



CICS

Supporting Individuals. Strengthening Communities.

Regional Governing Board

August 18, 2022 @ 1:00PM

Story County Administration Building – 1st Floor – Assessor’s Conference Room
900 6th 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: 874 7128 0329, Passcode: 003384

or Join the Zoom Meeting at <https://us06web.zoom.us/j/87471280329?pwd=T3NtckxNLOxDMGNiQjNza3dXSjRUUT09>

Please note we will be meeting in the Assessor’s Conference Room on the 1st floor

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)

August 18, 2022 Agenda

Action

Board Chair asks for motion to approve agenda.

Motion by: _____

Second: _____

Vote on motion: _____

3) Minutes (BJ Hoffman, Chair)

July 28, 2022 Minutes

Action

Board Chair asks for motion to approve minutes.

Motion by: _____

Second: _____

Vote on motion: _____

4) Administration (Russell Wood, CEO)

Out-of-pocket medical reimbursement

Action

Board Chair asks for motion to take action on out-of-pocket medical reimbursement.

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 | | |

YSS Groundbreaking

Informational

5) Finance (Betsy Stursma/Karla Webb)

July Expenditure Report

Informational

Claims August 9, 2022

Action

Board Chair asks for motion to approve claims for August 9, 2022.

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)

FY23 Contract Amendments

Action

CIRSI, Inc.

Optimae Life Services

Board Chair asks for motion to approve/deny FY23 contract amendments as presented.

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

Business Associate Agreement – Madison County

Action

Board Chair asks for motion to approve/deny the Madison County BAA as presented.

Motion by: _____

Second: _____

Vote on motion: _____

Abstaining: _____

7) Planning (Patti Leeds)

ASIST T4T Review

Informational

8) Public Comments

Board Chair asks for public comments at this time

9) Next Meeting – September 22, 2022





CICS

Supporting Individuals. Strengthening Communities.

Regional Governing Board Meeting Minutes

July 28, 2022

Story County Administrative Building, Nevada, IA

Board Members Present: Boone, Cerro Gordo, Franklin, Hamilton, Hancock, Jasper, Madison, Marshall, Poweshiek, Story, Wright, Allie Wulfekuhle, Andrea Dickerson, Kendra Alexander, Julie Smith.

Counties/Members Absent: Greene, Hardin, Warren, Webster, JD Deambra. **Administrative Team Present:** Russell Wood, Linn Adams, Patti Leeds, Betsy Stursma, Karla Webb.

Agenda & Minutes

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

Motion to approve the June 23, 2022 minutes. Motion by Kretzinger, second by Dawley. All ayes, motion carried.

Russell Wood, CEO stated a letter of encumbrance has been sent to be approved by DHS. The \$7,182,900 encumbrance is the remainder of the Ember Youth Campus project that was not spent in the previous fiscal year.

Finance Officer Betsy Stursma shared the claims report for June 28, July 12 and July 26, 2022. **Motion by Clifton, second by Nolte to approve claims. All ayes, motion carried on roll call vote. Stursma also provided the June expenditure report.** Stursma stated the fund balance is anticipated to be around \$13 million after accrual for FY22, which will be finalized in September.

Operations Officer Karla Webb presented two options for ICAP property insurance. Motion by Patten, seconded by Dawley to approve ICAP property insurance coverage with a \$1,000 deductible. All ayes, motion carried.

Webb presented the Business Associate Agreement for Cerro Gordo County. Motion by Heddens, second by Kloberdanz to approve. All ayes, motion carried. Latham abstained.

Webb presented the Business Associate Agreement for Marshall County. Motion by Latham, second by Helgevold to approve. All ayes, motion carried. Patten abstained.

Webb presented the Business Associate Agreement for Wright County. Motion by Heddens, second by Kretzinger to approve. All ayes, motion carried. Helgevold abstained.

Webb presented the MOU Agreement for Marshall County for the transfer of client files to CICS. Motion by Kloberdanz, second by Dawley to approve. All ayes, motion carried. Patten abstained.

Webb presented the lease for Marshall County. Marshall has requested the lease be notarized and signed by the Chair. Motion by Kretzinger, second by Clifton to approve. All ayes. Patten abstained.

