warranted.

Talsma stated Jasper just did an open house for their new administration building and questions were raised regarding CICS and what they do. There were many questions from the public and it was eye-opening to him that the community isn't aware of what CICS provides and would like board members to take pamphlets and cards when going to events to hand out in their local communities. Smith stated the same happens with Capstone and how important it is to attend local events, etc.

Leeds stated Service Coordinators reach out to schools and it has really helped. The more it is talked about, the more people understand.

Patten would like an admin team member to participate on a radio program on a local radio station that the Board of Supervisors take part in and talk about CICS. Patten will follow up regarding when this can happen.

Rayhons stated he shares CICS information throughout the community. People do take the crisis cards, brochures, etc. and tries to replenish the crisis cards when he sees they are low.



Dawley stated they take turns on the local station each month and the local Service Coordinator went with this past month. The announcer had no idea what type of human services were offered and they asked if CICS could do a free 30 second radio spot.

Webb discussed the staff retreat and how the staff identified priorities and marketing CICS was one of the priorities. Marketing is an area the Administrative Team will be working on.

Dickerson stated in the chat the date of the campus unveiling hasn't been formalized as YSS is waiting on the city to approve the road closure for the unveiling. But they just got confirmation that the Ground Breaking was confirmed with the Governor's office for August 9th at 10 AM.

Next Meeting is July 28, 2022.

Motion by Dawley, second by Talsma to adjourn. All ayes, motion carried.

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Patti Leeds, Recording Secretary

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BJ Hoffman, Board Chair



## June 2022 Expenditure Report

FY 2022	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY22 Budget	Budget Remaining	% of Budget Used
<b>Core Domains</b>						
<b>COA</b>	<b>Treatment</b>					
42305	Mental health outpatient therapy	\$ 2,904	\$ 27,018	\$ 150,000	\$ 122,982	18%
42306	Medication prescribing & management	\$ 6,889	\$ 34,669	\$ 20,000	\$ (14,669)	173%
43301	Assessment & evaluation	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
71319	Mental health inpatient therapy-MHI	\$ 83,611	\$ 163,753	\$ 200,000	\$ 36,247	82%
73319	Mental health inpatient therapy	\$ -	\$ 135	\$ 25,000	\$ 24,865	1%
	<b>Crisis Services</b>					
32322	Personal emergency response system	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
44301	Crisis evaluation	\$ 66,003	\$ 642,829	\$ 625,000	\$ (17,829)	103%
44302	23 hour crisis observation & holding	\$ -	\$ -	\$ 40,000	\$ 40,000	0%
44305	24 hour access to crisis response	\$ -	\$ 89	\$ -	\$ (89)	
44307	Mobile response	\$ 87,640	\$ 1,109,488	\$ 950,000	\$ (159,488)	117%
44312	Crisis Stabilization community-based services	\$ 18,705	\$ 223,868	\$ 250,000	\$ 26,132	90%
44313	Crisis Stabilization residential services	\$ 1,410	\$ 820,272	\$ 150,000	\$ (670,272)	547%
44396	Access Centers: start-up / sustainability	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
	<b>Support for Community Living</b>					
32320	Home health aide	\$ -	\$ -	\$ -	\$ -	
32325	Respite	\$ 1,114	\$ 5,705	\$ 5,000	\$ (705)	114%
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -	
32329	Supported community living	\$ 91,858	\$ 666,165	\$ 1,100,000	\$ 433,835	61%
42329	Intensive residential services	\$ -	\$ -	\$ 500,000	\$ 500,000	0%
	<b>Support for Employment</b>					
50362	Prevocational services	\$ 1,671	\$ 9,804	\$ 25,000	\$ 15,196	39%
50364	Job development	\$ -	\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 13,804	\$ 117,068	\$ 225,000	\$ 107,932	52%
50368	Supported employment	\$ 11,434	\$ 126,102	\$ 100,000	\$ (26,102)	126%
50369	Group Supported employment-enclave	\$ 1,455	\$ 14,846	\$ 20,000	\$ 5,154	74%
	<b>Recovery Services</b>					
45323	Family support	\$ 8,745	\$ 50,178	\$ 25,000	\$ (25,178)	201%
45366	Peer support	\$ -	\$ 3,719	\$ 20,000	\$ 16,281	19%
	<b>Service Coordination</b>					
21375	Case management	\$ -	\$ -	\$ -	\$ -	
24376	Health homes	\$ -	\$ -	\$ -	\$ -	
	<b>Sub-Acute Services</b>					
63309	Subacute services-1-5 beds	\$ -	\$ -	\$ 100,000	\$ 100,000	0%
64309	Subacute services-6 and over beds	\$ 36,600	\$ 311,299	\$ 100,000	\$ (211,299)	311%
	<b>Core Evidenced Based Treatment</b>					
04422	Education & Training Services - provider competency	\$ -	\$ -	\$ 15,000	\$ 15,000	0%
32396	Supported housing	\$ -	\$ -	\$ -	\$ -	
42398	Assertive community treatment (ACT)	\$ 6,670	\$ 123,841	\$ 125,000	\$ 1,159	99%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
	<b>Core Domains Total</b>	<b>\$ 440,515</b>	<b>\$ 4,450,846</b>	<b>\$ 5,305,000</b>	<b>\$ 854,154</b>	<b>84%</b>
<b>Mandated Services</b>						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 20,295	\$ 262,673	\$ 400,000	\$ 137,327	66%
75XXX	Mental health advocate	\$ 32,681	\$ 249,580	\$ 250,000	\$ 420	100%
	<b>Mandated Services Total</b>	<b>\$ 52,976</b>	<b>\$ 512,253</b>	<b>\$ 700,000</b>	<b>\$ 187,747</b>	<b>73%</b>
<b>Additional Core Domains</b>						
	<b>Justice system-involved services</b>					
25xxx	Coordination services	\$ 23,286	\$ 304,062	\$ 600,000	\$ 295,938	51%
44346	24 hour crisis line**	\$ -	\$ -	\$ -	\$ -	
44366	Warm line**	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
46305	Mental health services in jails	\$ 8,889	\$ 129,038	\$ 250,000	\$ 120,963	52%
46399	Justice system-involved services-other	\$ -	\$ -	\$ -	\$ -	
46422	Crisis prevention training	\$ -	\$ 21,504	\$ 25,000	\$ 3,496	86%
46425	Mental health court related costs	\$ -	\$ -	\$ -	\$ -	
74301	Civil commitment prescreening evaluation	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
	<b>Additional Core Evidenced based treatment</b>					
42366	Peer self-help drop-in centers	\$ 74,545	\$ 798,157	\$ 785,000	\$ (13,157)	102%
42397	Psychiatric rehabilitation (IPR)	\$ 1,641	\$ 15,585	\$ 60,000	\$ 44,415	26%
	<b>Additional Core Domains Total</b>	<b>\$ 108,360</b>	<b>\$ 1,268,346</b>	<b>\$ 1,735,000</b>	<b>\$ 466,654</b>	<b>73%</b>
<b>Other Informational Services</b>						
03371	Information & referral	\$ -	\$ 909	\$ -	\$ (909)	
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	\$ 36,156	\$ 154,605	\$ 200,000	\$ 45,395	77%
	<b>Other Informational Services Total</b>	<b>\$ 36,156</b>	<b>\$ 155,514</b>	<b>\$ 250,000</b>	<b>\$ 94,486</b>	<b>62%</b>
<b>Essential Community Living Support Services</b>						

## June 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	\$ 371,242	\$ 1,871,180	\$ 1,950,000	\$ 78,820	96%
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 20,921	\$ 207,998	\$ 250,000	\$ 42,002	83%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ -	\$ 300	\$ 5,000	\$ 4,700	6%
32327	Representative payee	\$ 912	\$ 9,963	\$ 20,000	\$ 10,037	50%
32335	CDAC		\$ -	\$ -	\$ -	#DIV/0!
32399	Other support		\$ -	\$ -	\$ -	#DIV/0!
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 2,498	\$ 34,100	\$ 200,000	\$ 165,900	
33345	Ongoing rent subsidy	\$ -	\$ 770	\$ -	\$ (770)	
33399	Other basic needs	\$ 2,079	\$ 30,330	\$ 80,000	\$ 49,670	
41305	Physiological outpatient treatment	\$ -	\$ 50	\$ 5,000	\$ 4,950	1%
41306	Prescription meds	\$ 290	\$ 2,693	\$ 15,000	\$ 12,307	18%
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	\$ 3,483	\$ 39,813	\$ 50,000	\$ 10,187	80%
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		\$ -	\$ -	\$ -	
<b>Essential Comm Living Support Services Total</b>		<b>\$ 401,424</b>	<b>\$ 2,256,338</b>	<b>\$ 2,985,000</b>	<b>\$ 728,662</b>	<b>76%</b>
<b>Other Congregate Services</b>						
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 47,713	\$ 639,153	\$ 900,000	\$ 260,847	71%
64XXX	ICF 6 and over beds (64317 & 64318)		\$ 3,896	\$ -	\$ (3,896)	
64329	SCL 6 and over beds	\$ 12,524	\$ 136,658	\$ -	\$ (136,658)	
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
<b>Other Congregate Services Total</b>		<b>\$ 60,237</b>	<b>\$ 779,707</b>	<b>\$ 900,000</b>	<b>\$ 120,293</b>	<b>87%</b>
<b>Administration</b>						
11XXX	Direct Administration	\$ 254,926	\$ 1,506,855	\$ 1,500,000	\$ (6,855)	100%
12XXX	Purchased Administration	\$ 26,903	\$ 66,051	\$ 125,000	\$ 58,949	53%
<b>Administration Total</b>		<b>\$ 281,829</b>	<b>\$ 1,572,906</b>	<b>\$ 1,625,000</b>	<b>\$ 52,094</b>	<b>97%</b>
<b>Regional Totals</b>		<b>\$ 1,381,498.23</b>	<b>\$ 10,995,908.86</b>	<b>\$ 13,500,000</b>	<b>\$ 2,504,091</b>	<b>81%</b>
100%						
<b>(45XX-XXX)County Provided Case Management</b>						
<b>(46XX-XXX)County Provided Services</b>						

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

13951	Distribution to MHDS regional fiscal agent from member county	\$ 9,544,143	\$ 11,604,936			
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.

Disbursement Date 06/28/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
8127	V 15	Abbe Center for Community		Comm Based Settings (6+ B Disbursement#	41500 5430	04064 Disbursement	314	62				6692.28 6,692.28
8128	V 60	Linn Adams		Services Management - Mil Disbursement#	41500 5431	04022 Disbursement	413	62				198.90 198.90
8129	V 169	Amazon Capital Services		Direct Admin - Informatio	41500	04411	262	62				754.22
8129	V 169	Amazon Capital Services		Direct Admin - Informatio	41500	04411	262	62				59.99
8129	V 169	Amazon Capital Services		Direct Admin - Stationary	41500	04411	260	62				48.78
8129	V 169	Amazon Capital Services		Direct Admin - Stationary Disbursement#	41500 5432	04411 Disbursement	260	62				13.69 876.68
8133	V 445	Arc of Marshall County		Psychotherapeutic Treatme Disbursement#	41500 5433	04042 Disbursement	366	62				598.00 598.00
8134	V 508	ARC of Story County		Psychotherapeutic Treatme	41500	04042	366	62				262.78
8134	V 508	ARC of Story County		Psychotherapeutic Treatme	41500	04242	366	62				3070.20
8134	V 508	ARC of Story County		Psychotherapeutic Treatme Disbursement#	41500 5434	04342 Disbursement	366	62				307.02 3,640.00
8135	V 588	Brittany Baker		Services Management - Mil	41500	04022	413	62				251.07
8135	V 588	Brittany Baker		Services Management - Mil	41500	04222	413	62				236.88
8135	V 588	Brittany Baker		Services Management - Mil Disbursement#	41500 5435	04322 Disbursement	413	62				236.87 724.82
8138	V 790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				35.85
8138	V 790	Black Hawk Co Sheriff		Commitment - Sheriff Tran Disbursement#	41500 5436	04074 Disbursement	353	62				35.85 71.70
8140	V 877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.45
8140	V 877	Boone Co Sheriff		Commitment - Sheriff Tran Disbursement#	41500 5437	04074 Disbursement	353	62				76.56 148.01
8139	V 876	Boone County Auditor		Services Management - Sal	41500	04022	100	62				5750.00
8139	V 876	Boone County Auditor		Direct Admin - Salary Reg Disbursement#	41500 5438	04411 Disbursement	100	62				5750.00 11,500.00
8141	V 884	Boone County Jail		Prescription Medication ( Disbursement#	41500 5439	04046 Disbursement	306	62				35.35 35.35
8130	V 198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				430.19
8130	V 198	Carr Law Firm PLC		Commitment - Legal Repres Disbursement#	41500 5440	04074 Disbursement	393	62				847.95 1,278.14
8145	V 1327	Center Associates		Crisis Evaluation	41500	04044	301	62				924.61
8145	V 1327	Center Associates		Justice System Involved C	41500	04025	376	62				6914.00
8145	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
8145	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				124.49
8145	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
8145	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45

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8145 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
8145 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09
8145 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
8145 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54
				Disbursement#	5441	Disbursement	Total					9,090.04
8147 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				793.15
8147 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				247.05
8147 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				208.04
8147 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				338.07
8147 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				117.02
8147 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				208.04
8147 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				260.05
8147 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				156.03
8147 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				1222.24
8147 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				364.07
8147 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				312.06
8147 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				416.08
8147 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				338.07
				Disbursement#	5442	Disbursement	Total					4,979.97
8148 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				138.86
8148 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				347.15
				Disbursement#	5443	Disbursement	Total					486.01
8146 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04332	329	62				5654.27
				Disbursement#	5444	Disbursement	Total					5,654.27
8149 V	1372	Central Services 2-5-12		Services Management - Ren	41500	04022	450	62				500.00
8149 V	1372	Central Services 2-5-12		Direct Admin - Building (	41500	04411	450	62				250.00
				Disbursement#	5445	Disbursement	Total					750.00
8213 V	7479	CenturyLink		Direct Admin - Telecommun	41500	04411	414	62				25.40
				Disbursement#	5446	Disbursement	Total					25.40
8150 V	1473	ChildServe Inc.		Support Services - Respit	41500	04232	325	62				540.80
				Disbursement#	5447	Disbursement	Total					540.80
8151 V	1475	Choice Employment Services		Voc/Day - Individual Supp	41500	04250	368	62				299.54
				Disbursement#	5448	Disbursement	Total					299.54
8131 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				20.00
8131 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				20.00
				Disbursement#	5449	Disbursement	Total					40.00
8166 V	2881	Community Resource Center		Services Management - Ren	41500	04022	450	62				211.25
8166 V	2881	Community Resource Center		Direct Admin - Building (	41500	04411	450	62				633.75
				Disbursement#	5450	Disbursement	Total					845.00
8137 V	745	Counsel Off. & Document		Direct Admin - Office Equ	41500	04411	444	62				20.00

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				Disbursement#	5451	Disbursement Total					20.00	
8152	V 1762	Crossroads Mental Hlth Ctr		Psychotherapeutic Treatme	41500	04042	306	62				6250.00
8152	V 1762	Crossroads Mental Hlth Ctr		Mental Health Services in	41500	04046	305	62				155.61
8152	V 1762	Crossroads Mental Hlth Ctr		Mental Health Services in	41500	04046	305	62				114.17
8152	V 1762	Crossroads Mental Hlth Ctr		Mental Health Services in	41500	04046	305	62				114.17
8152	V 1762	Crossroads Mental Hlth Ctr		Mental Health Services in	41500	04046	305	62				269.78
8152	V 1762	Crossroads Mental Hlth Ctr		Mental Health Services in	41500	04046	305	62				155.61
8152	V 1762	Crossroads Mental Hlth Ctr		Psychotherapeutic Treatme	41500	04042	305	62				114.17
8152	V 1762	Crossroads Mental Hlth Ctr		Psychotherapeutic Treatme	41500	04042	305	62				114.17
				Disbursement#	5452	Disbursement Total					7,287.68	
8153	V 1809	Brenda Daily		Services Management - Mil	41500	04022	413	62				136.08
8153	V 1809	Brenda Daily		Services Management - Mil	41500	04222	413	62				7.72
8153	V 1809	Brenda Daily		Services Management - Mil	41500	04322	413	62				7.72
				Disbursement#	5453	Disbursement Total					151.52	
8205	V 6709	Duncan Heights, Inc.		Support Services - Suppor	41500	04032	329	62				1664.92
8205	V 6709	Duncan Heights, Inc.		Support Services - Suppor	41500	04032	329	62				1400.64
				Disbursement#	5454	Disbursement Total					3,065.56	
8154	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8154	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8154	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				320.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
8155	V 2214	eVizzit of Ia Psychiatry PC		Crisis Evaluation	41500	04044	301	62				160.00
				Disbursement#	5455	Disbursement Total					2,560.00	
8191	V 5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				17804.71
8191	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				78508.33
8191	V 5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				500.00
				Disbursement#	5456	Disbursement Total					96,813.04	
8156	V 2347	David Fiester		Commitment - Legal Repres	41500	04074	393	62				99.00
				Disbursement#	5457	Disbursement Total					99.00	
8157	V 2420	Franklin County Auditor		Purchased Admin - Account	41500	04412	420	62				1163.62
8157	V 2420	Franklin County Auditor		Services Management - Sal	41500	04022	100	62				17500.00
8157	V 2420	Franklin County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				17500.00
8157	V 2420	Franklin County Auditor		Services Management - Sal	41500	04022	100	62				172800.00

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8157 V	2420	Franklin County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				115200.00
				Disbursement# 5458								324,163.62
8158 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				561.22
8158 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				5267.40
				Disbursement# 5459								5,828.62
8161 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				214.50
8161 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				78.00
8161 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				78.00
8161 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				273.00
8161 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				429.00
8161 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				188.50
				Disbursement# 5460								1,261.00
8159 V	2522	Genesis Psychiatric Hospitalis		Commitment - Diagnostic E	41500	04074	300	62				137.28
				Disbursement# 5461								137.28
8219 V	82851	Kelly Gerke		Direct Admin - Mileage &	41500	04411	413	62				38.61
				Disbursement# 5462								38.61
8160 V	2629	Greene County Sheriff		Prescription Medication (	41500	04046	306	62				12.73
				Disbursement# 5463								12.73
8162 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				38.00
8162 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				89.00
				Disbursement# 5464								127.00
8163 V	2725	Hamilton County Auditor		Services Management - Ren	41500	04022	450	62				450.00
8163 V	2725	Hamilton County Auditor		Direct Admin - Building (	41500	04411	450	62				450.00
8163 V	2725	Hamilton County Auditor		Purchased Admin - Account	41500	04412	420	62				1466.78
8163 V	2725	Hamilton County Auditor		Services Management - Sal	41500	04022	100	62				1320.00
8163 V	2725	Hamilton County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				2680.00
				Disbursement# 5465								6,366.78
8164 V	2782	Jodi Hamilton		Services Management - Mil	41500	04022	413	62				64.16
8164 V	2782	Jodi Hamilton		Services Management - Mil	41500	04222	413	62				62.28
8164 V	2782	Jodi Hamilton		Services Management - Mil	41500	04322	413	62				62.28
				Disbursement# 5466								188.72
8167 V	2915	Heartland Business System, LLC		Purchased Admin - Data Pr	41500	04412	421	62				15375.00
8167 V	2915	Heartland Business System, LLC		Purchased Admin - Data Pr	41500	04412	421	62				5000.00
				Disbursement# 5467								20,375.00
8168 V	3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				2423.40-
8168 V	3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				9088.58
				Disbursement# 5468								6,665.18
8188 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				452.79
8188 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				377.64