Webb presented an appointment for the Adult Advisory Board. Motion by Heddens, second by Kloberdanz to approve the appointment of Deb Williams to the Adult Advisory Board. All ayes, motion carried.

Webb presented FY23 provider contracts for Brain Injury Association of Iowa, Grace C. Mae Advocate Center, Inc., House of Mercy, Mercy Health Services Iowa Corp. dba MercyOne North Iowa Medical Center, Prairie Ridge Integrated Behavioral Healthcare, and Youth & Shelter Services, Inc. Motion by Dawley, second by Patten to approve FY23 provider contracts as presented. All ayes, motion carried.

Planning and Development Officer Patti Leeds gave an update on the CIT (Crisis Intervention Team) training that was held by SolutionPoint+ in Jasper County in July. There were 20 registered for the training, with 17 in attendance due to unforeseen circumstances. There will be another training in Fort Dodge November 14-18 and Leeds encouraged the Board's local law enforcement to attend. Leeds stated reserve law enforcement can be paid by CICS if necessary, along with other expenses. In March there will also be a training in Cerro Gordo. CICS is hosting three of the nine statewide trainings in Iowa. When there are openings in other regions, CICS will be contacted for law enforcement to be able to register.

Board Chair asked for public comment. Heddens comments that last month she and Wood went to a justice involved mental health summit that was attended by county attorneys, law enforcement officers, etc. Both Heddens and Wood felt it was very worthwhile and they will be attending another in the future.

Andrea Dickerson thanked those who attended the YSS open house and stated the groundbreaking is being held on August 9.

Leeds stated there is an ASIST training for people to become trainers coming up and it is almost full.

Next Meeting is **August 18, 2022** due to the ISAC Conference being held during on August 25.

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

Patti Leeds, Recording Secretary

Brandon Talsma, Board Vice Chair



July 2022 Expenditure Report

FY 2023	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY22 Budget	Budget Remaining	% of Budget Used
Core Domains						
COA	Treatment					
42305	Mental health outpatient therapy	\$ -	\$ -	\$ 150,000	\$ 150,000	0%
42306	Medication prescribing & management	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
43301	Assessment & evaluation	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
71319	Mental health inpatient therapy-MHI	\$ -	\$ -	\$ 200,000	\$ 200,000	0%
73319	Mental health inpatient therapy	\$ 269	\$ 269	\$ 25,000	\$ 24,731	1%
	Crisis Services					
32322	Personal emergency response system	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
44301	Crisis evaluation	\$ 65,520	\$ 65,520	\$ 625,000	\$ 559,480	10%
44302	23 hour crisis observation & holding	\$ -	\$ -	\$ 40,000	\$ 40,000	0%
44305	24 hour access to crisis response	\$ 89	\$ 89	\$ -	\$ (89)	
44307	Mobile response	\$ 85,995	\$ 85,995	\$ 1,200,000	\$ 1,114,005	7%
44312	Crisis Stabilization community-based services	\$ 17,416	\$ 17,416	\$ 250,000	\$ 232,584	7%
44313	Crisis Stabilization residential services	\$ 2,039,300	\$ 2,039,300	\$ 7,850,000	\$ 5,810,700	26%
44396	Access Centers: start-up / sustainability	\$ -	\$ -	\$ 200,000	\$ 200,000	0%
	Support for Community Living					
32320	Home health aide	\$ -	\$ -	\$ -	\$ -	
32325	Respite	\$ 833	\$ 833	\$ 5,000	\$ 4,167	17%
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -	
32329	Supported community living	\$ 25,071	\$ 25,071	\$ 900,000	\$ 874,929	3%
42329	Intensive residential services	\$ 180,550	\$ 180,550	\$ 300,000	\$ 119,450	60%
	Support for Employment					
50362	Prevocational services	\$ 1,001	\$ 1,001	\$ 25,000	\$ 23,999	4%
50364	Job development	\$ -	\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 12,017	\$ 12,017	\$ 225,000	\$ 212,983	5%
50368	Supported employment	\$ 10,868	\$ 10,868	\$ 120,000	\$ 109,132	9%
50369	Group Supported employment-enclave	\$ 598	\$ 598	\$ 20,000	\$ 19,402	3%
	Recovery Services					
45323	Family support	\$ 4,373	\$ 4,373	\$ 50,000	\$ 45,628	9%
45366	Peer support	\$ -	\$ -	\$ 20,000	\$ 20,000	0%
	Service Coordination					
21375	Case management	\$ -	\$ -	\$ -	\$ -	
24376	Health homes	\$ -	\$ -	\$ -	\$ -	
	Sub-Acute Services					
63309	Subacute services-1-5 beds	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
64309	Subacute services-6 and over beds	\$ 36,600	\$ 36,600	\$ 450,000	\$ 413,400	8%
	Core Evidenced Based Treatment					
04422	Education & Training Services - provider competency	\$ -	\$ -	\$ 15,000	\$ 15,000	0%
32396	Supported housing	\$ -	\$ -	\$ -	\$ -	
42398	Assertive community treatment (ACT)	\$ 11,600	\$ 11,600	\$ 125,000	\$ 113,400	9%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
	Core Domains Total	\$ 2,492,098	\$ 2,492,098	\$ 12,900,000	\$ 10,407,902	19%
Mandated Services						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 16,954	\$ 16,954	\$ 325,000	\$ 308,046	5%
75XXX	Mental health advocate	\$ 8,598	\$ 8,598	\$ 250,000	\$ 241,402	3%
	Mandated Services Total	\$ 25,552	\$ 25,552	\$ 625,000	\$ 599,448	4%
Additional Core Domains						
	Justice system-involved services					
25xxx	Coordination services	\$ 20,345	\$ 20,345	\$ 500,000	\$ 479,655	4%
44346	24 hour crisis line**	\$ -	\$ -	\$ -	\$ -	
44366	Warm line**	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
46305	Mental health services in jails	\$ 10,463	\$ 10,463	\$ 250,000	\$ 239,537	4%
46399	Justice system-involved services-other	\$ -	\$ -	\$ -	\$ -	
46422	Crisis prevention training	\$ -	\$ -	\$ 300,000	\$ 300,000	0%
46425	Mental health court related costs	\$ -	\$ -	\$ -	\$ -	
74301	Civil commitment prescreening evaluation	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
	Additional Core Evidenced based treatment					
42366	Peer self-help drop-in centers	\$ 62,605	\$ 62,605	\$ 850,000	\$ 787,395	7%
42397	Psychiatric rehabilitation (IPR)	\$ 1,914	\$ 1,914	\$ 20,000	\$ 18,086	10%
	Additional Core Domains Total	\$ 95,327	\$ 95,327	\$ 1,935,000	\$ 1,839,673	5%
Other Informational Services						
03371	Information & referral	\$ -	\$ -	\$ -	\$ -	
04372	Planning and/or Consultation (client related)	\$ -	\$ -	\$ -	\$ -	
04377	Provider Incentive Payment	\$ -	\$ -	\$ -	\$ -	
04399	Consultation Other	\$ -	\$ -	\$ -	\$ -	
04429	Planning and Management Consultants (non-client related)	\$ -	\$ -	\$ 25,000	\$ 25,000	0%
05373	Public education	\$ 3,732	\$ 3,732	\$ 400,000	\$ 396,268	1%
	Other Informational Services Total	\$ 3,732	\$ 3,732	\$ 425,000	\$ 421,268	1%