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8180 V	4400	Mainstream Living		Day Habilitation	41500	04350	367	62				368.40
8180 V	4400	Mainstream Living		Voc/Day - Group Supported	41500	04350	369	62				146.40
				Disbursement# 5480								Disbursement Total 514.80
8181 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
8181 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				110.00
8181 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
8181 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				747.67
				Disbursement# 5481								Disbursement Total 919.67
8182 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				75.75
8182 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				303.00
8182 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				75.75
8182 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				315.63
8182 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				530.25
8182 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				75.75
8182 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				303.00
8182 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				252.50
8182 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4000.00
8182 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				1200.00
8182 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				2800.00
8182 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4800.00
8182 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3150.00
8182 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				1600.00
8182 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4000.00
8182 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4000.00
8182 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				2400.00
8182 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				8650.00
				Disbursement# 5482								Disbursement Total 38,531.63
8184 V	4730	Mediapolis Care Facility Inc		Comm Based Settings (6+ B	41500	04064	314	62				1039.43
8184 V	4730	Mediapolis Care Facility Inc		Comm Based Settings (6+ B	41500	04064	314	62				1005.90
8184 V	4730	Mediapolis Care Facility Inc		Comm Based Settings (6+ B	41500	04064	314	62				1039.43
				Disbursement# 5483								Disbursement Total 3,084.76
8183 V	4721	Medicap Pharmacy		Prescription Medication (	41500	04046	306	62				484.84
				Disbursement# 5484								Disbursement Total 484.84
8186 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				542.65
8186 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				556.51
				Disbursement# 5485								Disbursement Total 1,099.16
8185 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				732.00
				Disbursement# 5486								Disbursement Total 732.00
8187 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04250	362	62				412.40
8187 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				412.40
8187 V	4919	MIW Inc.		Voc/Day - Individual Supp	41500	04350	368	62				70.07
				Disbursement# 5487								Disbursement Total 894.87

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8143 V	1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				4372.50
8143 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				3587.50
8143 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4551.00
8143 V	1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				4372.50
8143 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4551.00
8143 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				3587.50
				Disbursement#	5488						Disbursement Total	25,022.00
8189 V	5283	North Iowa Vocational Center		Basic Needs - Other	41500	04033	399	62				2078.86
8189 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				167.65
8189 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				1039.43
				Disbursement#	5489						Disbursement Total	3,285.94
8125 V	5300	North Risk Partners-BLA		Services Management - Emp	41500	04022	113	62				761.26
8125 V	5300	North Risk Partners-BLA		Services Management - Emp	41500	04022	113	62				1332.83
				Disbursement#	5490						Disbursement Total	2,094.09
8190 V	5448	One Vision-Opportunity Village		Voc/Day - Individual Supp	41500	04250	368	62				747.79
8190 V	5448	One Vision-Opportunity Village		Support Services - Suppor	41500	04332	329	62				297.91
				Disbursement#	5491						Disbursement Total	1,045.70
8165 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				2267.03
8165 V	2872	Optimae LifeServices, Inc.		Justice System Involved C	41500	04025	376	62				2941.00
8165 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				41127.44
8165 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				447.52
8165 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				64.91
8165 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				13885.51
8165 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				32.45
8165 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				41.09
8165 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				41.09
8165 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				42.04
8165 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				41.09
8165 V	2872	Optimae LifeServices, Inc.		Comm Based Settings (6+ B	41500	04064	329	62				6608.41
8165 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				269.50
8165 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				1207.85
8165 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				1938.85
8165 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				231.00
				Disbursement#	5492						Disbursement Total	71,186.78
8179 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47
8179 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47
8179 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47
				Disbursement#	5493						Disbursement Total	217.41
8192 V	5723	Plains Area Mental Health Ins.		Crisis Stabilization Resi	41500	04044	313	62				1410.00
				Disbursement#	5494						Disbursement Total	1,410.00
8193 V	5788	Pottawattamie Co Sheriff's Off		Commitment - Sheriff Tran	41500	04074	353	62				35.00
				Disbursement#	5495						Disbursement Total	35.00

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8194 V	5816	Poweshiek County Auditor		Services Management - Sal	41500	04022	100	62				2423.18
				Disbursement# 5496								2,423.18
8218 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	366	62				3570.76
8218 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04242	366	62				1505.80
8218 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04342	366	62				301.14
8218 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04742	366	62				645.42
				Disbursement# 5497								6,023.12
8195 V	5825	Premier Payee, Inc		Support Services - Repres	41500	04032	327	62				48.00
8195 V	5825	Premier Payee, Inc		Support Services - Repres	41500	04032	327	62				48.00
				Disbursement# 5498								96.00
8220 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				22974.35
				Disbursement# 5499								22,974.35
8196 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04050	368	62				374.42
8196 V	5840	Progress Industries		Day Habilitation	41500	04250	367	62				776.06
8196 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				1123.26
8196 V	5840	Progress Industries		Support Services - Suppor	41500	04332	329	62				171.68
8196 V	5840	Progress Industries		Day Habilitation	41500	04350	367	62				294.72
8196 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04350	368	62				1123.26
8196 V	5840	Progress Industries		Support Services - Suppor	41500	04732	329	62				654.53
8196 V	5840	Progress Industries		Day Habilitation	41500	04750	367	62				2947.20
				Disbursement# 5500								7,465.13
8198 V	6224	Rolling Hills Community		Mental Health Advocate -	41500	04075	395	62				5365.50
8198 V	6224	Rolling Hills Community		Mental Health Advocate -	41500	04075	395	62				5365.03
8198 V	6224	Rolling Hills Community		Mental Health Advocate -	41500	04075	395	62				5150.84
				Disbursement# 5501								15,881.37
8199 V	6465	Scenic Acres		Comm Based Settings (6+ B	41500	04064	329	62				270.56
				Disbursement# 5502								270.56
8200 V	6470	Kim Schomaker		Services Management - Mil	41500	04022	413	62				75.91
8200 V	6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				147.56
				Disbursement# 5503								223.47
8201 V	6471	Scott Pharmacy		Prescription Medication (	41500	04046	306	62				33.40
				Disbursement# 5504								33.40
8202 V	6579	Jen Sheehan		Services Management - Mil	41500	04022	413	62				323.02
8202 V	6579	Jen Sheehan		Services Management - Mil	41500	04222	413	62				313.51
8202 V	6579	Jen Sheehan		Services Management - Mil	41500	04322	413	62				313.51
				Disbursement# 5505								950.04
8203 V	6618	Sigmeth Roberts Law, PLC		Commitment - Legal Repres	41500	04074	393	62				139.68
				Disbursement# 5506								139.68
8142 V	1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				138.00

Disbursement Date 06/28/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	5507	Disbursement		Total				138.00
8204 V	6682	Lisa Soder		Services Management - Mil	41500	04022	413	62				7.96
8204 V	6682	Lisa Soder		Services Management - Mil	41500	04222	413	62				7.72
8204 V	6682	Lisa Soder		Services Management - Mil	41500	04322	413	62				7.72
				Disbursement#	5508	Disbursement		Total				23.40
8206 V	7025	Story County Auditor		Services Management - Ren	41500	04022	450	62				250.00
8206 V	7025	Story County Auditor		Direct Admin - Building (	41500	04411	450	62				250.00
8206 V	7025	Story County Auditor		Services Management - Sal	41500	04022	100	62				9540.00
8206 V	7025	Story County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				6360.00
				Disbursement#	5509	Disbursement		Total				16,400.00
8207 V	7125	Story County Treasurer		Prescription Medication (	41500	04046	306	62				201.57
8207 V	7125	Story County Treasurer		Services Management - Emp	41500	04022	113	62				3685.02
8207 V	7125	Story County Treasurer		Direct Admin - Employee G	41500	04411	113	62				2115.80
				Disbursement#	5510	Disbursement		Total				6,002.39
8132 V	367	Betsy Stursma		Direct Admin - Mileage &	41500	04411	413	62				491.99
				Disbursement#	5511	Disbursement		Total				491.99
8126 V	7334	TASC Continuation Services		Services Management - Emp	41500	04022	113	62				1776.84
8209 V	7334	TASC Continuation Services		Direct Admin - Employee G	41500	04411	113	62				790.50
				Disbursement#	5512	Disbursement		Total				2,567.34
8169 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				208.00
8169 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				123.50
8169 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				136.50
				Disbursement#	5513	Disbursement		Total				468.00
8208 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				47.00
8208 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				12.77
				Disbursement#	5514	Disbursement		Total				59.77
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				2578.05
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				7149.29
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				6619.64
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				8825.62
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1120.64
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				2041.46
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1444.89
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				7064.38
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1022.15-
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1873.70-
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				13425.92
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				11971.20
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				7754.14
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				3068.49-
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				123.07-
8210 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				24545.04

Disbursement Date 06/28/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
8211 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				232.00
8211 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				5073.74-
				Disbursement# 5515								83,611.12
8178 V	4112	Patti Treibel-Leeds		Direct Admin - Mileage &	41500	04411	413	62				537.03
				Disbursement# 5516								537.03
8212 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				350.00
8212 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				2028.10
8212 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				26401.60
				Disbursement# 5517								28,779.70
8214 V	7498	U.S. Cellular		Services Management - Tel	41500	04022	414	62				2279.03
				Disbursement# 5518								2,279.03
8136 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				6670.00
				Disbursement# 5519								6,670.00
8217 V	71957	Jessica Van De Voort		Services Management - Mil	41500	04022	413	62				18.73
8217 V	71957	Jessica Van De Voort		Services Management - Mil	41500	04222	413	62				18.73
8217 V	71957	Jessica Van De Voort		Services Management - Mil	41500	04322	413	62				19.29
				Disbursement# 5520								56.75
8172 V	3597	Wapello County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				65.85
				Disbursement# 5521								65.85
8215 V	7679	Warren County Auditor		Services Management - Sal	41500	04022	100	62				9474.09
8215 V	7679	Warren County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				4666.35
				Disbursement# 5522								14,140.44
8216 V	7696	Webster County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				12.00
				Disbursement# 5523								12.00
					94	Total Disbursements						919,697.27
					0	Total ACH						.00
					0	Total EFT						.00
					94	Grand Total						919,697.27
						Credits/Refunds Included						13,584.55

Totals by Fund  
 41500 Central Iowa Community Service

919,697.27

Date - 6/24/22  
Time - 11:38:42

Story County - Accounting  
Final Disbursement Register

Program - AA31091  
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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
		Final Total	919,697.27									

End of report

Disbursement Date 07/12/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
186 V	20	Access, Inc.		Support Services - Suppor	41500	04232	329	62				460.00
				Disbursement# 5524								460.00
187 V	60	Linn Adams		Services Management - Mil	41500	04022	413	62				242.47
187 V	60	Linn Adams		Services Management - Mil	41500	04022	413	62				121.68
				Disbursement# 5525								364.15
189 V	169	Amazon Capital Services		Direct Admin - Informatio	41500	04411	262	62				29.69
189 V	169	Amazon Capital Services		Direct Admin - Stationary	41500	04411	260	62				36.99
189 V	169	Amazon Capital Services		Direct Admin - Stationary	41500	04411	260	62				36.99
189 V	169	Amazon Capital Services		Direct Admin - Informatio	41500	04411	632	62				571.80
				Disbursement# 5526								675.47
214 V	3619	Janice B. Binder Atty at Law		Commitment - Legal Repres	41500	04074	393	62				66.00
214 V	3619	Janice B. Binder Atty at Law		Commitment - Legal Repres	41500	04074	393	62				252.00
214 V	3619	Janice B. Binder Atty at Law		Commitment - Legal Repres	41500	04074	393	62				113.40
				Disbursement# 5527								431.40
196 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				692.52
196 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				346.26
196 V	1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				1016.32
196 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				342.51
196 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				155.61
196 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				833.34
196 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				6917.00
196 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				7388.00
				Disbursement# 5528								17,691.56
238 V	72147	CDW Government Inc.		Direct Admin - Informatio	41500	04411	632	62				1391.46
238 V	72147	CDW Government Inc.		Direct Admin - Informatio	41500	04411	632	62				237.12
				Disbursement# 5529								1,628.58
201 V	2097	Cedar Valley Ranch, Inc.		Comm Based Settings (6+ B	41500	04064	314	62				4710.60
				Disbursement# 5530								4,710.60
197 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				232.09
197 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
197 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
197 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54
				Disbursement# 5531								826.43
231 V	7474	Century Link		Services Management - Tel	41500	04022	414	62				137.62
				Disbursement# 5532								137.62
198 V	1473	ChildServe Inc.		Support Services - Respit	41500	04232	325	62				249.60
				Disbursement# 5533								249.60
199 V	1751	Jessica Crawford		Services Management - Mil	41500	04022	413	62				135.26
199 V	1751	Jessica Crawford		Services Management - Mil	41500	04222	413	62				131.27
199 V	1751	Jessica Crawford		Services Management - Mil	41500	04322	413	62				131.27

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	5534	Disbursement	Total					397.80
240	V 83176	Diana Dawley		Direct Admin - Mileage &	41500	04411	413	62				89.51
				Disbursement#	5535	Disbursement	Total					89.51
200	V 1955	Des Moines Stamp Mfg. Co.		Direct Admin - Stationary	41500	04411	260	62				67.00
				Disbursement#	5536	Disbursement	Total					67.00
202	V 2183	Employee Benefit Systems		Services Management - Emp	41500	04022	113	62				1807.50
				Disbursement#	5537	Disbursement	Total					1,807.50
204	V 2243	Kathy Erickson		Mental Health Advocate -	41500	04075	413	62				253.89
				Disbursement#	5538	Disbursement	Total					253.89
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3770.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2900.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3770.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3480.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				4060.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				580.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3190.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Stabilization Comm	41500	04044	312	62				900.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				320.00
203	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00

Disbursement Date 07/12/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	5539	Disbursement	Total					63,470.00
203 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				320.00
203 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
203 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
				Disbursement#	5540	Disbursement	Total					640.00
224 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				4930.00
				Disbursement#	5541	Disbursement	Total					4,930.00
205 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				6264.00
				Disbursement#	5542	Disbursement	Total					6,264.00
207 V	2461	Daniel L. Flaherty		Commitment - Legal Repres	41500	04074	393	62				162.00
				Disbursement#	5543	Disbursement	Total					162.00
206 V	2438	Foundation 2, Inc.		Mobile Response	41500	04044	307	62				9132.00
				Disbursement#	5544	Disbursement	Total					9,132.00
230 V	7342	GateHouse-DB Iowa Holdings		Direct Admin - Publicatio	41500	04411	400	62				241.49
				Disbursement#	5545	Disbursement	Total					241.49
208 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				97.50
208 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				45.50
208 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				65.00
208 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				71.50
208 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				78.00
				Disbursement#	5546	Disbursement	Total					357.50
239 V	82851	Kelly Gerke		Direct Admin - Mileage &	41500	04411	413	62				67.63
				Disbursement#	5547	Disbursement	Total					67.63
209 V	2782	Jodi Hamilton		Services Management - Mil	41500	04022	413	62				63.81
209 V	2782	Jodi Hamilton		Services Management - Mil	41500	04222	413	62				61.93
209 V	2782	Jodi Hamilton		Services Management - Mil	41500	04322	413	62				61.93
				Disbursement#	5548	Disbursement	Total					187.67
241 V	83215	Carrie Hisler		Services Management - Mil	41500	04022	413	62				114.18
241 V	83215	Carrie Hisler		Services Management - Mil	41500	04222	413	62				87.02
241 V	83215	Carrie Hisler		Services Management - Mil	41500	04322	413	62				87.03
				Disbursement#	5549	Disbursement	Total					288.23
195 V	1199	Ia Co Technology Services		Purchased Admin - Dues &	41500	04412	480	62				116655.02
				Disbursement#	5550	Disbursement	Total					116,655.02
192 V	764	Infinity Health		24 Hour Crisis Response	41500	04044	305	62				89.30
				Disbursement#	5551	Disbursement	Total					89.30
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				702.15

Disbursement Date 07/12/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				702.15
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				991.14
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				248.34
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				248.34
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
213 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
				Disbursement#	5552	Disbursement	Total					7,394.01
211 V	3313	Iowa Communities Assurance		Direct Admin - Tort Liabi	41500	04411	460	62				14180.00
				Disbursement#	5553	Disbursement	Total					14,180.00
212 V	3430	Iowa State Assoc. of Counties		Direct Admin - Educationa	41500	04411	422	62				250.00
212 V	3430	Iowa State Assoc. of Counties		Purchased Admin - Educati	41500	04412	422	62				250.00
				Disbursement#	5554	Disbursement	Total					500.00
194 V	1158	Jefferson Telecom		Services Management - Tel	41500	04022	414	62				13.97
				Disbursement#	5555	Disbursement	Total					13.97
215 V	3717	Gabe Johanns		Direct Admin - Mileage &	41500	04411	413	62				152.10
				Disbursement#	5556	Disbursement	Total					152.10
216 V	3720	Johnson County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				32.34
				Disbursement#	5557	Disbursement	Total					32.34
237 V	8100	Marco		Direct Admin - Office Equ	41500	04411	636	62				295.37
				Disbursement#	5558	Disbursement	Total					295.37
218 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				89.00
218 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				17.00
218 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				91.00
218 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				95.00
218 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				92.00
218 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				104.00
				Disbursement#	5559	Disbursement	Total					488.00
219 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				227.25
219 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				303.00
219 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				75.75
219 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				303.00

Disbursement Date 07/12/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
219 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				303.00
219 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				303.00
				Disbursement#	5560	Disbursement	Total					1,515.00
236 V	7953	Robin McKee		Services Management - Mil	41500	04022	413	62				193.75
236 V	7953	Robin McKee		Services Management - Mil	41500	04222	413	62				111.97
236 V	7953	Robin McKee		Services Management - Mil	41500	04322	413	62				111.97
				Disbursement#	5561	Disbursement	Total					417.69
220 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				23.92
220 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				16.64
220 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				32.24
220 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				34.32
220 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				32.24
220 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				11.67
				Disbursement#	5562	Disbursement	Total					151.03
221 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04032	329	62				919.53
221 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04050	368	62				224.65
221 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				1943.65
221 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				216.36
221 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04232	329	62				540.90
221 V	5283	North Iowa Vocational Center		Voc/Day - Prevocational S	41500	04250	362	62				176.12
221 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04250	367	62				301.30
221 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04250	368	62				374.42
221 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04332	329	62				129.82
221 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04350	367	62				260.55
221 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04350	368	62				888.62
221 V	5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04350	369	62				432.18
				Disbursement#	5563	Disbursement	Total					6,408.10
222 V	5317	Nyemaster Goode, PC		Purchased Admin - Legal &	41500	04412	425	62				100.00
				Disbursement#	5564	Disbursement	Total					100.00
210 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				273.00
				Disbursement#	5565	Disbursement	Total					273.00
225 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				94.46
				Disbursement#	5566	Disbursement	Total					94.46
190 V	281	Premier		Direct Admin - Stationary	41500	04411	260	62				68.70
				Disbursement#	5567	Disbursement	Total					68.70
223 V	5533	Region Six Planning Commission		Transportation - General	41500	04031	354	62				56.00
223 V	5533	Region Six Planning Commission		Transportation - General	41500	04231	354	62				112.00
223 V	5533	Region Six Planning Commission		Transportation - General	41500	04331	354	62				16.80
				Disbursement#	5568	Disbursement	Total					184.80
226 V	6096	Respite Connection		Support Services - Respit	41500	04332	325	62				583.16
				Disbursement#	5569	Disbursement	Total					583.16

Disbursement Date 07/12/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
227 V	6617	Jefferson Simms		Basic Needs - Rent Paymen	41500	04033	340	62				624.00
				Disbursement# 5570		Disbursement		Total				624.00
193 V	771	Sioux Rivers Region		Mental Health Advocate -	41500	04075	395	62				251.08
				Disbursement# 5571		Disbursement		Total				251.08
228 V	7025	Story County Auditor		Purchased Admin - Account	41500	04412	420	62				3996.18
				Disbursement# 5572		Disbursement		Total				3,996.18
229 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				32.95
229 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				204.64
				Disbursement# 5573		Disbursement		Total				237.59
217 V	4376	U.S. Bank Equipment Finance		Services Management - Off	41500	04022	636	62				191.09
				Disbursement# 5574		Disbursement		Total				191.09
232 V	7498	U.S. Cellular		Direct Admin - Telecommun	41500	04411	414	62				208.74
				Disbursement# 5575		Disbursement		Total				208.74
188 V	77	Verizon Wireless		Direct Admin - Telecommun	41500	04411	414	62				30.28
				Disbursement# 5576		Disbursement		Total				30.28
233 V	7601	VISA		Direct Admin - Telecommun	41500	04411	414	62				273.92
233 V	7601	VISA		Direct Admin - Educationa	41500	04411	422	62				316.00
233 V	7601	VISA		Direct Admin - Publicatio	41500	04411	400	62				513.84
233 V	7601	VISA		Direct Admin - Publicatio	41500	04411	400	62				1.83
233 V	7601	VISA		Direct Admin - Postage &	41500	04411	412	62				116.00
233 V	7601	VISA		Direct Admin - Stationary	41500	04411	260	62				1416.07
233 V	7601	VISA		Direct Admin - Mileage &	41500	04411	413	62				248.64
233 V	7601	VISA		Direct Admin - Informatio	41500	04411	632	62				740.00
				Disbursement# 5577		Disbursement		Total				3,626.30
234 V	7696	Webster County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				24.19
234 V	7696	Webster County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				3.00
234 V	7696	Webster County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				3.00
				Disbursement# 5578		Disbursement		Total				30.19
235 V	7806	Russell Wood		Direct Admin - Mileage &	41500	04411	413	62				1246.42
				Disbursement# 5579		Disbursement		Total				1,246.42
191 V	350	Woolstock Mutal Telephone Assn		Direct Admin - Telecommun	41500	04411	414	62				55.00
				Disbursement# 5580		Disbursement		Total				55.00
					57	Total Disbursements						275,624.55
					0	Total ACH						.00
					0	Total EFT						.00
					57	Grand Total						275,624.55
						Credits/Refunds Included						.00

Date - 7/08/22  
Time - 9:52:11

Story County - Accounting  
Final Disbursement Register

Program - AA31091  
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Disbursement Date 07/12/2022

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

41500	Central Iowa Community Service	275,624.55
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Final Total	275,624.55
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End of report

Date - 7/12/22  
Time - 15:23:34

Story County - Accounting  
Handwritten Disbursement Register by Department

Program - AA31121  
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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
Department 62 CICS MH Region												
306 V	7730	WEX Health, Inc		COBRA J Van De Voort	41500	04022	113	62				1922.58
				Pay Date 07/12/2022		Disbursement#	5581		Total			1,922.58
											Department 62 Total	1,922.58

Date - 7/22/22  
Time - 13:53:32

Story County - Accounting  
Final Handwritten Disbursement Register

Program - AA31091  
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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
598	V 5770	Postmaster		Direct Admin - Postage & M	41500	04411	412	62				312.00
			Pay Date 07/26/2022	Disbursement# 5670								312.00
599	V 5770	Postmaster		Direct Admin - Postage & M	41500	04411	412	62				60.00
			Pay Date 07/26/2022	Disbursement# 5671								60.00
600	V 5770	Postmaster		Direct Admin - Postage & M	41500	04411	412	62				116.00
			Pay Date 07/26/2022	Disbursement# 5672								116.00
					3	Total Disbursements						488.00
					0	Total ACH						.00
					0	Total EFT						.00
					3	Grand Total						488.00
						Credits/Refunds Included						.00

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Totals by Fund  
41500 Central Iowa Community Service 488.00  
Final Total 488.00

End of report

Disbursement Date 07/26/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
500 V	15	Abbe Center for Community		Comm Based Settings (6+ B	41500	04064	314	62				201.18
500 V	15	Abbe Center for Community		Comm Based Settings (6+ B	41500	04064	314	62				6476.40
				Disbursement# 5582								6,677.58
503 V	291	Access Systems Leasing		Direct Admin - Office Equ	41500	04411	453	62				382.42
				Disbursement# 5583								382.42
501 V	169	Amazon Capital Services		Services Management - Sta	41500	04022	260	62				26.99
501 V	169	Amazon Capital Services		Direct Admin - Informatio	41500	04411	262	62				14.07
				Disbursement# 5584								41.06
506 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04042	366	62				394.75
506 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04242	366	62				2797.35
506 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04342	366	62				447.90
				Disbursement# 5585								3,640.00
508 V	588	Brittany Baker		Services Management - Mil	41500	04022	413	62				326.51
508 V	588	Brittany Baker		Services Management - Mil	41500	04222	413	62				187.46
508 V	588	Brittany Baker		Services Management - Mil	41500	04322	413	62				187.45
				Disbursement# 5586								701.42
511 V	876	Boone County Auditor		Services Management - Sal	41500	04222	100	62				3985.25
512 V	876	Boone County Auditor		Services Management - Ren	41500	04022	450	62				346.50
512 V	876	Boone County Auditor		Direct Admin - Building (	41500	04411	450	62				441.00
512 V	876	Boone County Auditor		Purchased Admin - Account	41500	04412	420	62				1226.75
512 V	876	Boone County Auditor		Services Management - Ren	41500	04022	450	62				346.50
512 V	876	Boone County Auditor		Direct Admin - Building (	41500	04411	450	62				441.00
512 V	876	Boone County Auditor		Purchased Admin - Account	41500	04412	420	62				1226.75
				Disbursement# 5587								8,013.75
514 V	1230	Capstone Behavioral Healthcare		Justice System Involved C	41500	04025	376	62				6293.00
				Disbursement# 5588								6,293.00
581 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				2824.02
581 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				2510.29
581 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				2510.36
				Disbursement# 5589								7,844.67
515 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				59.43
515 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
515 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
515 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54
515 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
515 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
515 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				47.54
515 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
515 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
515 V	1327	Center Associates		Crisis Evaluation	41500	04044	301	62				806.69
515 V	1327	Center Associates		Justice System Involved C	41500	04025	376	62				6914.00
516 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				304.54

Disbursement Date 07/26/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
516	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
				Disbursement#	5590	Disbursement		Total				9,171.95
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				468.09
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				208.04
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				598.12
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				208.04
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				390.08
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				208.04
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				494.10
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				858.17
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				364.07
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.08
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				130.03
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				494.10
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				845.17
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				182.04
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				221.04
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				585.12
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				325.06
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				377.07
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				273.05
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				676.13
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				325.06
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				403.08
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				429.08
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				208.04
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.08
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				312.06
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				442.09
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				312.06
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				130.03
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.08
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				143.03
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				468.09
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				260.05
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				377.07
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				481.09
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.08
				Disbursement#	5591	Disbursement		Total				13,873.71
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				936.18
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				442.09
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.08
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				442.09
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.08
518	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				208.04
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				676.13
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				208.04
518	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				260.05

Disbursement Date 07/26/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
518 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				468.09
518 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				260.05
518 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				260.05
518 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				52.01
518 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				364.07
518 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				247.05
518 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				494.10
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				325.06
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				468.09
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				286.06
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				364.07
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				429.08
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				546.11
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				442.09
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				312.06
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				468.09
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				1430.28
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				169.03
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				260.05
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				468.09
518 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				377.07
518 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				260.05
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				416.08
518 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				390.08
					Disbursement#	5592	Disbursement Total					13,561.64
520 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
520 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				138.86
521 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				433.33
					Disbursement#	5593	Disbursement Total					727.80
519 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				1912.26
519 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				5378.22
519 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04342	366	62				119.52
519 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				5061.30
519 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				2348.70
519 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				5592.00
519 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				1913.94
519 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04332	329	62				142.29
519 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04350	367	62				1153.04
					Disbursement#	5594	Disbursement Total					23,621.27
517 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04332	329	62				4708.42
517 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04232	329	62				503.36
					Disbursement#	5595	Disbursement Total					5,211.78
522 V	1372	Central Services 2-5-12		Services Management - Ren	41500	04022	450	62				500.00
522 V	1372	Central Services 2-5-12		Direct Admin - Building (	41500	04411	450	62				250.00
					Disbursement#	5596	Disbursement Total					750.00



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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
528	V 2183	Employee Benefit Systems		Services Management - Emp	41500	04022	113	62				1807.50
				Disbursement# 5610		Disbursement		Total				1,807.50
569	V 5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				500.00
569	V 5696	Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				7138.00
569	V 5696	Eyerly Ball CMHS		Crisis Evaluation	41500	04044	301	62				464.18
569	V 5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				16516.01
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3236.32
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2427.24
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2427.24
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3236.32
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3236.32
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				809.08
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				809.08
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4854.48
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2427.24
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1618.16
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3236.32
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1618.16
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2427.24
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3236.32
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4045.40
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				809.08
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				809.08
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4045.40
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				5663.56
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4045.40
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2427.24
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4045.49
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				809.08
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				809.08
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1618.16
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1618.16
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3236.32
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2427.24
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4045.40
569	V 5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				809.08
				Disbursement# 5611		Disbursement		Total				101,480.88
529	V 2420	Franklin County Auditor		Services Management - Sal	41500	04022	100	62				172800.00
529	V 2420	Franklin County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				115200.00
				Disbursement# 5612		Disbursement		Total				288,000.00
530	V 2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04042	366	62				7410.00
				Disbursement# 5613		Disbursement		Total				7,410.00
531	V 2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				568.91
				Disbursement# 5614		Disbursement		Total				568.91
533	V 2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				84.50

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	5615	Disbursement	Total					84.50
572 V	5917	Genesis Health System		Other Priv./Public Hospit	41500	04073	319	62				134.53
572 V	5917	Genesis Health System		Other Priv./Public Hospit	41500	04073	319	62				134.53
				Disbursement#	5616	Disbursement	Total					269.06
532 V	2522	Genesis Psychiatric Hospitalis		Commitment - Diagnostic E	41500	04074	300	62				137.28
				Disbursement#	5617	Disbursement	Total					137.28
545 V	3612	Hamilton County Exposition		Public Education Services	41500	04005	373	62				50.00
545 V	3612	Hamilton County Exposition		Direct Admin - Mileage &	41500	04411	413	62				10.00
				Disbursement#	5618	Disbursement	Total					60.00
534 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				4.00
				Disbursement#	5619	Disbursement	Total					4.00
535 V	2725	Hamilton County Auditor		Direct Admin - Telecommun	41500	04411	414	62				16.77
536 V	2725	Hamilton County Auditor		Services Management - Ren	41500	04022	450	62				450.00
536 V	2725	Hamilton County Auditor		Direct Admin - Building (	41500	04411	450	62				450.00
536 V	2725	Hamilton County Auditor		Purchased Admin - Account	41500	04412	420	62				1466.78
536 V	2725	Hamilton County Auditor		Services Management - Emp	41500	04022	113	62				1872.00
536 V	2725	Hamilton County Auditor		Direct Admin - Employee G	41500	04411	113	62				829.00
				Disbursement#	5620	Disbursement	Total					5,084.55
540 V	2915	Heartland Business System, LLC		Purchased Admin - Data Pr	41500	04412	421	62				945.00
541 V	2915	Heartland Business System, LLC		Purchased Admin - Data Pr	41500	04412	421	62				644.54
				Disbursement#	5621	Disbursement	Total					1,589.54
560 V	4984	Lisa Hill		Direct Admin - Mileage &	41500	04411	413	62				46.25
				Disbursement#	5622	Disbursement	Total					46.25
561 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				105.30
561 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				419.60
561 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				296.99
				Disbursement#	5623	Disbursement	Total					821.89
542 V	3129	Liza Howard		Services Management - Mil	41500	04022	413	62				96.26
542 V	3129	Liza Howard		Services Management - Mil	41500	04222	413	62				93.44
542 V	3129	Liza Howard		Services Management - Mil	41500	04322	413	62				93.44
				Disbursement#	5624	Disbursement	Total					283.14
543 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				393.30
543 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				393.30
543 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04050	367	62				957.84
543 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				2918.24
543 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04350	367	62				2720.64
543 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				823.98
				Disbursement#	5625	Disbursement	Total					8,207.30
544 V	3430	Iowa State Assoc. of Counties		Purchased Admin - Educati	41500	04412	422	62				250.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	5626	Disbursement	Total					250.00
546 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				292.55
546 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				68.35
546 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				516.50
546 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				411.75
546 V	3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				372.74
				Disbursement#	5627	Disbursement	Total					1,661.89
547 V	3717	Gabe Johanns		Direct Admin - Mileage &	41500	04411	413	62				305.37
				Disbursement#	5628	Disbursement	Total					305.37
549 V	4400	Mainstream Living		Voc/Day - Group Supported	41500	04350	369	62				165.43
549 V	4400	Mainstream Living		Day Habilitation	41500	04350	367	62				368.40
				Disbursement#	5629	Disbursement	Total					533.83
550 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				915.78
550 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
				Disbursement#	5630	Disbursement	Total					946.78
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				1200.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				1200.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				700.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4000.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3500.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				2000.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4000.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3200.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				2800.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3500.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3500.00
551 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				6300.00
552 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				700.00
				Disbursement#	5631	Disbursement	Total					36,600.00
555 V	4730	Mediapolis Care Facility Inc		Comm Based Settings (6+ B	41500	04064	314	62				1005.90
				Disbursement#	5632	Disbursement	Total					1,005.90
554 V	4721	Medicap Pharmacy		Prescription Medication (	41500	04046	306	62				106.16
554 V	4721	Medicap Pharmacy		Prescription Medication (	41500	04046	306	62				394.90
				Disbursement#	5633	Disbursement	Total					501.06
558 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				92.81
				Disbursement#	5634	Disbursement	Total					92.81
553 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				30.42
553 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				17.55
553 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				25.74
553 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				23.33
				Disbursement#	5635	Disbursement	Total					97.04

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
556 V	4756	Metro FiberNet LLC		Direct Admin - Telecommun	41500	04411	414	62				10.36	
557 V	4756	Metro FiberNet LLC		Direct Admin - Telecommun	41500	04411	414	62				131.86	
				Disbursement#	5636							Disbursement Total	142.22
559 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04250	362	62				412.40	
559 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				412.40	
				Disbursement#	5637							Disbursement Total	824.80
513 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4551.00	
513 V	1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				4372.50	
513 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				3587.50	
513 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				94.67	
				Disbursement#	5638							Disbursement Total	12,605.67
562 V	5240	Norse Ventures DBA Thrive		Voc/Day - Individual Supp	41500	04250	368	62				1169.27	
562 V	5240	Norse Ventures DBA Thrive		Voc/Day - Individual Supp	41500	04250	368	62				1169.27	
				Disbursement#	5639							Disbursement Total	2,338.54
563 V	5283	North Iowa Vocational Center		Basic Needs - Other	41500	04033	399	62				2011.80	
563 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				167.65	
564 V	5283	North Iowa Vocational Center		Psychotherapeutic Treatme	41500	04042	329	62				180550.00	
				Disbursement#	5640							Disbursement Total	182,729.45
565 V	5300	North Risk Partners-BLA		Services Management - Emp	41500	04022	113	62				447.93	
				Disbursement#	5641							Disbursement Total	447.93
566 V	5370	ODP Business Solutions, LLC		Direct Admin - Stationary	41500	04411	260	62				98.00	
				Disbursement#	5642							Disbursement Total	98.00
567 V	5448	One Vision-Opportunity Village		Voc/Day - Individual Supp	41500	04250	368	62				747.79	
567 V	5448	One Vision-Opportunity Village		Support Services - Suppor	41500	04332	329	62				470.89	
				Disbursement#	5643							Disbursement Total	1,218.68
537 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				98.00	
537 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				6683.62	
537 V	2872	Optimae LifeServices, Inc.		Day Habilitation	41500	04050	367	62				98.28	
537 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04050	368	62				42.04	
537 V	2872	Optimae LifeServices, Inc.		Comm Based Settings (6+ B	41500	04064	329	62				11661.90	
537 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				698.25	
537 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				1114.75	
537 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				1122.24	
538 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				385.00	
538 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				1761.42	
538 V	2872	Optimae LifeServices, Inc.		Basic Needs - Ongoing Ren	41500	04033	345	62				300.00	
538 V	2872	Optimae LifeServices, Inc.		Basic Needs - Other	41500	04033	399	62				69.64	
				Disbursement#	5644							Disbursement Total	24,035.14
568 V	5548	Bill Patten		Direct Admin - Mileage &	41500	04411	413	62				32.76	
				Disbursement#	5645							Disbursement Total	32.76

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
570 V	5770	Postmaster		Direct Admin - Postage &	41500	04411	412	62				60.00
570 V	5770	Postmaster		Direct Admin - Postage &	41500	04411	412	62				312.00
570 V	5770	Postmaster		Direct Admin - Postage &	41500	04411	412	62				116.00
				Disbursement# 5646								Disbursement Total 488.00
594 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	366	62				3820.29
594 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04242	366	62				1355.59
594 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04342	366	62				308.09
594 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04742	366	62				539.15
				Disbursement# 5647								Disbursement Total 6,023.12
596 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				464.16
596 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				2278.80
596 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				17633.64
				Disbursement# 5648								Disbursement Total 20,376.60
571 V	5840	Progress Industries		Day Habilitation	41500	04250	367	62				1103.06
571 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				1123.26
571 V	5840	Progress Industries		Support Services - Suppor	41500	04332	329	62				182.41
571 V	5840	Progress Industries		Day Habilitation	41500	04350	367	62				294.72
571 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04350	368	62				1123.26
571 V	5840	Progress Industries		Support Services - Suppor	41500	04732	329	62				643.80
571 V	5840	Progress Industries		Day Habilitation	41500	04750	367	62				2652.48
				Disbursement# 5649								Disbursement Total 7,122.99
523 E	1423	Jennifer A Radley		Direct Admin - Mileage &	41500	04411	413	62				64.38
				Disbursement# 5650								Disbursement Total 64.38
573 V	6142	RK Dixon		Direct Admin - Office Equ	41500	04411	444	62				33.58
574 V	6142	RK Dixon		Direct Admin - Informatio	41500	04411	632	62				423.57
				Disbursement# 5651								Disbursement Total 457.15
504 V	322	Salvation Army		Support Services - Repres	41500	04032	327	62				672.00
504 V	322	Salvation Army		Support Services - Repres	41500	04232	327	62				144.00
				Disbursement# 5652								Disbursement Total 816.00
575 V	6470	Kim Schomaker		Services Management - Mil	41500	04022	413	62				98.26
575 V	6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				95.37
575 V	6470	Kim Schomaker		Services Management - Mil	41500	04322	413	62				97.12
				Disbursement# 5653								Disbursement Total 290.75
576 V	6471	Scott Pharmacy		Prescription Medication (	41500	04046	306	62				44.78
				Disbursement# 5654								Disbursement Total 44.78
577 V	6579	Jen Sheehan		Services Management - Mil	41500	04022	413	62				416.20
577 V	6579	Jen Sheehan		Services Management - Mil	41500	04222	413	62				648.50
				Disbursement# 5655								Disbursement Total 1,064.70
582 V	6982	Storey-Kenworthy Company		Services Management - Off	41500	04022	636	62				439.38
				Disbursement# 5656								Disbursement Total 439.38

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
583 V	7025	Story County Auditor		Services Management - Ren	41500	04022	450	62				250.00	
583 V	7025	Story County Auditor		Direct Admin - Building (	41500	04411	450	62				250.00	
				Disbursement# 5657								Disbursement Total	500.00
578 V	6706	Story County Community Serv		Direct Admin - Mileage &	41500	04411	413	62				39.20	
				Disbursement# 5658								Disbursement Total	39.20
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				274.36	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				348.40	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				480.95	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				131.70	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				467.30	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				156.70	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				41.70	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				288.40	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				131.70	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				203.40	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				407.30	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.70	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				83.40	
584 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				143.40	
				Disbursement# 5659								Disbursement Total	3,230.41
585 V	7125	Story County Treasurer		Prescription Medication (	41500	04046	306	62				237.70	
				Disbursement# 5660								Disbursement Total	237.70
505 V	367	Betsy Stursma		Direct Admin - Stationary	41500	04411	260	62				17.63	
				Disbursement# 5661								Disbursement Total	17.63
548 V	4112	Patti Treibel-Leeds		Direct Admin - Mileage &	41500	04411	413	62				299.28	
				Disbursement# 5662								Disbursement Total	299.28
588 V	7498	U.S. Cellular		Services Management - Tel	41500	04022	414	62				1724.18	
				Disbursement# 5663								Disbursement Total	1,724.18
589 V	7521	Unity Law + Mediation PLC		Commitment - Legal Repres	41500	04074	393	62				246.00	
				Disbursement# 5664								Disbursement Total	246.00
509 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				6670.00	
				Disbursement# 5665								Disbursement Total	6,670.00
507 E	573	Karla K Webb		Direct Admin - Stationary	41500	04411	260	62				37.44	
507 E	573	Karla K Webb		Direct Admin - Mileage &	41500	04411	413	62				13.46	
				Disbursement# 5666								Disbursement Total	50.90
590 V	7696	Webster County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				25.68	
				Disbursement# 5667								Disbursement Total	25.68
591 V	7730	WEX Health, Inc		Direct Admin - Employee G	41500	04411	113	62				1922.58	
				Disbursement# 5668								Disbursement Total	1,922.58

Disbursement Date 07/26/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
592 V	7870	Youth & Shelter Services, Inc		Crisis Stabilization	Resi 41500	04044	313	62				929100.00
592 V	7870	Youth & Shelter Services, Inc		Crisis Stabilization	Resi 41500	04044	313	62				1110200.00
				Disbursement#	5669							2,039,300.00
												Disbursement Total
					88	Total Disbursements						2,884,871.95
					0	Total ACH						.00
					0	Total EFT						.00
					88	Grand Total						2,884,871.95
						Credits/Refunds Included						.00

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Totals by Fund	
41500 Central Iowa Community Service	2,884,871.95
Final Total	2,884,871.95

End of report



# CICS

Supporting Individuals. Strengthening Communities.