July 2022 Expenditure Report

FY 2023	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY22 Budget	Budget Remaining	% of Budget Used
Essential Community Living Support Services						
06399	Academic services		\$ -	\$ -	\$ -	
22XXX	Services management	\$ 193,932	\$ 193,932	\$ 2,050,000	\$ 1,856,068	9%
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 19,704	\$ 19,704	\$ 250,000	\$ 230,296	8%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
32327	Representative payee	\$ 816	\$ 816	\$ 20,000	\$ 19,184	4%
32335	CDAC		\$ -	\$ -	\$ -	
32399	Other support		\$ -	\$ -	\$ -	
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 3,043	\$ 3,043	\$ 100,000	\$ 96,957	3%
33345	Ongoing rent subsidy	\$ 300	\$ 300	\$ -	\$ (300)	
33399	Other basic needs	\$ 2,081	\$ 2,081	\$ 80,000	\$ 77,919	3%
41305	Physiological outpatient treatment	\$ 1,980	\$ 1,980	\$ 5,000	\$ 3,020	40%
41306	Prescription meds	\$ 232	\$ 232	\$ 15,000	\$ 14,768	2%
41307	In-home nursing		\$ -	\$ -	\$ -	
41308	Health supplies		\$ -	\$ -	\$ -	
41399	Other physiological treatment		\$ -	\$ -	\$ -	
42309	Partial hospitalization		\$ -	\$ -	\$ -	
42310	Transitional living program	\$ -	\$ -	\$ -	\$ -	#DIV/0!
42363	Day treatment		\$ -	\$ -	\$ -	
42396	Community support programs	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
42399	Other psychotherapeutic treatment	\$ -	\$ -	\$ -	\$ -	
43399	Other non-crisis evaluation		\$ -	\$ -	\$ -	
44304	Emergency care		\$ -	\$ -	\$ -	
44399	Other crisis services		\$ -	\$ -	\$ -	
45399	Other family & peer support		\$ -	\$ -	\$ -	
46306	Psychiatric medications in jail	\$ 2,402	\$ 2,402	\$ 50,000	\$ 47,598	5%
50361	Vocational skills training		\$ -	\$ -	\$ -	
50365	Supported education		\$ -	\$ -	\$ -	
50399	Other vocational & day services		\$ -	\$ -	\$ -	
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$ -	\$ -	\$ -	\$ -	
63XXX	ICF 1-5 beds (63317 & 63318)		\$ -	\$ -	\$ -	
63329	SCL 1-5 beds		\$ -	\$ -	\$ -	
63399	Other 1-5 beds		\$ -	\$ -	\$ -	
Essential Comm Living Support Services Total		\$ 224,491	\$ 224,491	\$ 2,585,000	\$ 2,360,509	9%
Other Congregate Services						
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 34,660	\$ 34,660	\$ 750,000	\$ 715,340	5%
64XXX	ICF 6 and over beds (64317 & 64318)		\$ -	\$ 90,000	\$ 90,000	
64329	SCL 6 and over beds	\$ 13,990	\$ 13,990	\$ 150,000	\$ 136,010	
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
Other Congregate Services Total		\$ 48,650	\$ 48,650	\$ 990,000	\$ 941,350	5%
Administration						
11XXX	Direct Administration	\$ 145,807	\$ 145,807	\$ 2,250,000	\$ 2,104,193	6%
12XXX	Purchased Administration	\$ 126,761	\$ 126,761	\$ 225,000	\$ 98,239	56%
Administration Total		\$ 272,568	\$ 272,568	\$ 2,475,000	\$ 2,202,432	11%
Regional Totals		\$ 3,162,419.08	\$ 3,162,419.08	\$ 21,935,000	\$ 18,772,581	14%
8%						
(45XX-XXX) County Provided Case Management						
(46XX-XXX) County Provided Services						

Disbursement Date 08/09/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
813 V	20	Access, Inc.		Support Services - Suppor	41500	04232	329	62				180.00
				Disbursement# 5673								180.00
814 V	60	Linn Adams		Services Management - Sta	41500	04022	260	62				38.52
814 V	60	Linn Adams		Services Management - Mil	41500	04022	413	62				277.50
814 V	60	Linn Adams		Services Management - Tel	41500	04022	414	62				50.00
				Disbursement# 5674								366.02
817 V	169	Amazon Capital Services		Direct Admin - Informatio	41500	04411	632	62				517.78
				Disbursement# 5675								517.78
824 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04242	366	62				628.00
				Disbursement# 5676								628.00
850 V	3619	Janice B. Binder Atty at Law		Commitment - Legal Repres	41500	04074	393	62				79.20
851 V	3619	Janice B. Binder Atty at Law		Commitment - Legal Repres	41500	04074	393	62				118.80
				Disbursement# 5677								198.00
827 V	884	Boone County Jail		Prescription Medication (	41500	04046	306	62				72.69
				Disbursement# 5678								72.69
828 V	928	Brick and Tile LLC		Services Management - Ren	41500	04022	450	62				2000.00
				Disbursement# 5679								2,000.00
818 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				130.16
818 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				119.55
818 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				268.58
818 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				543.12
818 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				162.86
819 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				33.00
819 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				21.93
				Disbursement# 5680								1,279.20
884 V	72147	CDW Government Inc.		Direct Admin - Informatio	41500	04411	632	62				232.51
885 V	72147	CDW Government Inc.		Direct Admin - Informatio	41500	04411	632	62				496.29
				Disbursement# 5681								728.80
832 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
832 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
832 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
832 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
				Disbursement# 5682								445.41
833 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				195.04
833 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				364.07
833 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				364.07
833 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				403.08
833 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				364.07
833 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				364.07
833 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				481.09