July 28, 2022

TO: ICAP

ATTN: Alec Moore

RE: Central Iowa Community Services #891

Dear Alec,

This letter is being written to confirm that there have not been any claims on the property coverage for our organization from the period of July 1, 2022 to today. Thank you for issuing the property coverage effective July 1, 2022.

Sincerely,

Russell Wood, Regional CEO  
Central Iowa Community Services



**Central Iowa Community Services**  
Effective Date: 7/1/22

<b>Coverage</b>	<b>Current Contribution:</b>	<b>\$500 ded.</b>	<b>\$1,000 ded</b>
Property	\$0.00	\$479.00	\$421.00
Current Deductible	\$0.00		
	<b>Amount to add to invoice</b>	<b>\$479.00</b>	<b>\$421.00</b>

**Iowa Communities Assurance Pool**  
**Property Breakout**  
**Central Iowa Community Services**  
**Anniversary: 7/1/2022**

<u>Location</u>	<u>Address</u>	<u>Total TIV</u>	<u>Contribution</u>
1-1: 126 S Kellogg Ave Ste 001	126 S Kellogg Ave Ste 001 Ames, IA 50010	\$25,000	\$38
2-2: 900 W 3rd St	900 W 3rd St Boone, IA 50036	\$5,000	\$23
3-3: 220 N Washington Ave	220 N Washington Ave Mason City, IA 50401	\$25,000	\$38
4-4: 123 1st Ave SW	123 1st Ave SW Hampton, IA 50441	\$25,000	\$115
5-5: 500 Fair Meadow Dr	500 Fair Meadow Dr Webster City, IA 50595	\$5,000	\$23
6-6: 236 State St	236 State St Garner, IA 50438	\$2,000	\$8
7-7: 1201 14th Ave	1201 14th Ave Eldora, IA 50627	\$15,000	\$28
8-8: 115 N 2nd Ave East	115 N 2nd Ave East Newton, IA 50208	\$6,000	\$8
9-9: 101 E Main St	101 E Main St Marshalltown, IA 50158	\$11,000	\$17
10-10: 200 4th Ave West	200 4th Ave West Grinnell, IA 50112	\$10,000	\$20
11-11: 1007 S Jefferson Way	1007 S Jefferson Way Indianola, IA 50125	\$12,000	\$18
12-12: 308 Central Ave	308 Central Ave Fort Dodge, IA 50501	\$25,000	\$38
13-13: 120 1st NW Ste 1	120 1st NW Ste 1 Clarion, IA 50525	\$10,000	\$20
			Crime
			Equipment Breakdown
			\$0
			\$16
		<b>TOTALS</b>	<b>\$176,000</b>
			<b>\$410</b>

# Iowa Communities Assurance Pool

## Additional Property Breakout

Central Iowa Community Services

Anniversary: 7/1/2022

<b>Description</b>	<b>Location</b>	<b>Value</b>	<b>Contribution</b>
Xerox C8035T Copier	9: 101 E Main St	\$5,000	\$23
Sharp MX-3571 Copier	12: 308 Central Ave	\$5,000	\$23
Konica BizHub C368 Copier	11: 1007 S Jefferson Way	\$5,000	\$23
	<b>Subtotal:</b>	<b>\$15,000</b>	<b>\$69</b>
	<b>Totals:</b>	<b>\$191,000</b>	<b>\$479</b>

# Iowa Communities Assurance Pool

## Property Breakout

Central Iowa Community Services

Anniversary: 7/1/2022

<u>Location</u>	<u>Address</u>	<u>Total TIV</u>	<u>Contribution</u>	
1-1: 126 S Kellogg Ave Ste 001	126 S Kellogg Ave Ste 001 Ames, IA 50010	\$25,000	\$34	
2-2: 900 W 3rd St	900 W 3rd St Boone, IA 50036	\$5,000	\$20	
3-3: 220 N Washington Ave	220 N Washington Ave Mason City, IA 50401	\$25,000	\$34	
4-4: 123 1st Ave SW	123 1st Ave SW Hampton, IA 50441	\$25,000	\$100	
5-5: 500 Fair Meadow Dr	500 Fair Meadow Dr Webster City, IA 50595	\$5,000	\$20	
6-6: 236 State St	236 State St Garner, IA 50438	\$2,000	\$8	
7-7: 1201 14th Ave	1201 14th Ave Eldora, IA 50627	\$15,000	\$25	
8-8: 115 N 2nd Ave East	115 N 2nd Ave East Newton, IA 50208	\$6,000	\$8	
9-9: 101 E Main St	101 E Main St Marshalltown, IA 50158	\$11,000	\$14	
10-10: 200 4th Ave West	200 4th Ave West Grinnell, IA 50112	\$10,000	\$17	
11-11: 1007 S Jefferson Way	1007 S Jefferson Way Indianola, IA 50125	\$12,000	\$16	
12-12: 308 Central Ave	308 Central Ave Fort Dodge, IA 50501	\$25,000	\$34	
13-13: 120 1st NW Ste 1	120 1st NW Ste 1 Clarion, IA 50525	\$10,000	\$17	
			Crime	\$0
			Equipment Breakdown	\$14
		<b>TOTALS</b>	<b>\$176,000</b>	<b>\$361</b>

**Iowa Communities Assurance Pool**  
**Additional Property Breakout**  
**Central Iowa Community Services**  
**Anniversary: 7/1/2022**

<b>Description</b>	<b>Location</b>	<b>Value</b>	<b>Contribution</b>
Sharp MX-3571 Copier	12-12: 308 Central Ave	\$5,000	\$20
Konica BizHub C368 Copier	11-11: 1007 S Jefferson Way	\$5,000	\$20
Xerox C8035T Copier	9-9: 101 E Main St	\$5,000	\$20
	<b>Subtotal:</b>	<b>\$15,000</b>	<b>\$60</b>
	<b>Totals:</b>	<b>\$191,000</b>	<b>\$421</b>

## BUSINESS ASSOCIATE AGREEMENT

**THIS BUSINESS ASSOCIATE AGREEMENT** (“Agreement”) is entered into by and between Cerro Gordo County, Iowa (the “Covered Entity”), and Central Iowa Community Services (the “Business Associate”).

### RECITALS

A. Covered Entity is a health care provider subject to the Health Insurance Portability and Accountability Act of 1996, the HITECH Act, and regulations promulgated thereunder (“HIPAA”).

B. Business Associate, through the provision of certain services for or on behalf of the Covered Entity pursuant to a certain agreement entered into with Covered Entity effective on 7/1/22 for the provision by Business Associate of substance use disorder client funding eligibility and claim processing for Covered Entity (the “Services Agreement”), is a “business associate” of the Covered Entity as that term is defined in 45 C.F.R. § 160.103, and is subject to the Security Rule and certain provisions of the Privacy Rule.

C. Covered Entity is required by HIPAA to obtain satisfactory assurances that Business Associate will appropriately safeguard all PHI and Electronic PHI disclosed by, or created or received by Business Associate on behalf of, Covered Entity.

**NOW, THEREFORE**, in consideration of entering into the Services Agreement and the mutual promises and agreements below and in order to comply with all legal requirements, the parties agree as follows:

### **I. DEFINITIONS**

1.1 “**Agreement**” has the meaning set forth in the preamble.

1.2 “**ARRA Breach**” has the same meaning as the term “Breach” in Section 13400(1) of the HITECH Act (i.e. 42 USCA 17921) and 45 CFR 164.402.

1.3 “**Business Associate**” has the meaning set forth in the preamble.

1.4 “**Covered Entity**” has the meaning set forth in the preamble.

1.5 “**Data Aggregation**” means the combining of PHI created or received under this Agreement with the PHI Business Associate receives or creates in its arrangement with another covered entity under the Privacy Rule to permit data analysis that relate to the Health Care Operations of the covered entities.

1.6 “**Designated Record Set**” means a group of records maintained by or for the Covered Entity that is: (i) the medical records and billing records about Individuals; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about Individuals. As used herein the term “record” means any item, collection,

or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for the Covered Entity.

**1.7 “Document Demand”** has the meaning set forth in Section 3.13.

**1.8 “Effective Date”** has the meaning set forth in the preamble.

**1.9 “Electronic PHI”** means information that comes within paragraphs 1(i) or 1(ii) of the definition of “PHI,” as defined in 45 C.F.R. § 160.103, limited to the information created, received, maintained or transmitted by Business Associate on behalf of Covered Entity.

**1.10 “HIPAA”** has the meaning set forth in the Recitals.

**1.11 “HITECH Act”** means Title XIII and Title IV of Division B of the American Recovery and Reinvestment Act of 2009, Public Law No. 111-5 and all regulations promulgated thereunder.

**1.12 “Individual”** means the person who is the subject of the PHI and includes a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

**1.13 “PHI”** means Protected Health Information that is provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity.

**1.14 “Privacy Rule”** means the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E.

**1.15 “Protected Health Information”** (or “PHI”) means any information, whether transmitted or maintained in electronic, written, oral, or any other form or medium, that relates to the past, present, or future physical or mental health or condition of an Individual; the provision of health care to an Individual; or the past, present or future payment for the provision of health care to an Individual; and (i) identifies the Individual, or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the Individual.

**1.16 “Required by Law”** has the same meaning as the term “required by law” in 45 C.F.R. § 164.103.

**1.17 “Secretary”** means the Secretary of the U.S. Department of Health and Human Services or his or her designee.

**1.18 “Security Incident”** has the same meaning as the term “security incident” in 45 C.F.R. § 164.304.

**1.19 “Security Rule”** means the Security Standards and Implementation Specifications at 45 C.F.R. part 160 and part 164, subpart C.

**1.20 “Services Agreement”** has the meaning set forth in the Recitals.

**1.21 “Unsecured PHI” or “Unsecured PHI”** means PHI that is not secured through the use of a technology or methodology that the Secretary specifies in guidance renders PHI unusable, unreadable, or indecipherable to unauthorized Individuals, such as the guidance set forth in 74 Fed. Reg. 19006 (April 27, 2009) and updated in 74 Fed. Reg. 42740 (August 24, 2009).

**1.22 Remaining Terms.** Capitalized terms used, but not otherwise defined, in this Agreement have the meaning ascribed to them in HIPAA, the Privacy Rule, the Security Rule or the HITECH Act.

## **II. PERMITTED USES AND DISCLOSURES OF PHI**

**2.1 Services Agreement Uses and Disclosures.** Business Associate may use or disclose PHI for purposes of performing its obligations and functions under the Services Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity.

**2.2 Other Permitted Uses.** If necessary, Business Associate may use PHI: (i) for the proper management and administration of the Business Associate; (ii) to carry out the legal responsibilities of the Business Associate; and (iii) for the provision of Data Aggregation services relating to the Health Care Operations of Covered Entity.

**2.3 Other Permitted Disclosures.** If necessary, Business Associate may disclose PHI for the purposes described in Section 2.2 above if: (i) the disclosure is Required by Law; or (ii) Business Associate obtains reasonable written assurance from the person or entity to whom it discloses the PHI that the PHI will remain confidential and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person or entity, and the person or entity notifies Business Associate of any instances of which it is aware in which the confidentiality of the PHI has been breached.

## **III. OBLIGATIONS OF BUSINESS ASSOCIATE**

**3.1 Compliance with Privacy Rule.** Business Associate shall comply with all applicable provisions of the Privacy Rule in carrying out its obligations under the Services Agreement and this Agreement. Further, to the extent Business Associate is to carry out any of Covered Entity’s obligations under subpart E of 45 CFR 164, Business Associate agrees to comply with the requirements of such subpart that apply to Covered Entity in the performance of such obligations.

**3.2 Prohibition on Unauthorized Use or Disclosure.** Business Associate shall not use or disclose PHI except as permitted by this Agreement or as Required by Law.

### **3.3 Minimum Necessary.**

**3.3.1** Business Associate shall limit its use and disclosure of PHI under this Agreement to the “minimum necessary,” as set forth in guidance that the Secretary will issue regarding what constitutes “minimum necessary” under the Privacy Rule. Until the issuance of such guidance, Business Associate shall limit its use and disclosure of PHI, to the extent practicable, to the Limited Data Set (as that term is defined in 45 C.F.R.

§ 164.514(e)(2)), or, if needed, to the minimum necessary to accomplish the Business Associate's intended purpose. Business Associate may in good faith determine what constitutes the minimum necessary to accomplish the intended purpose of any disclosure of PHI.

**3.3.2** Paragraph (a) above does not apply to: (1) disclosures to or requests by a health care provider for treatment; (2) uses or disclosures made to the Individual; (3) disclosures made pursuant to an authorization as set forth in 45 C.F.R. § 164.508; (4) disclosures made to the Secretary under 45 C.F.R. part 160, subpart C; (5) uses or disclosures that are Required by Law as described in 45 C.F.R. § 164.512(a); and (6) uses or disclosures that are required for compliance with applicable requirements of the Privacy Rule.

**3.4 Safeguarding PHI; Security Regulations.** Business Associate shall use appropriate administrative, physical, and technical safeguards and comply with the Security Rule with respect to Electronic PHI to prevent the use or disclosure of PHI other than as provided for by this Agreement.

**3.5 Mitigation.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Security Incident or a use or disclosure of PHI by Business Associate in violation of this Agreement.

**3.6 Reporting.** In the event that Business Associate becomes aware of a use or disclosure of PHI by Business Associate that is not permitted under this Agreement, Business Associate shall report such use or disclosure to the Covered Entity promptly in writing and in any event, within 5 days of becoming aware of the use or disclosure. Business Associate agrees to report to Covered Entity in writing any Security Incident of which it becomes aware, except that, for purposes of this reporting requirement the term "Security Incident" does not include inconsequential incidents that occur on a frequent basis such as scans or "pings" that are not allowed past Business Associate's firewall. Notwithstanding this Section 3.7, the Business Associate's reporting obligations regarding any ARRA Breach are set forth in Article IV.

**3.7 Subcontractors.** Business Associate shall ensure that all subcontractors or agents of Business Associate that create, receive, maintain or transmit PHI on behalf of the Business Associate agree in writing to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information. Business Associate shall ensure that all agents, including subcontractors, to whom it provides Electronic PHI, agree in writing to implement reasonable and appropriate safeguards to protect such Electronic PHI.

**3.8 Access.**

**3.8.1** Within twenty (20) days of a request from Covered Entity, Business Associate shall furnish the PHI contained in a Designated Record Set that will enable the Covered Entity to respond to an Individual's request for inspection or copies of PHI about the Individual pursuant to 45 CFR § 164.524.

**3.8.2** In the event an Individual requests access to PHI directly from Business Associate, Business Associate shall forward such request to the Covered Entity

immediately and take no direct immediate action on any such request. If the Covered Entity determines that an Individual is to be granted access to PHI, then Business Associate shall cooperate with the Covered Entity to provide to any Individual, at the Covered Entity's direction, any PHI requested by such Individual.

### **3.9 Amendment.**

**3.9.1** If the Covered Entity requests that Business Associate amend any Individual's PHI or a record regarding an Individual contained in a Designated Record Set, then Business Associate shall provide the relevant PHI to the Covered Entity for amendment and incorporate any such amendments in the PHI as required by 45 C.F.R. §164.526.

**3.9.2** In the event an Individual requests directly to Business Associate that PHI be amended, Business Associate shall forward such request to the Covered Entity within ten (10) days of Business Associate's receipt of such request and shall take no direct immediate action on the request.

**3.10 Records Availability.** Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary for purposes of determining compliance with the Privacy Rule and the Security Rule.

### **3.11 Accounting of Disclosures.**

**3.11.1** If the Covered Entity requests that Business Associate furnish an accounting of disclosures of PHI made by Business Associate regarding an Individual during the six (6) years prior to the date on which the accounting was requested, then Business Associate shall, within fifteen (15) days of such request, make available to the Covered Entity such information as is in Business Associate's possession and is required for the Covered Entity to make the accounting required by 45 C.F.R. §164.528 and future regulations to be promulgated regarding accounting of disclosures.

**3.11.2** In the event an Individual requests an accounting of disclosures directly from Business Associate, Business Associate shall within ten (10) days forward such request to the Covered Entity and shall take no direct action on the request.

### **3.12 Demands for Production of PHI.**

**3.12.1 Receipt by Business Associate.** If Business Associate receives a subpoena, civil or administrative demand, or any other demand for production of PHI (a "Document Demand"), Business Associate shall provide a copy of such Document Demand to Covered Entity within five (5) days of receipt. To the extent the PHI that is the subject of the Document Demand is in the possession of Business Associate, and a response is warranted according to the standards contained in 45 C.F.R. § 164.512(e), Business Associate shall timely respond to the Document Demand.

**3.12.2 Receipt by Covered Entity.** If Covered Entity receives a Document Demand, Business Associate shall provide to Covered Entity any PHI responsive to such

Document Demand and assist and cooperate with Covered Entity in responding to such Document Demand in a timely manner and in accordance with the standards under 45 C.F.R. § 164.512(e).

**3.13 Request for Restrictions on Disclosure of PHI.** As required by Section 13405 of the HITECH Act and 45 CFR 164.522 (except as otherwise required by law), Business Associate shall comply with any request of an Individual for the Business Associate to restrict the disclosure of PHI of the Individual when the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

**3.14 Remuneration for PHI.**

**3.14.1** Except as explicitly permitted in the Services Agreement and also set forth in paragraph (b) below, Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI of an Individual unless the Individual provided to the Covered Entity a valid authorization in accordance with 45 C.F.R. § 164.508 that specifically authorizes the Business Associate to exchange the PHI for remuneration.

**3.14.2** Paragraph (a) above does not apply if the purpose of the exchange is: (1) for public health purposes pursuant to 45 CFR § 164.512(b) or § 164.514(e); (2) for research purposes pursuant to 45 CFR § 164.512(i) or § 164.514(e), where the only remuneration received by the Covered Entity or Business Associate is a reasonable cost-based fee to cover the cost to prepare and transmit the PHI for such purposes; (3) for treatment and payment purposes pursuant to 45 CFR § 164.506(a); (4) for the sale, transfer, merger, or consolidation of all or part of the Covered Entity and for related due diligence as described in the HIPAA definition of health care operations and pursuant to 45 CFR § 164.506(a); (5) To or by a Business Associate for activities that the Business Associate undertakes on behalf of a Covered Entity (or on behalf of a Business Associate in the case of a subcontractor), pursuant to 45 CFR §§ 164.502(e) and 164.504(e), and the only remuneration provided is by the Covered Entity to the Business Associate (or by the Business Associate to the subcontractor, if applicable), for the performance of such activities; (6) to an Individual, when the Individual requests access to his or her PHI pursuant to 45 CFR § 164.524 or when the Individual requests an accounting of disclosures pursuant to 45 CFR § 164.528; (7) for disclosures Required By Law; and (8) for any other purpose permitted by HIPAA where the only remuneration received by the Covered Entity or Business Associate is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for such purpose or a fee expressly permitted by law.

**3.15 Marketing Restrictions.** Business associate shall ensure that any Marketing communications it makes on behalf of Covered Entity are in compliance with the rules governing marketing set forth in 45 C.F.R. 164.508(a)(3), including but not limited to the requirements that Business Associate must obtain an authorization from an Individual prior to making any marketing communication to such Individual.

**3.16 Fundraising Limitations.** Business Associate shall ensure that any fundraising communications Business Associate makes on behalf of the Covered Entity are in compliance with the rules governing fundraising communications set forth in 45 C.F.R. 164.514(f), including but not limited to the requirement that Business Associate must provide, with each fundraising communication made to an Individual, a clear and conspicuous opportunity for the recipient of the communication to elect not to receive any further fundraising communications. Business Associate shall ensure that all Individuals electing not to receive any further fundraising communications do not receive any further fundraising communications.

#### **IV. ARRA BREACH NOTIFICATION.**

**4.1 Risk Assessment by Business Associate.** If Business Associate becomes aware of a potential ARRA Breach, Business Associate shall complete a risk assessment of the potential ARRA Breach to determine whether the potential ARRA Breach is an ARRA Breach. Such risk assessment shall include at least all the factors identified in 45 CFR 164.402(2), as amended by the final rule published in the Federal Register on January 25, 2013 at 78 Fed. Reg. 5566.

**4.2 Notification to Covered Entity.** If, after completing such risk assessment, Business Associate concludes that there was an ARRA Breach, Business Associate shall notify the Covered Entity of the ARRA Breach as soon as reasonably possible, and in all cases within five (5) business days of the first day on which any employee, officer or agent of Business Associate either knows or by exercising reasonable diligence would have known that an ARRA Breach occurred. The notification to Covered Entity shall include, if known, the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, used or disclosed during such ARRA Breach. The notification shall also include: (a) a brief description of what happened, including the date of the ARRA Breach and the date of the discovery of the ARRA Breach, if known; (b) a description of the types of Unsecured PHI that were involved in the ARRA Breach (such as whether the full name, social security number, date of birth, home address, account number, diagnosis disability code or other types of information were involved); (c) recommended steps that Individuals should take to protect themselves from potential harm resulting from the ARRA Breach; and (d) a brief description of what the Business Associate is doing to investigate the ARRA Breach, to mitigate harm to Individuals, and to protect against any further ARRA Breaches. Business Associate shall maintain evidence to demonstrate that any required risk assessment was completed and notification to the Covered Entity under this paragraph was made unless the Business Associate determines that a delayed notice (as described in Section 4.3) applies.

**4.3 Delayed Notification to Covered Entity.** Notwithstanding Section 4.2 above, if a law enforcement official states in writing to Business Associate that the notification to Covered Entity required under Section 4.2 would impede a criminal investigation or cause damage to national security, then Business Associate may delay the notification for any period of time set forth in the written statement of the law enforcement official. If the law enforcement official provides an oral statement, then Business Associate shall document the statement in writing, including the name of the law enforcement official making the statement, and may delay the notification required under Section 4.2 for no longer than thirty (30) days from the date of the oral statement, unless the law enforcement official provides a written statement during that time that specifies a different time period. Business Associate shall be obligated to maintain evidence to

demonstrate the reason for the delayed notification and that the required notification under this paragraph was made

**4.4 Notification to Individuals, the Secretary and/or the Media.** In the event of an ARRA Breach caused by Business Associate, its agents and/or subcontractors, Business Associate shall provide assistance to Covered Entity in making all ARRA Breach notifications. To the extent Covered Entity incurs expenses and costs to comply with its notification obligations with respect to an ARRA Breach by Business Associate, its agents and/or subcontractors, in addition to any other remedies that may be available to Covered Entity under this Agreement or any applicable law, Business Associate shall reimburse Covered Entity for all costs and expenses (including attorneys' fees) incurred by Covered Entity related to providing the notifications required under 45 C.F.R. §§ 164.404, 406 and 408. Notwithstanding the foregoing, if the parties agree that Business Associate will, on behalf of Covered Entity, and within the applicable time frames required by law under 45 C.F.R. §§ 164.404, 406 and 408, prepare and send out any and all required ARRA Breach notifications to Individuals, the Secretary and/or to the media, Business Associate shall prepare and send such ARRA Breach notifications at Business Associate's sole expense and in compliance with the requirements of 45 C.F.R. 164.404, 406 and 408, as applicable. However, any ARRA Breach notifications Business Associate would prepare and send on behalf of Covered Entity shall be subject to Covered Entity's review and pre-approval before the notifications are sent. Additionally, in the event of an ARRA Breach, Business Associate agrees to pay for the credit monitoring fees for affected Individuals for a period of at least two (2) years of credit monitoring.

## V. TERM AND TERMINATION

**5.1 Term.** This Agreement is effective upon the effective date of the Services Agreement, and except for the rights and obligations set forth in this Agreement specifically surviving termination, shall terminate the later of the date the Services Agreement terminates or when all PHI is returned to Covered Entity or, with prior permission of Covered Entity, destroyed.

**5.2 Termination for Cause.** Notwithstanding any provision in this Agreement, Covered Entity may terminate this Agreement and the Services Agreement if Covered Entity determines, in its sole discretion, Business Associate has breached any provision of this Agreement or otherwise violated HIPAA, the Privacy Rule, the Security Rule or the HITECH Act. Covered Entity shall provide written notice to Business Associate with an opportunity for Business Associate to cure the breach or end the violation within ten (10) business days of such written notice, unless cure is not possible. If Business Associate fails to cure the breach or end the violation within the specified time period, or if cure is not possible, this Agreement and the Service Agreement shall automatically and immediately terminate, unless termination is infeasible.

**5.3 Termination after Repeated Violations.** Notwithstanding any provision in the Agreement, Covered Entity may terminate the Services Agreement and this Agreement if Covered Entity determines, in its sole discretion, that Business Associate has repeatedly breached any provision of this Agreement or otherwise violated HIPAA, the Privacy Rule, the Security Rule or the HITECH Act, irrespective of whether, or how promptly, Business Associate may remedy such violation after being notified of the same.

**5.4 Obligations Upon Termination.** Business Associate's obligations to protect the privacy and security of PHI shall be continuous and shall survive termination, cancellation, expiration or other conclusion of this Agreement or the Services Agreement. Upon termination of this Agreement, Business Associate will forward to Covered Entity, or to Covered Entity's designee, the records necessary for continued administration of Covered Entity as directed by Covered Entity. After the forwarding of said records, whatever PHI remains with Business Associate will be subject to the following:

**5.4.1** Except as provided in paragraph (b) of this Section 5.4, upon termination, cancellation, expiration or other conclusion of this Agreement, for any reason, Business Associate shall return or, if Covered Entity gives written permission, destroy, PHI in whatever form or medium and retain no copies of such PHI. Business Associate will complete such return or destruction as soon as possible, but in no event later than sixty (60) days from the date of the termination of this Agreement. Within ten (10) days of the return or destruction of all PHI by Business Associate, Business Associate shall provide written certification to Covered Entity that the return or destruction of PHI has been completed.

**5.4.2** In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

## **VI. INDEMNIFICATION; INSURANCE**

**6.1 Indemnification by Business Associate.** Business Associate will indemnify and hold harmless Covered Entity, and any affiliate, officer, director, employee or agent of Covered Entity from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of or in connection with any use or disclosure of PHI that violates or is not permitted by this Agreement, HIPAA, the Privacy Rule, the Security Rule or the HITECH Act, or other breach of this Agreement by Business Associate or any subcontractor or agent of Business Associate.

**6.2 Right to Tender or Undertake Defense.** If Covered Entity is named as a party in any judicial, administrative or other proceeding arising out of or in connection with any non-permitted or violating use or disclosure of PHI or other breach of this Agreement by Business Associate or any subcontractor or agent of Business Associate, Covered Entity shall have the option at any time either to: (i) tender its defense to Business Associate, in which case Business Associate will provide qualified attorneys, consultants, and other appropriate professionals to represent Covered Entity's interests at Business Associate's expense; or (ii) undertake its own defense, choosing the attorneys, consultants, and other appropriate professionals to represent its interests, in which case Business Associate will be responsible for and pay the reasonable fees and expenses of such attorneys, consultants, and other professionals.

**6.3 Right to Control Resolution.** Covered Entity has the sole right and discretion to settle, compromise or otherwise resolve any and all claims, causes of actions, liabilities or damages against it, notwithstanding that Covered Entity may have tendered its defense to Business Associate. Any such resolution will not relieve Business Associate of its obligation to indemnify Covered Entity under this Agreement.

**6.4 Insurance.** Upon request, Business Associate shall obtain and maintain insurance coverage against improper uses and disclosures of PHI by Business Associate, naming Covered Entity as an additional named insured. Upon request, Business Associate shall provide a certificate evidencing such insurance coverage.

**6.5 Conflicts.** With respect to any breaches or violations of this Agreement, the provisions in this Section 6 supersede any inconsistent terms contained in the Services Agreement.

## **VII. GENERAL PROVISIONS**

**7.1 Effect.** The terms and provisions of this Agreement supersede any other conflicting or inconsistent terms and provisions in any agreements between the parties, including all exhibits or other attachments thereto and all documents incorporated therein by reference.

**7.2 Amendment.** Business Associate and the Covered Entity agree to amend this Agreement to the extent necessary to allow either party to comply with HIPAA, the Privacy Rule, the Security Rule, or the HITECH Act. All such amendments shall be made in a writing signed by both parties.

**7.3 No Third Party Beneficiaries.** This Agreement is intended for the benefit of Business Associate and Covered Entity only. Nothing express or implied is intended to confer or create, nor be interpreted to confer or create, any rights, remedies, obligations or liabilities to or for any third party beneficiary, including without limitation Individuals who are the subject of PHI.

**7.4 Severability.** In the event that any provision of this Agreement violates any applicable statute, ordinance, or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement.

**7.5 No Waiver.** No provision of this Agreement may be waived except by an agreement in writing signed by the waiving party. A waiver of any term or provision shall not be construed as a waiver of any other term or provision.

**7.6 Assignment.** This Agreement may not be assigned by either party without the prior written consent of the other party; provided, however, that the parties shall cooperate to assign this Agreement as appropriate if the Services Agreement is assigned.

**7.7 Relationship of the Parties.** Business Associate and Covered Entity are independent contractors and all acts performed by Business Associate are performed solely in its capacity as an independent contractor.

**7.8 Counterparts; Facsimile Signature.** This Agreement may be executed by facsimile and/or in counterparts, each of which shall be an original and all of which together shall constitute one and the same binding instrument.

**7.9 Notification**

**7.9.1 Business Associate.** To the extent notice is required to be provided by Covered Entity to Business Associate under any provision in this Agreement, notice shall be provided to:

Russell Wood  
[russell.wood@cicsmhds.org](mailto:russell.wood@cicsmhds.org)  
126 S. Kellogg Ave., Ste. 001  
Ames, IA 50010  
Phone 515-663-2928

**7.9.2 Covered Entity.** To the extent notice is required to be provided by Business Associate to Covered Entity under any provision in this Agreement, notice shall be provided to:

~~Karen Crimmings  
[K.Crimmings@cghealth.com](mailto:K.Crimmings@cghealth.com)  
2570 4<sup>th</sup> St SW, Suite 1  
Mason City, Iowa 50401  
Ph: 641-421-9300~~

Tom Meyer  
[tmeyer@cgcounty.org](mailto:tmeyer@cgcounty.org)  
220 North Washington Ave  
Mason City, IA 50401  
641-421-3075

**7.10 Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA, the Privacy Rule, the Security Rule, and the HITECH Act.

**INTENDING TO BE LEGALLY BOUND**, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

**BUSINESS ASSOCIATE**

Central Iowa Community Services

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

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

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

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

**COVERED ENTITY**

Cerro Gordo County, Iowa

By: Chris Watts

Print Name: Chris Watts

Title: Board of Supervisors - Chair

Date: 7-5-82

**Recorder's Cover Sheet**

**Preparer Information:** (name, address and phone number)

Board of Supervisors, 1 E. Main Street, Marshalltown, IA 50158, Phone: (641) 754-6330

**Taxpayer Information:** (name and complete address)

Board of Supervisors, Courthouse, 1 E. Main Marshalltown, IA 50158

**Return Document To:** (name and complete address)

Board of Supervisors, 1 E. Main Street, Marshalltown, IA 50158, Phone: (641) 754-6330

**Grantors:**

Marshall County, Iowa

**Grantees:**

Central Iowa Community Services

**Legal Description:** none

**Document or instrument number of previously recorded documents:**

## BUSINESS ASSOCIATE AGREEMENT

**THIS BUSINESS ASSOCIATE AGREEMENT** (“Agreement”) is entered into by and between Marshall County, Iowa (the “Covered Entity”), and Central Iowa Community Services (the “Business Associate”).

### RECITALS

**A.** Covered Entity is a health care provider subject to the Health Insurance Portability and Accountability Act of 1996, the HITECH Act, and regulations promulgated thereunder (“HIPAA”).

**B.** Business Associate, through the provision of certain services for or on behalf of the Covered Entity pursuant to a certain agreement entered into with Covered Entity effective on 7/1/22 for the provision by Business Associate of substance use disorder client funding eligibility and claim processing for Covered Entity (the “Services Agreement”), is a “business associate” of the Covered Entity as that term is defined in 45 C.F.R. § 160.103, and is subject to the Security Rule and certain provisions of the Privacy Rule.

**C.** Covered Entity is required by HIPAA to obtain satisfactory assurances that Business Associate will appropriately safeguard all PHI and Electronic PHI disclosed by, or created or received by Business Associate on behalf of, Covered Entity.

**NOW, THEREFORE**, in consideration of entering into the Services Agreement and the mutual promises and agreements below and in order to comply with all legal requirements, the parties agree as follows:

### **I. DEFINITIONS**

**1.1** “**Agreement**” has the meaning set forth in the preamble.

**1.2** “**ARRA Breach**” has the same meaning as the term “Breach” in Section 13400(1) of the HITECH Act (i.e. 42 USCA 17921) and 45 CFR 164.402.

**1.3** “**Business Associate**” has the meaning set forth in the preamble.

**1.4** “**Covered Entity**” has the meaning set forth in the preamble.

**1.5** “**Data Aggregation**” means the combining of PHI created or received under this Agreement with the PHI Business Associate receives or creates in its arrangement with another covered entity under the Privacy Rule to permit data analysis that relate to the Health Care Operations of the covered entities.

**1.6** “**Designated Record Set**” means a group of records maintained by or for the Covered Entity that is: (i) the medical records and billing records about Individuals; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about Individuals. As used herein the term “record” means any item, collection,

or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for the Covered Entity.

**1.7** “**Document Demand**” has the meaning set forth in Section 3.13.

**1.8** “**Effective Date**” has the meaning set forth in the preamble.

**1.9** “**Electronic PHI**” means information that comes within paragraphs 1(i) or 1(ii) of the definition of “PHI,” as defined in 45 C.F.R. § 160.103, limited to the information created, received, maintained or transmitted by Business Associate on behalf of Covered Entity.

**1.10** “**HIPAA**” has the meaning set forth in the Recitals.

**1.11** “**HITECH Act**” means Title XIII and Title IV of Division B of the American Recovery and Reinvestment Act of 2009, Public Law No. 111-5 and all regulations promulgated thereunder.

**1.12** “**Individual**” means the person who is the subject of the PHI and includes a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

**1.13** “**PHI**” means Protected Health Information that is provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity.

**1.14** “**Privacy Rule**” means the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E.

**1.15** “**Protected Health Information**” (or “PHI”) means any information, whether transmitted or maintained in electronic, written, oral, or any other form or medium, that relates to the past, present, or future physical or mental health or condition of an Individual; the provision of health care to an Individual; or the past, present or future payment for the provision of health care to an Individual; and (i) identifies the Individual, or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the Individual.

**1.16** “**Required by Law**” has the same meaning as the term ““required by law” in 45 C.F.R. § 164.103.

**1.17** “**Secretary**” means the Secretary of the U.S. Department of Health and Human Services or his or her designee.

**1.18** “**Security Incident**” has the same meaning as the term “security incident” in 45 C.F.R. § 164.304.

**1.19** “**Security Rule**” means the Security Standards and Implementation Specifications at 45 C.F.R. part 160 and part 164, subpart C.

**1.20** “**Services Agreement**” has the meaning set forth in the Recitals.

**1.21 “Unsecured PHI” or “Unsecured PHI”** means PHI that is not secured through the use of a technology or methodology that the Secretary specifies in guidance renders PHI unusable, unreadable, or indecipherable to unauthorized Individuals, such as the guidance set forth in 74 Fed. Reg. 19006 (April 27, 2009) and updated in 74 Fed. Reg. 42740 (August 24, 2009).

**1.22 Remaining Terms.** Capitalized terms used, but not otherwise defined, in this Agreement have the meaning ascribed to them in HIPAA, the Privacy Rule, the Security Rule or the HITECH Act.

## **II. PERMITTED USES AND DISCLOSURES OF PHI**

**2.1 Services Agreement Uses and Disclosures.** Business Associate may use or disclose PHI for purposes of performing its obligations and functions under the Services Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity.

**2.2 Other Permitted Uses.** If necessary, Business Associate may use PHI: (i) for the proper management and administration of the Business Associate; (ii) to carry out the legal responsibilities of the Business Associate; and (iii) for the provision of Data Aggregation services relating to the Health Care Operations of Covered Entity.

**2.3 Other Permitted Disclosures.** If necessary, Business Associate may disclose PHI for the purposes described in Section 2.2 above if: (i) the disclosure is Required by Law; or (ii) Business Associate obtains reasonable written assurance from the person or entity to whom it discloses the PHI that the PHI will remain confidential and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person or entity, and the person or entity notifies Business Associate of any instances of which it is aware in which the confidentiality of the PHI has been breached.

## **III. OBLIGATIONS OF BUSINESS ASSOCIATE**

**3.1 Compliance with Privacy Rule.** Business Associate shall comply with all applicable provisions of the Privacy Rule in carrying out its obligations under the Services Agreement and this Agreement. Further, to the extent Business Associate is to carry out any of Covered Entity’s obligations under subpart E of 45 CFR 164, Business Associate agrees to comply with the requirements of such subpart that apply to Covered Entity in the performance of such obligations.

**3.2 Prohibition on Unauthorized Use or Disclosure.** Business Associate shall not use or disclose PHI except as permitted by this Agreement or as Required by Law.