Disbursement Date 08/09/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
833 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				169.03
833 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				598.12
833 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				481.09
				Disbursement# 5683								Disbursement Total 3,783.73
834 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
				Disbursement# 5684								Disbursement Total 155.61
886 V	72467	Cherokee County Sheriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				36.50
				Disbursement# 5685								Disbursement Total 36.50
887 V	82883	Christian Opportunity Center		Support Services - Suppor	41500	04232	329	62				548.74
887 V	82883	Christian Opportunity Center		Day Habilitation	41500	04250	367	62				351.10
887 V	82883	Christian Opportunity Center		Voc/Day - Individual Supp	41500	04250	368	62				599.07
887 V	82883	Christian Opportunity Center		Day Habilitation	41500	04750	367	62				1193.74
				Disbursement# 5686								Disbursement Total 2,692.65
888 V	83451	Community Care of Knoxville		Comm Based Settings (6+ B	41500	04064	314	62				1952.69
				Disbursement# 5687								Disbursement Total 1,952.69
835 V	1751	Jessica Crawford		Services Management - Mil	41500	04022	413	62				142.08
835 V	1751	Jessica Crawford		Services Management - Mil	41500	04222	413	62				137.90
835 V	1751	Jessica Crawford		Services Management - Mil	41500	04322	413	62				137.90
				Disbursement# 5688								Disbursement Total 417.88
864 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	305	62				62.24
864 V	5696	Eyerly Ball CMHS		Psychotherapeutic Treatme	41500	04042	306	62				92.84
864 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				4930.00
864 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04742	398	62				290.00
				Disbursement# 5689								Disbursement Total 5,375.08
836 V	2420	Franklin County Auditor		Services Management - Sal	41500	04022	100	62				75814.49
836 V	2420	Franklin County Auditor		Services Management - Sal	41500	04222	100	62				3557.72
836 V	2420	Franklin County Auditor		Services Management - Sal	41500	04322	100	62				3067.00
836 V	2420	Franklin County Auditor		Services Management - Sal	41500	04722	100	62				122.68
836 V	2420	Franklin County Auditor		Services Management - Sal	41500	04022	100	62				245.36
836 V	2420	Franklin County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				50565.90
836 V	2420	Franklin County Auditor		Purchased Admin - Account	41500	04412	420	62				2294.46
				Disbursement# 5690								Disbursement Total 135,667.61
883 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				175.68
				Disbursement# 5691								Disbursement Total 175.68
837 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04042	366	62				6266.56
837 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04242	366	62				858.44
				Disbursement# 5692								Disbursement Total 7,125.00
838 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				5267.40
				Disbursement# 5693								Disbursement Total 5,267.40