### **3.3 Minimum Necessary.**

**3.3.1** Business Associate shall limit its use and disclosure of PHI under this Agreement to the “minimum necessary,” as set forth in guidance that the Secretary will issue regarding what constitutes “minimum necessary” under the Privacy Rule. Until the issuance of such guidance, Business Associate shall limit its use and disclosure of PHI, to the extent practicable, to the Limited Data Set (as that term is defined in 45 C.F.R.

§ 164.514(e)(2)), or, if needed, to the minimum necessary to accomplish the Business Associate's intended purpose. Business Associate may in good faith determine what constitutes the minimum necessary to accomplish the intended purpose of any disclosure of PHI.

**3.3.2** Paragraph (a) above does not apply to: (1) disclosures to or requests by a health care provider for treatment; (2) uses or disclosures made to the Individual; (3) disclosures made pursuant to an authorization as set forth in 45 C.F.R. § 164.508; (4) disclosures made to the Secretary under 45 C.F.R. part 160, subpart C; (5) uses or disclosures that are Required by Law as described in 45 C.F.R. § 164.512(a); and (6) uses or disclosures that are required for compliance with applicable requirements of the Privacy Rule.

**3.4 Safeguarding PHI; Security Regulations.** Business Associate shall use appropriate administrative, physical, and technical safeguards and comply with the Security Rule with respect to Electronic PHI to prevent the use or disclosure of PHI other than as provided for by this Agreement.

**3.5 Mitigation.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Security Incident or a use or disclosure of PHI by Business Associate in violation of this Agreement.

**3.6 Reporting.** In the event that Business Associate becomes aware of a use or disclosure of PHI by Business Associate that is not permitted under this Agreement, Business Associate shall report such use or disclosure to the Covered Entity promptly in writing and in any event, within 5 days of becoming aware of the use or disclosure. Business Associate agrees to report to Covered Entity in writing any Security Incident of which it becomes aware, except that, for purposes of this reporting requirement the term "Security Incident" does not include inconsequential incidents that occur on a frequent basis such as scans or "pings" that are not allowed past Business Associate's firewall. Notwithstanding this Section 3.7, the Business Associate's reporting obligations regarding any ARRA Breach are set forth in Article IV.

**3.7 Subcontractors.** Business Associate shall ensure that all subcontractors or agents of Business Associate that create, receive, maintain or transmit PHI on behalf of the Business Associate agree in writing to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information. Business Associate shall ensure that all agents, including subcontractors, to whom it provides Electronic PHI, agree in writing to implement reasonable and appropriate safeguards to protect such Electronic PHI.

**3.8 Access.**

**3.8.1** Within twenty (20) days of a request from Covered Entity, Business Associate shall furnish the PHI contained in a Designated Record Set that will enable the Covered Entity to respond to an Individual's request for inspection or copies of PHI about the Individual pursuant to 45 CFR § 164.524.

**3.8.2** In the event an Individual requests access to PHI directly from Business Associate, Business Associate shall forward such request to the Covered Entity

immediately and take no direct immediate action on any such request. If the Covered Entity determines that an Individual is to be granted access to PHI, then Business Associate shall cooperate with the Covered Entity to provide to any Individual, at the Covered Entity's direction, any PHI requested by such Individual.

### **3.9 Amendment.**

**3.9.1** If the Covered Entity requests that Business Associate amend any Individual's PHI or a record regarding an Individual contained in a Designated Record Set, then Business Associate shall provide the relevant PHI to the Covered Entity for amendment and incorporate any such amendments in the PHI as required by 45 C.F.R. §164.526.

**3.9.2** In the event an Individual requests directly to Business Associate that PHI be amended, Business Associate shall forward such request to the Covered Entity within ten (10) days of Business Associate's receipt of such request and shall take no direct immediate action on the request.

**3.10 Records Availability.** Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary for purposes of determining compliance with the Privacy Rule and the Security Rule.

### **3.11 Accounting of Disclosures.**

**3.11.1** If the Covered Entity requests that Business Associate furnish an accounting of disclosures of PHI made by Business Associate regarding an Individual during the six (6) years prior to the date on which the accounting was requested, then Business Associate shall, within fifteen (15) days of such request, make available to the Covered Entity such information as is in Business Associate's possession and is required for the Covered Entity to make the accounting required by 45 C.F.R. §164.528 and future regulations to be promulgated regarding accounting of disclosures.

**3.11.2** In the event an Individual requests an accounting of disclosures directly from Business Associate, Business Associate shall within ten (10) days forward such request to the Covered Entity and shall take no direct action on the request.

### **3.12 Demands for Production of PHI.**

**3.12.1 Receipt by Business Associate.** If Business Associate receives a subpoena, civil or administrative demand, or any other demand for production of PHI (a "Document Demand"), Business Associate shall provide a copy of such Document Demand to Covered Entity within five (5) days of receipt. To the extent the PHI that is the subject of the Document Demand is in the possession of Business Associate, and a response is warranted according to the standards contained in 45 C.F.R. § 164.512(e), Business Associate shall timely respond to the Document Demand.

**3.12.2 Receipt by Covered Entity.** If Covered Entity receives a Document Demand, Business Associate shall provide to Covered Entity any PHI responsive to such

Document Demand and assist and cooperate with Covered Entity in responding to such Document Demand in a timely manner and in accordance with the standards under 45 C.F.R. § 164.512(e).

**3.13 Request for Restrictions on Disclosure of PHI.** As required by Section 13405 of the HITECH Act and 45 CFR 164.522 (except as otherwise required by law), Business Associate shall comply with any request of an Individual for the Business Associate to restrict the disclosure of PHI of the Individual when the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

**3.14 Remuneration for PHI.**

**3.14.1** Except as explicitly permitted in the Services Agreement and also set forth in paragraph (b) below, Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI of an Individual unless the Individual provided to the Covered Entity a valid authorization in accordance with 45 C.F.R. § 164.508 that specifically authorizes the Business Associate to exchange the PHI for remuneration.

**3.14.2** Paragraph (a) above does not apply if the purpose of the exchange is: (1) for public health purposes pursuant to 45 CFR § 164.512(b) or § 164.514(e); (2) for research purposes pursuant to 45 CFR § 164.512(i) or § 164.514(e), where the only remuneration received by the Covered Entity or Business Associate is a reasonable cost-based fee to cover the cost to prepare and transmit the PHI for such purposes; (3) for treatment and payment purposes pursuant to 45 CFR § 164.506(a); (4) for the sale, transfer, merger, or consolidation of all or part of the Covered Entity and for related due diligence as described in the HIPAA definition of health care operations and pursuant to 45 CFR § 164.506(a); (5) To or by a Business Associate for activities that the Business Associate undertakes on behalf of a Covered Entity (or on behalf of a Business Associate in the case of a subcontractor), pursuant to 45 CFR §§ 164.502(e) and 164.504(e), and the only remuneration provided is by the Covered Entity to the Business Associate (or by the Business Associate to the subcontractor, if applicable), for the performance of such activities; (6) to an Individual, when the Individual requests access to his or her PHI pursuant to 45 CFR § 164.524 or when the Individual requests an accounting of disclosures pursuant to 45 CFR § 164.528; (7) for disclosures Required By Law; and (8) for any other purpose permitted by HIPAA where the only remuneration received by the Covered Entity or Business Associate is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for such purpose or a fee expressly permitted by law.

**3.15 Marketing Restrictions.** Business associate shall ensure that any Marketing communications it makes on behalf of Covered Entity are in compliance with the rules governing marketing set forth in 45 C.F.R. 164.508(a)(3), including but not limited to the requirements that Business Associate must obtain an authorization from an Individual prior to making any marketing communication to such Individual.

**3.16 Fundraising Limitations.** Business Associate shall ensure that any fundraising communications Business Associate makes on behalf of the Covered Entity are in compliance with the rules governing fundraising communications set forth in 45 C.F.R. 164.514(f), including but not limited to the requirement that Business Associate must provide, with each fundraising communication made to an Individual, a clear and conspicuous opportunity for the recipient of the communication to elect not to receive any further fundraising communications. Business Associate shall ensure that all Individuals electing not to receive any further fundraising communications do not receive any further fundraising communications.

#### **IV. ARRA BREACH NOTIFICATION.**

**4.1 Risk Assessment by Business Associate.** If Business Associate becomes aware of a potential ARRA Breach, Business Associate shall complete a risk assessment of the potential ARRA Breach to determine whether the potential ARRA Breach is an ARRA Breach. Such risk assessment shall include at least all the factors identified in 45 CFR 164.402(2), as amended by the final rule published in the Federal Register on January 25, 2013 at 78 Fed. Reg. 5566.

**4.2 Notification to Covered Entity.** If, after completing such risk assessment, Business Associate concludes that there was an ARRA Breach, Business Associate shall notify the Covered Entity of the ARRA Breach as soon as reasonably possible, and in all cases within five (5) business days of the first day on which any employee, officer or agent of Business Associate either knows or by exercising reasonable diligence would have known that an ARRA Breach occurred. The notification to Covered Entity shall include, if known, the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, used or disclosed during such ARRA Breach. The notification shall also include: (a) a brief description of what happened, including the date of the ARRA Breach and the date of the discovery of the ARRA Breach, if known; (b) a description of the types of Unsecured PHI that were involved in the ARRA Breach (such as whether the full name, social security number, date of birth, home address, account number, diagnosis disability code or other types of information were involved); (c) recommended steps that Individuals should take to protect themselves from potential harm resulting from the ARRA Breach; and (d) a brief description of what the Business Associate is doing to investigate the ARRA Breach, to mitigate harm to Individuals, and to protect against any further ARRA Breaches. Business Associate shall maintain evidence to demonstrate that any required risk assessment was completed and notification to the Covered Entity under this paragraph was made unless the Business Associate determines that a delayed notice (as described in Section 4.3) applies.

**4.3 Delayed Notification to Covered Entity.** Notwithstanding Section 4.2 above, if a law enforcement official states in writing to Business Associate that the notification to Covered Entity required under Section 4.2 would impede a criminal investigation or cause damage to national security, then Business Associate may delay the notification for any period of time set forth in the written statement of the law enforcement official. If the law enforcement official provides an oral statement, then Business Associate shall document the statement in writing, including the name of the law enforcement official making the statement, and may delay the notification required under Section 4.2 for no longer than thirty (30) days from the date of the oral statement, unless the law enforcement official provides a written statement during that time that specifies a different time period. Business Associate shall be obligated to maintain evidence to

demonstrate the reason for the delayed notification and that the required notification under this paragraph was made

**4.4 Notification to Individuals, the Secretary and/or the Media.** In the event of an ARRA Breach caused by Business Associate, its agents and/or subcontractors, Business Associate shall provide assistance to Covered Entity in making all ARRA Breach notifications. To the extent Covered Entity incurs expenses and costs to comply with its notification obligations with respect to an ARRA Breach by Business Associate, its agents and/or subcontractors, in addition to any other remedies that may be available to Covered Entity under this Agreement or any applicable law, Business Associate shall reimburse Covered Entity for all costs and expenses (including attorneys' fees) incurred by Covered Entity related to providing the notifications required under 45 C.F.R. §§ 164.404, 406 and 408. Notwithstanding the foregoing, if the parties agree that Business Associate will, on behalf of Covered Entity, and within the applicable time frames required by law under 45 C.F.R. §§ 164.404, 406 and 408, prepare and send out any and all required ARRA Breach notifications to Individuals, the Secretary and/or to the media, Business Associate shall prepare and send such ARRA Breach notifications at Business Associate's sole expense and in compliance with the requirements of 45 C.F.R. 164.404, 406 and 408, as applicable. However, any ARRA Breach notifications Business Associate would prepare and send on behalf of Covered Entity shall be subject to Covered Entity's review and pre-approval before the notifications are sent. Additionally, in the event of an ARRA Breach, Business Associate agrees to pay for the credit monitoring fees for affected Individuals for a period of at least two (2) years of credit monitoring.

## **V. TERM AND TERMINATION**

**5.1 Term.** This Agreement is effective upon the effective date of the Services Agreement, and except for the rights and obligations set forth in this Agreement specifically surviving termination, shall terminate the later of the date the Services Agreement terminates or when all PHI is returned to Covered Entity or, with prior permission of Covered Entity, destroyed.

**5.2 Termination for Cause.** Notwithstanding any provision in this Agreement, Covered Entity may terminate this Agreement and the Services Agreement if Covered Entity determines, in its sole discretion, Business Associate has breached any provision of this Agreement or otherwise violated HIPAA, the Privacy Rule, the Security Rule or the HITECH Act. Covered Entity shall provide written notice to Business Associate with an opportunity for Business Associate to cure the breach or end the violation within ten (10) business days of such written notice, unless cure is not possible. If Business Associate fails to cure the breach or end the violation within the specified time period, or if cure is not possible, this Agreement and the Service Agreement shall automatically and immediately terminate, unless termination is infeasible.

**5.3 Termination after Repeated Violations.** Notwithstanding any provision in the Agreement, Covered Entity may terminate the Services Agreement and this Agreement if Covered Entity determines, in its sole discretion, that Business Associate has repeatedly breached any provision of this Agreement or otherwise violated HIPAA, the Privacy Rule, the Security Rule or the HITECH Act, irrespective of whether, or how promptly, Business Associate may remedy such violation after being notified of the same.

**5.4 Obligations Upon Termination.** Business Associate's obligations to protect the privacy and security of PHI shall be continuous and shall survive termination, cancellation, expiration or other conclusion of this Agreement or the Services Agreement. Upon termination of this Agreement, Business Associate will forward to Covered Entity, or to Covered Entity's designee, the records necessary for continued administration of Covered Entity as directed by Covered Entity. After the forwarding of said records, whatever PHI remains with Business Associate will be subject to the following:

**5.4.1** Except as provided in paragraph (b) of this Section 5.4, upon termination, cancellation, expiration or other conclusion of this Agreement, for any reason, Business Associate shall return or, if Covered Entity gives written permission, destroy, PHI in whatever form or medium and retain no copies of such PHI. Business Associate will complete such return or destruction as soon as possible, but in no event later than sixty (60) days from the date of the termination of this Agreement. Within ten (10) days of the return or destruction of all PHI by Business Associate, Business Associate shall provide written certification to Covered Entity that the return or destruction of PHI has been completed.

**5.4.2** In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

## **VI. INDEMNIFICATION; INSURANCE**

**6.1 Indemnification by Business Associate.** Business Associate will indemnify and hold harmless Covered Entity, and any affiliate, officer, director, employee or agent of Covered Entity from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of or in connection with any use or disclosure of PHI that violates or is not permitted by this Agreement, HIPAA, the Privacy Rule, the Security Rule or the HITECH Act, or other breach of this Agreement by Business Associate or any subcontractor or agent of Business Associate.

**6.2 Right to Tender or Undertake Defense.** If Covered Entity is named as a party in any judicial, administrative or other proceeding arising out of or in connection with any non-permitted or violating use or disclosure of PHI or other breach of this Agreement by Business Associate or any subcontractor or agent of Business Associate, Covered Entity shall have the option at any time either to: (i) tender its defense to Business Associate, in which case Business Associate will provide qualified attorneys, consultants, and other appropriate professionals to represent Covered Entity's interests at Business Associate's expense; or (ii) undertake its own defense, choosing the attorneys, consultants, and other appropriate professionals to represent its interests, in which case Business Associate will be responsible for and pay the reasonable fees and expenses of such attorneys, consultants, and other professionals.

**6.3 Right to Control Resolution.** Covered Entity has the sole right and discretion to settle, compromise or otherwise resolve any and all claims, causes of actions, liabilities or damages against it, notwithstanding that Covered Entity may have tendered its defense to Business Associate. Any such resolution will not relieve Business Associate of its obligation to indemnify Covered Entity under this Agreement.

**6.4 Insurance.** Upon request, Business Associate shall obtain and maintain insurance coverage against improper uses and disclosures of PHI by Business Associate, naming Covered Entity as an additional named insured. Upon request, Business Associate shall provide a certificate evidencing such insurance coverage.

**6.5 Conflicts.** With respect to any breaches or violations of this Agreement, the provisions in this Section 6 supersede any inconsistent terms contained in the Services Agreement.

## **VII. GENERAL PROVISIONS**

**7.1 Effect.** The terms and provisions of this Agreement supersede any other conflicting or inconsistent terms and provisions in any agreements between the parties, including all exhibits or other attachments thereto and all documents incorporated therein by reference.

**7.2 Amendment.** Business Associate and the Covered Entity agree to amend this Agreement to the extent necessary to allow either party to comply with HIPAA, the Privacy Rule, the Security Rule, or the HITECH Act. All such amendments shall be made in a writing signed by both parties.

**7.3 No Third Party Beneficiaries.** This Agreement is intended for the benefit of Business Associate and Covered Entity only. Nothing express or implied is intended to confer or create, nor be interpreted to confer or create, any rights, remedies, obligations or liabilities to or for any third party beneficiary, including without limitation Individuals who are the subject of PHI.

**7.4 Severability.** In the event that any provision of this Agreement violates any applicable statute, ordinance, or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement.

**7.5 No Waiver.** No provision of this Agreement may be waived except by an agreement in writing signed by the waiving party. A waiver of any term or provision shall not be construed as a waiver of any other term or provision.

**7.6 Assignment.** This Agreement may not be assigned by either party without the prior written consent of the other party; provided, however, that the parties shall cooperate to assign this Agreement as appropriate if the Services Agreement is assigned.

**7.7 Relationship of the Parties.** Business Associate and Covered Entity are independent contractors and all acts performed by Business Associate are performed solely in its capacity as an independent contractor.

**7.8 Counterparts; Facsimile Signature.** This Agreement may be executed by facsimile and/or in counterparts, each of which shall be an original and all of which together shall constitute one and the same binding instrument.

**7.9 Notification**

**7.9.1 Business Associate.** To the extent notice is required to be provided by Covered Entity to Business Associate under any provision in this Agreement, notice shall be provided to:

Russell Wood  
[russell.wood@cicsmhds.org](mailto:russell.wood@cicsmhds.org)  
126 S. Kellogg Ave., Ste. 001  
Ames, IA 50010  
Phone 515-663-2928

**7.9.2 Covered Entity.** To the extent notice is required to be provided by Business Associate to Covered Entity under any provision in this Agreement, notice shall be provided to:

Nan Benson  
[nbenson@marshallcountya.gov](mailto:nbenson@marshallcountya.gov)  
11 N 1st Ave  
Marshalltown, IA 50158  
Phone: 641-754-6323  
Fax: 641-754-6321

**7.10 Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA, the Privacy Rule, the Security Rule, and the HITECH Act.

**INTENDING TO BE LEGALLY BOUND**, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

**COVERED ENTITY**  
**MARSHALL COUNTY**  
**BOARD OF SUPERVISORS**  
1 East Main Street  
Marshalltown, IA 50158

**BUSINESS ASSOCIATE**  
**CENTRAL IOWA COMMUNITY SERVICES**  
126 S Kellogg Ave., Ste. 001  
Ames, IA 50010

By: \_\_\_\_\_  
Steve Salasek, Vice Chair  
Marshall County Board of Supervisors

\_\_\_\_\_  
B.J. Hoffman, Chair  
CICS Governing Board

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

Date: \_\_\_\_\_  
Attestation or Notary: \_\_\_\_\_

By: \_\_\_\_\_  
Nan Benson  
Marshall County Auditor and Recorder

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

Marshall County Seal:

Attestation or  
Notary State of Iowa  
County of \_\_\_\_\_  
Signed and sworn to (or affirmed) before  
me on

\_\_\_\_\_ (date), by **B.J. Hoffman**  
to me personally known, or has produced  
identification, as Chair, on behalf of **CICS**  
**Governing Board**  
(Type of ID) \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public  
My commission expires: \_\_\_\_\_  
(seal)

## BUSINESS ASSOCIATE AGREEMENT

**THIS BUSINESS ASSOCIATE AGREEMENT** (“Agreement”) is entered into by and between Wright County, Iowa (the “Covered Entity”), and Central Iowa Community Services (the “Business Associate”).

### RECITALS

**A.** Covered Entity is a health care provider subject to the Health Insurance Portability and Accountability Act of 1996, the HITECH Act, and regulations promulgated thereunder (“HIPAA”).

**B.** Business Associate, through the provision of certain services for or on behalf of the Covered Entity pursuant to a certain agreement entered into with Covered Entity effective on 7/1/22 for the provision by Business Associate of substance use disorder client funding eligibility and claim processing and administrative support services for Covered Entity (the “Services Agreement”), is a “business associate” of the Covered Entity as that term is defined in 45 C.F.R. § 160.103, and is subject to the Security Rule and certain provisions of the Privacy Rule.

**C.** Covered Entity is required by HIPAA to obtain satisfactory assurances that Business Associate will appropriately safeguard all PHI and Electronic PHI disclosed by, or created or received by Business Associate on behalf of, Covered Entity.

**NOW, THEREFORE**, in consideration of entering into the Services Agreement and the mutual promises and agreements below and in order to comply with all legal requirements, the parties agree as follows:

### **I. DEFINITIONS**

**1.1** “**Agreement**” has the meaning set forth in the preamble.

**1.2** “**ARRA Breach**” has the same meaning as the term “Breach” in Section 13400(1) of the HITECH Act (i.e. 42 USCA 17921) and 45 CFR 164.402.

**1.3** “**Business Associate**” has the meaning set forth in the preamble.

**1.4** “**Covered Entity**” has the meaning set forth in the preamble.

**1.5** “**Data Aggregation**” means the combining of PHI created or received under this Agreement with the PHI Business Associate receives or creates in its arrangement with another covered entity under the Privacy Rule to permit data analysis that relate to the Health Care Operations of the covered entities.

**1.6** “**Designated Record Set**” means a group of records maintained by or for the Covered Entity that is: (i) the medical records and billing records about Individuals; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about Individuals. As used herein the term “record” means any item, collection,

or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for the Covered Entity.

**1.7 “Document Demand”** has the meaning set forth in Section 3.13.

**1.8 “Effective Date”** has the meaning set forth in the preamble.

**1.9 “Electronic PHI”** means information that comes within paragraphs 1(i) or 1(ii) of the definition of “PHI,” as defined in 45 C.F.R. § 160.103, limited to the information created, received, maintained or transmitted by Business Associate on behalf of Covered Entity.

**1.10 “HIPAA”** has the meaning set forth in the Recitals.

**1.11 “HITECH Act”** means Title XIII and Title IV of Division B of the American Recovery and Reinvestment Act of 2009, Public Law No. 111-5 and all regulations promulgated thereunder.

**1.12 “Individual”** means the person who is the subject of the PHI and includes a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

**1.13 “PHI”** means Protected Health Information that is provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity.

**1.14 “Privacy Rule”** means the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E.

**1.15 “Protected Health Information”** (or “PHI”) means any information, whether transmitted or maintained in electronic, written, oral, or any other form or medium, that relates to the past, present, or future physical or mental health or condition of an Individual; the provision of health care to an Individual; or the past, present or future payment for the provision of health care to an Individual; and (i) identifies the Individual, or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the Individual.

**1.16 “Required by Law”** has the same meaning as the term “required by law” in 45 C.F.R. § 164.103.

**1.17 “Secretary”** means the Secretary of the U.S. Department of Health and Human Services or his or her designee.

**1.18 “Security Incident”** has the same meaning as the term “security incident” in 45 C.F.R. § 164.304.

**1.19 “Security Rule”** means the Security Standards and Implementation Specifications at 45 C.F.R. part 160 and part 164, subpart C.

**1.20 “Services Agreement”** has the meaning set forth in the Recitals.

**1.21 “Unsecured PHI” or “Unsecured PHI”** means PHI that is not secured through the use of a technology or methodology that the Secretary specifies in guidance renders PHI unusable, unreadable, or indecipherable to unauthorized Individuals, such as the guidance set forth in 74 Fed. Reg. 19006 (April 27, 2009) and updated in 74 Fed. Reg. 42740 (August 24, 2009).

**1.22 Remaining Terms.** Capitalized terms used, but not otherwise defined, in this Agreement have the meaning ascribed to them in HIPAA, the Privacy Rule, the Security Rule or the HITECH Act.

## **II. PERMITTED USES AND DISCLOSURES OF PHI**

**2.1 Services Agreement Uses and Disclosures.** Business Associate may use or disclose PHI for purposes of performing its obligations and functions under the Services Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity.

**2.2 Other Permitted Uses.** If necessary, Business Associate may use PHI: (i) for the proper management and administration of the Business Associate; (ii) to carry out the legal responsibilities of the Business Associate; and (iii) for the provision of Data Aggregation services relating to the Health Care Operations of Covered Entity.

**2.3 Other Permitted Disclosures.** If necessary, Business Associate may disclose PHI for the purposes described in Section 2.2 above if: (i) the disclosure is Required by Law; or (ii) Business Associate obtains reasonable written assurance from the person or entity to whom it discloses the PHI that the PHI will remain confidential and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person or entity, and the person or entity notifies Business Associate of any instances of which it is aware in which the confidentiality of the PHI has been breached.

## **III. OBLIGATIONS OF BUSINESS ASSOCIATE**

**3.1 Compliance with Privacy Rule.** Business Associate shall comply with all applicable provisions of the Privacy Rule in carrying out its obligations under the Services Agreement and this Agreement. Further, to the extent Business Associate is to carry out any of Covered Entity’s obligations under subpart E of 45 CFR 164, Business Associate agrees to comply with the requirements of such subpart that apply to Covered Entity in the performance of such obligations.

**3.2 Prohibition on Unauthorized Use or Disclosure.** Business Associate shall not use or disclose PHI except as permitted by this Agreement or as Required by Law.

### **3.3 Minimum Necessary.**

**3.3.1** Business Associate shall limit its use and disclosure of PHI under this Agreement to the “minimum necessary,” as set forth in guidance that the Secretary will issue regarding what constitutes “minimum necessary” under the Privacy Rule. Until the issuance of such guidance, Business Associate shall limit its use and disclosure of PHI, to the extent practicable, to the Limited Data Set (as that term is defined in 45 C.F.R.

§ 164.514(e)(2)), or, if needed, to the minimum necessary to accomplish the Business Associate's intended purpose. Business Associate may in good faith determine what constitutes the minimum necessary to accomplish the intended purpose of any disclosure of PHI.

**3.3.2** Paragraph (a) above does not apply to: (1) disclosures to or requests by a health care provider for treatment; (2) uses or disclosures made to the Individual; (3) disclosures made pursuant to an authorization as set forth in 45 C.F.R. § 164.508; (4) disclosures made to the Secretary under 45 C.F.R. part 160, subpart C; (5) uses or disclosures that are Required by Law as described in 45 C.F.R. § 164.512(a); and (6) uses or disclosures that are required for compliance with applicable requirements of the Privacy Rule.

**3.4 Safeguarding PHI; Security Regulations.** Business Associate shall use appropriate administrative, physical, and technical safeguards and comply with the Security Rule with respect to Electronic PHI to prevent the use or disclosure of PHI other than as provided for by this Agreement.

**3.5 Mitigation.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Security Incident or a use or disclosure of PHI by Business Associate in violation of this Agreement.

**3.6 Reporting.** In the event that Business Associate becomes aware of a use or disclosure of PHI by Business Associate that is not permitted under this Agreement, Business Associate shall report such use or disclosure to the Covered Entity promptly in writing and in any event, within 5 days of becoming aware of the use or disclosure. Business Associate agrees to report to Covered Entity in writing any Security Incident of which it becomes aware, except that, for purposes of this reporting requirement the term "Security Incident" does not include inconsequential incidents that occur on a frequent basis such as scans or "pings" that are not allowed past Business Associate's firewall. Notwithstanding this Section 3.7, the Business Associate's reporting obligations regarding any ARRA Breach are set forth in Article IV.

**3.7 Subcontractors.** Business Associate shall ensure that all subcontractors or agents of Business Associate that create, receive, maintain or transmit PHI on behalf of the Business Associate agree in writing to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information. Business Associate shall ensure that all agents, including subcontractors, to whom it provides Electronic PHI, agree in writing to implement reasonable and appropriate safeguards to protect such Electronic PHI.

**3.8 Access.**

**3.8.1** Within twenty (20) days of a request from Covered Entity, Business Associate shall furnish the PHI contained in a Designated Record Set that will enable the Covered Entity to respond to an Individual's request for inspection or copies of PHI about the Individual pursuant to 45 CFR § 164.524.

**3.8.2** In the event an Individual requests access to PHI directly from Business Associate, Business Associate shall forward such request to the Covered Entity

immediately and take no direct immediate action on any such request. If the Covered Entity determines that an Individual is to be granted access to PHI, then Business Associate shall cooperate with the Covered Entity to provide to any Individual, at the Covered Entity's direction, any PHI requested by such Individual.

### **3.9 Amendment.**

**3.9.1** If the Covered Entity requests that Business Associate amend any Individual's PHI or a record regarding an Individual contained in a Designated Record Set, then Business Associate shall provide the relevant PHI to the Covered Entity for amendment and incorporate any such amendments in the PHI as required by 45 C.F.R. §164.526.

**3.9.2** In the event an Individual requests directly to Business Associate that PHI be amended, Business Associate shall forward such request to the Covered Entity within ten (10) days of Business Associate's receipt of such request and shall take no direct immediate action on the request.

**3.10 Records Availability.** Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary for purposes of determining compliance with the Privacy Rule and the Security Rule.

### **3.11 Accounting of Disclosures.**

**3.11.1** If the Covered Entity requests that Business Associate furnish an accounting of disclosures of PHI made by Business Associate regarding an Individual during the six (6) years prior to the date on which the accounting was requested, then Business Associate shall, within fifteen (15) days of such request, make available to the Covered Entity such information as is in Business Associate's possession and is required for the Covered Entity to make the accounting required by 45 C.F.R. §164.528 and future regulations to be promulgated regarding accounting of disclosures.

**3.11.2** In the event an Individual requests an accounting of disclosures directly from Business Associate, Business Associate shall within ten (10) days forward such request to the Covered Entity and shall take no direct action on the request.

### **3.12 Demands for Production of PHI.**

**3.12.1 Receipt by Business Associate.** If Business Associate receives a subpoena, civil or administrative demand, or any other demand for production of PHI (a "Document Demand"), Business Associate shall provide a copy of such Document Demand to Covered Entity within five (5) days of receipt. To the extent the PHI that is the subject of the Document Demand is in the possession of Business Associate, and a response is warranted according to the standards contained in 45 C.F.R. § 164.512(e), Business Associate shall timely respond to the Document Demand.

**3.12.2 Receipt by Covered Entity.** If Covered Entity receives a Document Demand, Business Associate shall provide to Covered Entity any PHI responsive to such

Document Demand and assist and cooperate with Covered Entity in responding to such Document Demand in a timely manner and in accordance with the standards under 45 C.F.R. § 164.512(e).

**3.13 Request for Restrictions on Disclosure of PHI.** As required by Section 13405 of the HITECH Act and 45 CFR 164.522 (except as otherwise required by law), Business Associate shall comply with any request of an Individual for the Business Associate to restrict the disclosure of PHI of the Individual when the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

### **3.14 Remuneration for PHI.**

**3.14.1** Except as explicitly permitted in the Services Agreement and also set forth in paragraph (b) below, Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI of an Individual unless the Individual provided to the Covered Entity a valid authorization in accordance with 45 C.F.R. § 164.508 that specifically authorizes the Business Associate to exchange the PHI for remuneration.

**3.14.2** Paragraph (a) above does not apply if the purpose of the exchange is: (1) for public health purposes pursuant to 45 CFR § 164.512(b) or § 164.514(e); (2) for research purposes pursuant to 45 CFR § 164.512(i) or § 164.514(e), where the only remuneration received by the Covered Entity or Business Associate is a reasonable cost-based fee to cover the cost to prepare and transmit the PHI for such purposes; (3) for treatment and payment purposes pursuant to 45 CFR § 164.506(a); (4) for the sale, transfer, merger, or consolidation of all or part of the Covered Entity and for related due diligence as described in the HIPAA definition of health care operations and pursuant to 45 CFR § 164.506(a); (5) To or by a Business Associate for activities that the Business Associate undertakes on behalf of a Covered Entity (or on behalf of a Business Associate in the case of a subcontractor), pursuant to 45 CFR §§ 164.502(e) and 164.504(e), and the only remuneration provided is by the Covered Entity to the Business Associate (or by the Business Associate to the subcontractor, if applicable), for the performance of such activities; (6) to an Individual, when the Individual requests access to his or her PHI pursuant to 45 CFR § 164.524 or when the Individual requests an accounting of disclosures pursuant to 45 CFR § 164.528; (7) for disclosures Required By Law; and (8) for any other purpose permitted by HIPAA where the only remuneration received by the Covered Entity or Business Associate is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for such purpose or a fee expressly permitted by law.

**3.15 Marketing Restrictions.** Business associate shall ensure that any Marketing communications it makes on behalf of Covered Entity are in compliance with the rules governing marketing set forth in 45 C.F.R. 164.508(a)(3), including but not limited to the requirements that Business Associate must obtain an authorization from an Individual prior to making any marketing communication to such Individual.

**3.16 Fundraising Limitations.** Business Associate shall ensure that any fundraising communications Business Associate makes on behalf of the Covered Entity are in compliance with the rules governing fundraising communications set forth in 45 C.F.R. 164.514(f), including but not limited to the requirement that Business Associate must provide, with each fundraising communication made to an Individual, a clear and conspicuous opportunity for the recipient of the communication to elect not to receive any further fundraising communications. Business Associate shall ensure that all Individuals electing not to receive any further fundraising communications do not receive any further fundraising communications.

#### **IV. ARRA BREACH NOTIFICATION.**

**4.1 Risk Assessment by Business Associate.** If Business Associate becomes aware of a potential ARRA Breach, Business Associate shall complete a risk assessment of the potential ARRA Breach to determine whether the potential ARRA Breach is an ARRA Breach. Such risk assessment shall include at least all the factors identified in 45 CFR 164.402(2), as amended by the final rule published in the Federal Register on January 25, 2013 at 78 Fed. Reg. 5566.

**4.2 Notification to Covered Entity.** If, after completing such risk assessment, Business Associate concludes that there was an ARRA Breach, Business Associate shall notify the Covered Entity of the ARRA Breach as soon as reasonably possible, and in all cases within five (5) business days of the first day on which any employee, officer or agent of Business Associate either knows or by exercising reasonable diligence would have known that an ARRA Breach occurred. The notification to Covered Entity shall include, if known, the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, used or disclosed during such ARRA Breach. The notification shall also include: (a) a brief description of what happened, including the date of the ARRA Breach and the date of the discovery of the ARRA Breach, if known; (b) a description of the types of Unsecured PHI that were involved in the ARRA Breach (such as whether the full name, social security number, date of birth, home address, account number, diagnosis disability code or other types of information were involved); (c) recommended steps that Individuals should take to protect themselves from potential harm resulting from the ARRA Breach; and (d) a brief description of what the Business Associate is doing to investigate the ARRA Breach, to mitigate harm to Individuals, and to protect against any further ARRA Breaches. Business Associate shall maintain evidence to demonstrate that any required risk assessment was completed and notification to the Covered Entity under this paragraph was made unless the Business Associate determines that a delayed notice (as described in Section 4.3) applies.

**4.3 Delayed Notification to Covered Entity.** Notwithstanding Section 4.2 above, if a law enforcement official states in writing to Business Associate that the notification to Covered Entity required under Section 4.2 would impede a criminal investigation or cause damage to national security, then Business Associate may delay the notification for any period of time set forth in the written statement of the law enforcement official. If the law enforcement official provides an oral statement, then Business Associate shall document the statement in writing, including the name of the law enforcement official making the statement, and may delay the notification required under Section 4.2 for no longer than thirty (30) days from the date of the oral statement, unless the law enforcement official provides a written statement during that time that specifies a different time period. Business Associate shall be obligated to maintain evidence to

demonstrate the reason for the delayed notification and that the required notification under this paragraph was made

**4.4 Notification to Individuals, the Secretary and/or the Media.** In the event of an ARRA Breach caused by Business Associate, its agents and/or subcontractors, Business Associate shall provide assistance to Covered Entity in making all ARRA Breach notifications. To the extent Covered Entity incurs expenses and costs to comply with its notification obligations with respect to an ARRA Breach by Business Associate, its agents and/or subcontractors, in addition to any other remedies that may be available to Covered Entity under this Agreement or any applicable law, Business Associate shall reimburse Covered Entity for all costs and expenses (including attorneys' fees) incurred by Covered Entity related to providing the notifications required under 45 C.F.R. §§ 164.404, 406 and 408. Notwithstanding the foregoing, if the parties agree that Business Associate will, on behalf of Covered Entity, and within the applicable time frames required by law under 45 C.F.R. §§ 164.404, 406 and 408, prepare and send out any and all required ARRA Breach notifications to Individuals, the Secretary and/or to the media, Business Associate shall prepare and send such ARRA Breach notifications at Business Associate's sole expense and in compliance with the requirements of 45 C.F.R. 164.404, 406 and 408, as applicable. However, any ARRA Breach notifications Business Associate would prepare and send on behalf of Covered Entity shall be subject to Covered Entity's review and pre-approval before the notifications are sent. Additionally, in the event of an ARRA Breach, Business Associate agrees to pay for the credit monitoring fees for affected Individuals for a period of at least two (2) years of credit monitoring.

## V. TERM AND TERMINATION

**5.1 Term.** This Agreement is effective upon the effective date of the Services Agreement, and except for the rights and obligations set forth in this Agreement specifically surviving termination, shall terminate the later of the date the Services Agreement terminates or when all PHI is returned to Covered Entity or, with prior permission of Covered Entity, destroyed.

**5.2 Termination for Cause.** Notwithstanding any provision in this Agreement, Covered Entity may terminate this Agreement and the Services Agreement if Covered Entity determines, in its sole discretion, Business Associate has breached any provision of this Agreement or otherwise violated HIPAA, the Privacy Rule, the Security Rule or the HITECH Act. Covered Entity shall provide written notice to Business Associate with an opportunity for Business Associate to cure the breach or end the violation within ten (10) business days of such written notice, unless cure is not possible. If Business Associate fails to cure the breach or end the violation within the specified time period, or if cure is not possible, this Agreement and the Service Agreement shall automatically and immediately terminate, unless termination is infeasible.

**5.3 Termination after Repeated Violations.** Notwithstanding any provision in the Agreement, Covered Entity may terminate the Services Agreement and this Agreement if Covered Entity determines, in its sole discretion, that Business Associate has repeatedly breached any provision of this Agreement or otherwise violated HIPAA, the Privacy Rule, the Security Rule or the HITECH Act, irrespective of whether, or how promptly, Business Associate may remedy such violation after being notified of the same.

**5.4 Obligations Upon Termination.** Business Associate's obligations to protect the privacy and security of PHI shall be continuous and shall survive termination, cancellation, expiration or other conclusion of this Agreement or the Services Agreement. Upon termination of this Agreement, Business Associate will forward to Covered Entity, or to Covered Entity's designee, the records necessary for continued administration of Covered Entity as directed by Covered Entity. After the forwarding of said records, whatever PHI remains with Business Associate will be subject to the following:

**5.4.1** Except as provided in paragraph (b) of this Section 5.4, upon termination, cancellation, expiration or other conclusion of this Agreement, for any reason, Business Associate shall return or, if Covered Entity gives written permission, destroy, PHI in whatever form or medium and retain no copies of such PHI. Business Associate will complete such return or destruction as soon as possible, but in no event later than sixty (60) days from the date of the termination of this Agreement. Within ten (10) days of the return or destruction of all PHI by Business Associate, Business Associate shall provide written certification to Covered Entity that the return or destruction of PHI has been completed.

**5.4.2** In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

## **VI. INDEMNIFICATION; INSURANCE**

**6.1 Indemnification by Business Associate.** Business Associate will indemnify and hold harmless Covered Entity, and any affiliate, officer, director, employee or agent of Covered Entity from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of or in connection with any use or disclosure of PHI that violates or is not permitted by this Agreement, HIPAA, the Privacy Rule, the Security Rule or the HITECH Act, or other breach of this Agreement by Business Associate or any subcontractor or agent of Business Associate.

**6.2 Right to Tender or Undertake Defense.** If Covered Entity is named as a party in any judicial, administrative or other proceeding arising out of or in connection with any non-permitted or violating use or disclosure of PHI or other breach of this Agreement by Business Associate or any subcontractor or agent of Business Associate, Covered Entity shall have the option at any time either to: (i) tender its defense to Business Associate, in which case Business Associate will provide qualified attorneys, consultants, and other appropriate professionals to represent Covered Entity's interests at Business Associate's expense; or (ii) undertake its own defense, choosing the attorneys, consultants, and other appropriate professionals to represent its interests, in which case Business Associate will be responsible for and pay the reasonable fees and expenses of such attorneys, consultants, and other professionals.

**6.3 Right to Control Resolution.** Covered Entity has the sole right and discretion to settle, compromise or otherwise resolve any and all claims, causes of actions, liabilities or damages against it, notwithstanding that Covered Entity may have tendered its defense to Business Associate. Any such resolution will not relieve Business Associate of its obligation to indemnify Covered Entity under this Agreement.

**6.4 Insurance.** Upon request, Business Associate shall obtain and maintain insurance coverage against improper uses and disclosures of PHI by Business Associate, naming Covered Entity as an additional named insured. Upon request, Business Associate shall provide a certificate evidencing such insurance coverage.

**6.5 Conflicts.** With respect to any breaches or violations of this Agreement, the provisions in this Section 6 supersede any inconsistent terms contained in the Services Agreement.

## VII. GENERAL PROVISIONS

**7.1 Effect.** The terms and provisions of this Agreement supersede any other conflicting or inconsistent terms and provisions in any agreements between the parties, including all exhibits or other attachments thereto and all documents incorporated therein by reference.

**7.2 Amendment.** Business Associate and the Covered Entity agree to amend this Agreement to the extent necessary to allow either party to comply with HIPAA, the Privacy Rule, the Security Rule, or the HITECH Act. All such amendments shall be made in a writing signed by both parties.

**7.3 No Third Party Beneficiaries.** This Agreement is intended for the benefit of Business Associate and Covered Entity only. Nothing express or implied is intended to confer or create, nor be interpreted to confer or create, any rights, remedies, obligations or liabilities to or for any third party beneficiary, including without limitation Individuals who are the subject of PHI.

**7.4 Severability.** In the event that any provision of this Agreement violates any applicable statute, ordinance, or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement.

**7.5 No Waiver.** No provision of this Agreement may be waived except by an agreement in writing signed by the waiving party. A waiver of any term or provision shall not be construed as a waiver of any other term or provision.

**7.6 Assignment.** This Agreement may not be assigned by either party without the prior written consent of the other party; provided, however, that the parties shall cooperate to assign this Agreement as appropriate if the Services Agreement is assigned.

**7.7 Relationship of the Parties.** Business Associate and Covered Entity are independent contractors and all acts performed by Business Associate are performed solely in its capacity as an independent contractor.

**7.8 Counterparts; Facsimile Signature.** This Agreement may be executed by facsimile and/or in counterparts, each of which shall be an original and all of which together shall constitute one and the same binding instrument.

**7.9 Notification**

**7.9.1 Business Associate.** To the extent notice is required to be provided by Covered Entity to Business Associate under any provision in this Agreement, notice shall be provided to:

Russell Wood  
[russell.wood@cicsmhds.org](mailto:russell.wood@cicsmhds.org)  
126 S. Kellogg Ave., Ste. 001  
Ames, IA 50010  
Phone 515-663-2928

**7.9.2 Covered Entity.** To the extent notice is required to be provided by Business Associate to Covered Entity under any provision in this Agreement, notice shall be provided to:

Betty Ellis, Auditor  
[bellis@co.wright.ia.us](mailto:bellis@co.wright.ia.us)  
115 N. Main Street; Clarion, Iowa 50525  
515-532-2771

**7.10 Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA, the Privacy Rule, the Security Rule, and the HITECH Act.

**INTENDING TO BE LEGALLY BOUND**, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

**BUSINESS ASSOCIATE**

Central Iowa Community Services

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

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

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

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

**COVERED ENTITY**

Wright County, Iowa

By: *Rick Kammussen*

Print Name: *Rick Kammussen*

Title: *supervisor*

Date: *6-27-22*

RECEIVED BY  
JUL 21 2022  
CICS - STORY CO.

## **MOU Between Central Iowa Community Services and Marshall County, Iowa**

This Memorandum of Understanding (hereinafter "MOU") is entered into between Central Iowa Community Services (CICS) and Marshall County, Iowa.

- I. **MENTAL HEALTH DISABILITY SERVICES CLIENT FILES.** In recognition that Marshall County, Iowa, is a member county of Central Iowa Community Services 28E Agreement to create a mental health and disability service region to provide local access to mental health and disability services, it is acknowledged that ownership and possession of client mental health and disability services files generated prior to July 1, 2013, shall be transferred to CICS effective July 1, 2022. The following special responsibilities are assumed by the parties:
  - a. **CICS Responsibilities.** CICS agrees to:
    - i. Follow and implement Health Insurance Portability and Accountability Act (HIPAA) requirements
    - ii. Follow and implement any other Federal, State, or local laws governing confidentiality of client information
  - b. **Marshall County Responsibilities.** Marshall County agrees to:
    - i. Release client files to CICS
    - ii. Inform individuals requesting records to contact CICS
- II. **TERMINATION.** This MOU shall remain in effect through June 30, 2023. The requirements under I. a. and I. b. shall survive the ending or termination of this agreement. The agreement is subject to revision due to legislation, change in operating practices and policies of the involved parties, or other factors, as agreed to by the involved parties. It may be amended by mutual written agreement of the parties.
- III. **INDEMNIFICATION.** Each party agrees to hold harmless all other parties (including its officers, agents and employees) from and against any and all claims, demands, liabilities and costs incurred by the indemnified party, including reasonable attorney's fees, directly or indirectly arising out of or in connection with the indemnifying party's performance, or any service, or any other act or omission by or under the direction of the indemnifying party, or its officers, agents or employees.
- IV. **NOTICES.** All notices related to this MOU shall be addressed as follows:
  - a. To: **Marshall County Board of Supervisors**  
Attn: Board Chair  
1 East Main Street  
Marshalltown, IA 50158
  - b. To: **CICS – Story County**  
Attn: Operations Officer  
126 S. Kellogg Ave., Ste. 001  
Ames, IA 50010

IN WITNESS WHEREOF, the parties have here unto set their hand, and the effective date of this agreement, **MOU Between Central Iowa Community Services and Marshall County, Iowa**, is the 1<sup>st</sup> day of July, 2022.

**MARSHALL COUNTY  
BOARD OF SUPERVISORS**  
1 East Main Street  
Marshalltown, IA 50158

**CENTRAL IOWA COMMUNITY SERVICES**  
126 S Kellogg Ave., Ste. 001  
Ames, IA 50010

By: \_\_\_\_\_  
Dave Thompson, Chair  
Marshall County Board of Supervisors

\_\_\_\_\_  
B.J. Hoffman, Chair  
CICS Governing Board

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

Date: \_\_\_\_\_  
Attestation or Notary: \_\_\_\_\_

By: \_\_\_\_\_  
Nan Benson  
Marshall County Auditor and Recorder

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

Marshall County Seal:

Attestation or  
Notary State of Iowa  
County of \_\_\_\_\_  
Signed and sworn to (or affirmed) before  
me on

\_\_\_\_\_ (date), by **B.J. Hoffman**  
to me personally known, or has produced  
identification, as Chair, on behalf of **CICS  
Governing Board**  
(Type of ID)\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public  
My commission expires: \_\_\_\_\_  
(seal)

---

Prepared by: Nan Benson, Marshall County Auditor and Recorder, Courthouse,  
Marshalltown, Iowa 50158 641/844-2710  
Return Document to: Marshall County Board of Supervisors· Office

## **AGREEMENT**

This Agreement is entered into between the County of Marshall (“County” herein) and Central Iowa Community Services (“CICS” herein).

The purpose of this agreement is to provide for a workspace in Marshall County to CICS.

This agreement does not contemplate and shall not be construed to limit or expand the powers of the participants, except as expressly stated in this Agreement.

Pursuant to the purpose set forth above, it is agreed as follows:

1. Marshall County will provide to CICS two (2) offices at the monthly rate of \$350 per office plus \$75 storage (portion of basement room and portion or built-in cabinets south elevator hallway) for a total of \$775.00 per month. Marshall County agrees to provide landline telephone (local and long distance), conference space technology, security camera footage available at request to County IT, all utilities, trash, basic cleaning services and shared use of restrooms and breakroom. CICS agrees rent will be paid in advance on the first of each month.
2. OFFICE EQUIPMENT. The office spaces are currently equipped with office equipment, CICS will receive the offices with the current equipment and be able to use the equipment. CICS will be responsible for any repairs or replacement of office equipment moving forward.
3. REPAIR OF PREMISES. Marshall County agrees to keep the premises in good repair. That Marshall County agrees to repair or replace any damage to the premises, furnishings, or fixtures. However, CICS agrees to be responsible for the cost to repair or replace anything which is the sole result of the negligent or intentional acts of CICS or its employees.

4. **LIABILITY OF PREMISES.** Marshall County agrees to maintain reasonable insurance on the premises. Each party shall indemnify and hold harmless the other party for all costs which are the result of the other negligently, recklessly or intentionally caused by that party (or their agents, employees or invitees).
5. **ASSIGNMENT AND SUBLETTING.** Any assignment of this lease/agreement or subletting of the premises or any part thereof, is prohibited without the Marshall County's written permission.
6. **EFFECTIVE DATE OF AGREEMENT.** This agreement shall become effective on **July 1, 2022**, and shall last for two (2) years from the date of signing. The County and CICS agree to provide each other with appropriate copies of this agreement and any necessary subsequent documents.
7. **DURATION AND MODIFICATIONS.** The initial term of the Agreement shall be automatically extended for successive two-year periods upon the same terms and conditions provided by this Agreement for the initial term, unless this Agreement is terminated or modified by the express election of either County or CICS as hereinafter provided. Modification of this contract may be made by mutual written consent of both parties including future rental amounts. If CICS holds over, they do so only on a month-to-month basis with rent expressly on a prorated monthly basis.
8. **NOTICES.** Notices as provided for in this agreement shall be given to the respective parties hereto in writing.
9. **TERMINATION.** This Agreement may be terminated by either party. This agreement is for a two-year term but will be automatically extended unless either party terminates this agreement. Termination must be done in writing with at least ninety (90) days advance notice. Notice for termination shall be accomplished by normal mail, certified mail or personal service.
  - a. CICS agrees to vacant the premises upon expiration or termination of this agreement. Failure to timely vacant will result in holdover. CICS will be responsible for additional monthly rent and any other costs resulting from holdover.

This agreement shall be signed and a copy of which maintained with the Marshall County Auditor.

This Agreement approved as follows:

**MARSHALL COUNTY BOARD OF SUPERVISORS**

1 East Main Street  
Marshalltown, IA 50158

**CENTRAL IOWA COMMUNITY SERVICES**

126 S Kellogg Ave., Ste. 001  
Ames, IA 50010

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

Steve Salasek, Vice Chair  
Marshall County Board of Supervisors

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

Attestation: \_\_\_\_\_

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

Nan Benson  
Marshall County Auditor and Recorder  
Marshall County Seal:

\_\_\_\_\_  
B.J. Hoffman, Chair  
CICS Governing Board

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

Attestation or Notary: \_\_\_\_\_

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

Attestation or  
Notary

State of Iowa  
County of \_\_\_\_\_  
Signed and sworn to (or affirmed) before me on  
\_\_\_\_\_ (date), by **B.J. Hoffman**  
to me personally known, or has produced  
identification, as Chair, on behalf of **CICS  
Governing Board**  
(Type of ID) \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_  
(seal)

**Application for Appointment  
to CICS Committees**



**CICS**

Supporting Individuals. Strengthening Communities.

Application for: CICS Advisory Board Adult (Committee)

Name: Deb Williams Date: 6-22-22

Address: 1 W Grant St #109 Marshalltown Ia 50158 Marshall  
Street City State Zip County

Home #: 641-753-7414 Business #: \_\_\_\_\_ Cell #: 641-750-3292

E-mail: d.l.williams906@gmail.com

This form assists the CICS Governing Board in evaluating the qualifications of applicants for appointment to a committee.

Place of employment and position and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position:

I volunteer at mid-Iowa Triumph Recovery Center. I have worked as a peer support specialist for UHC medicare. I like to read books & articles on mental health-treatments, illnesses working w. th others

Why do you wish to serve on this committee?

I would like to keep up to date on what is available around the state. I would also like to learn what is working & not working for people with mental health issues.

What qualifications do you feel you have that would contribute to this committee?

I have worked in the mental health field for over 30 years. I have peers contact around the state from running the Iowa Empowerment Conference. I have done research on Peer Support & centers while getting my BA in Psychology (BA)

Do you have anything else to add?

I want to be a part of improving what is offered to peers in my area & around the state. I

I certify that there is nothing that would prohibit me from serving on this committee.

Deb Williams

Signature

Date

6-22-22

Please return this application to: CICS - \_\_\_\_\_

**RECEIVED**

JUN 22 2022

STORY COUNTY  
COMMUNITY SERVICES

THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.

Boone • Cerro Gordo • Franklin • Greene • Hamilton • Hancock • Hardin • Jasper • Madison • Marshall • Poweshiek • Story • Warren • Webster • Wright

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

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

**OTHER TERMS:**

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

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

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

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

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Brain Injury Association of Iowa:**

By: Geoff Lauer

Print Name: Geoffrey Lauer

Print Title: CEO

Date: 06/12/2022

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Grace C. Mae Advocate Center, Inc.**

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

**OTHER TERMS:**

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

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: \_\_\_\_\_

**Grace C. Mae Advocate Center, Inc.:**

By: Patricia Gilbaugh

Print Name: Patricia Gilbaugh

Print Title: Executive Director

Date: 7/13/22

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
House of Mercy**

Chart of Account	Service Description	Unit of Service	Rate
46305 Jail 42306 Outpatient	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
46305 Jail 42306 Outpatient	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
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 Outpatient	Family Therapy (90846)	Hour	\$98.83

**OTHER TERMS:**

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

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



**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**House of Mercy:**

By: Laurea Wenman

Print Name: LAUREA WENMAN

Print Title: MARKET VP MISSION

Date: 7/18/2022

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

Chart of Account	Service Description	Unit of Service	Rate
73319	Inpatient Services (Does not include physician services)	Daily	\$1,045.80
73319	Inpatient Physician Services	Daily	\$148.47
44302	Observation		
	Up to 8 hours	8 hours	\$576.16
	Up to 12 hours	12 hours	\$703.19
	Up to 23 hours	23 hours	\$857.55

**OTHER TERMS:**

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

Funding for all contracted services requires funding authorization and individuals shall meet CICS Management Plan criteria. Provider will submit CICS funding application upon patient admission to inpatient behavioral health services or observation behavioral health services. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider.

For individuals on a civil commitment who have been determined to not meet medical necessity for inpatient behavioral health treatment and are unable to be released until a civil commitment hearing is held, funding for up to 5 days may be considered when the individual meets CICS Management Plan criteria.

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Mercy Health Services Iowa Corp. dba  
MercyOne North Iowa Medical Center:**

By: Michael A Weyan

Print Name: Michael A Weyan

Print Title: COO/CFO

Date: 6/23/22

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

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
05373	Public Education, Prevention and Education	Hour	\$126.00; Maximum of 12 hours/contract period
41305	Injection (96372)	N/A	\$26.38
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
42306	Psychiatric Evaluation (90792)	Visit	Dr \$300.67 ARNP \$232.09 PA \$232.09
42306	Medication Prescribing & Management Onboarding & Access (Telepsychiatry Services)	N/A	*Maximum of \$12,500.00
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42306	Care Coordination	One Tele Health Session	\$31.21
42366	Drop-In Center (Franklin County)	Monthly	\$6,325.00
42396	Community Support Services (CSS) – Low Intensity	Monthly	\$176.87
42396	Community Support Services (CSS) – High Intensity	Monthly	\$520.02
42398	Assertive Community Treatment (ACT)	Daily (Maximum of 5 Days/Week)	\$55.83
42398	ACT Services Access Fee	Monthly Per Client	**\$290.00
44305	Community Based Crisis Intervention Services	Hour	\$126.00

**OTHER TERMS:**

Medicaid/MCO floor rate may be honored if higher than the CICS Contracted Rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CICS this will be executed through a written document

with the CICS CEO and the Provider with the effective date as the month following the receipt of the rate documentation. A CICS contract amendment will not be required in these situations.

Funding for contracted services with the exception of drop-in center services requires prior authorization and individuals shall meet CICS Management Plan criteria. CICS will issue a Notice of Decision to the client and provider. CICS will determine the copayment for persons as specified in the CICS Management Plan. Clients are responsible to pay all copayment amounts directly to the provider. For outpatient services, CICS funds may supplement patients with insurance any remaining amount due up to the "allowed charge" on the insurance Explanation of Benefits (EOB) or the contracted CICS rate, whichever is less.

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

**\*Provider Agency/Entity will provide written notification to CICS Operations Officer with name, credentials, and employment start date for the Psychiatric Prescriber. 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 Prairie Ridge Integrated Behavioral Healthcare and upon initiation continue to provide Psychiatric Prescriber services in the Outpatient setting for the entire CICS Provider and Program Participation Agreement service period ending June 30, 2023, no Medication Prescribing & Management Onboarding & Access Fee will be paid by CICS.

\$6,325.00 is the monthly amount to be billed/reimbursed for Drop-In Center services provided in Franklin County when all employee positions are filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$6,325.00 based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

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

**Community Based Crisis Intervention Services includes outreach into the community, distribution of information about available services, and triage and screening services during times of community wide disasters. This does not include urgent care or mobile crisis response services. Provider needs to seek written approval by CICS for funding of Community Based Crisis Intervention services.**

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

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Prairie Ridge Integrated Behavioral Healthcare:**

By: Lorne M. Young

Print Name: Lorne M. Young

Print Title: Executive Director

Date: 07/11/2022

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

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42306	Psychiatric Evaluation (90792)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42306	Medication Management (99213)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42305	Care Coordination	One Tele Health Session	\$31.21
42305	Therapy Evaluation (90791)	Visit	\$155.61
42305	Therapy 90837	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
42305	Individual - Behavioral Health Intervention Services (BHIS)	15 Min.	\$21.88
42305	Family – Behavioral Health Intervention Services (BHIS)	15 Min.	\$21.43
05373	Public Education, Prevention and Education	Hour	\$126.00; Maximum of 12 hours/contract period
44313	Crisis Stabilization Residential Services (CSRS)	Daily	\$360.19
44313	CSRS Family Team Decision Making (FTDM) Services	One Time Per CSRS Admission	\$400.00

**OTHER TERMS:**

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

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

Combined funding for Individual and Family BHIS shall not exceed 192 units for a 6 month funding authorization period. Units will be prorated for shorter funding authorization periods.

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

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

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

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

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Youth & Shelter Services, Inc.:**

By: 

Print Name: Andrew Allen

Print Title: President & CEO

Date: 6/2/22