Disbursement Date 08/09/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
876	V 7342	GateHouse-DB Iowa Holdings		Direct Admin - Publicatio	41500	04411	400	62				254.39
				Disbursement# 5694								254.39
840	V 2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				65.00
840	V 2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				26.00
840	V 2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				45.50
840	V 2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				19.50
841	V 2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				104.00
841	V 2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				26.00
841	V 2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				71.50
841	V 2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				26.00
				Disbursement# 5695								383.50
870	V 5917	Genesis Health System		Other Priv./Public Hospit	41500	04073	319	62				137.28
				Disbursement# 5696								137.28
839	V 2522	Genesis Psychiatric Hospitalis		Other Priv./Public Hospit	41500	04073	319	62				125.00
				Disbursement# 5697								125.00
842	V 2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				80.00
				Disbursement# 5698								80.00
843	V 2782	Jodi Hamilton		Services Management - Mil	41500	04022	413	62				68.17
843	V 2782	Jodi Hamilton		Services Management - Mil	41500	04222	413	62				66.17
843	V 2782	Jodi Hamilton		Services Management - Mil	41500	04322	413	62				66.16
				Disbursement# 5699								200.50
844	V 3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				2423.40
844	V 3019	Hillcrest Family Services		Comm Based Settings (6+ B	41500	04064	314	62				8795.40
				Disbursement# 5700								11,218.80
845	V 3203	Hy-Vee Pharmacy-Indianola		Physiological Treatment -	41500	04041	306	62				6.75
846	V 3203	Hy-Vee Pharmacy-Indianola		Physiological Treatment -	41500	04041	306	62				9.45
				Disbursement# 5701								16.20
826	V 764	Infinity Health		Mobile Response	41500	04044	307	62				203.20
826	V 764	Infinity Health		Mobile Response	41500	04044	307	62				203.20
				Disbursement# 5702								406.40
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
849	V 3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				537.33

Disbursement Date 08/09/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
849 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.99	
849 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99	
849 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				496.68	
				Disbursement#	5703							Disbursement Total	5,617.20
848 V	3430	Iowa State Assoc. of Counties		Direct Admin - Educationa	41500	04411	422	62				250.00	
848 V	3430	Iowa State Assoc. of Counties		Direct Admin - Educationa	41500	04411	422	62				250.00	
				Disbursement#	5704							Disbursement Total	500.00
829 V	1158	Jefferson Telecom		Services Management - Tel	41500	04022	414	62				2.60	
				Disbursement#	5705							Disbursement Total	2.60
852 V	3720	Johnson County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				61.67	
				Disbursement#	5706							Disbursement Total	61.67
847 V	3283	Kadel Medical Services LLC		Transportation - General	41500	04231	354	62				2835.00	
847 V	3283	Kadel Medical Services LLC		Transportation - General	41500	04231	354	62				10.74	
847 V	3283	Kadel Medical Services LLC		Transportation - General	41500	04231	354	62				385.00	
				Disbursement#	5707							Disbursement Total	3,230.74
831 V	1279	LifeWorks Community Services		Support Services - Suppor	41500	04032	329	62				1747.04	
831 V	1279	LifeWorks Community Services		Day Habilitation	41500	04250	367	62				843.36	
831 V	1279	LifeWorks Community Services		Voc/Day - Individual Supp	41500	04250	368	62				1169.27	
831 V	1279	LifeWorks Community Services		Support Services - Suppor	41500	04332	329	62				201.81	
831 V	1279	LifeWorks Community Services		Day Habilitation	41500	04350	367	62				1193.80	
831 V	1279	LifeWorks Community Services		Voc/Day - Individual Supp	41500	04350	368	62				374.42	
831 V	1279	LifeWorks Community Services		Voc/Day - Group Supported	41500	04350	369	62				261.66	
831 V	1279	LifeWorks Community Services		Day Habilitation	41500	04750	367	62				304.80	
				Disbursement#	5708							Disbursement Total	6,096.16
881 V	8100	Marco		Direct Admin - Office Equ	41500	04411	636	62				219.48	
				Disbursement#	5709							Disbursement Total	219.48
855 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				17.00	
855 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00	
855 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				15.00	
856 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				204.00	
				Disbursement#	5710							Disbursement Total	267.00
857 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				303.00	
857 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				189.38	
857 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				239.88	
857 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				75.75	
857 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				75.75	
857 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				151.49	
				Disbursement#	5711							Disbursement Total	1,035.25
860 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				427.80
				Disbursement#	5712							Disbursement Total	427.80

Disbursement Date 08/09/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
858	V 4756	Metro FiberNet LLC		Direct Admin - Telecommun	41500	04411	414	62				140.64
				Disbursement# 5713								140.64
859	V 4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				6344.00
				Disbursement# 5714								6,344.00
830	V 1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				50.00
				Disbursement# 5715								50.00
861	V 5283	North Iowa Vocational Center		Support Services - Suppor	41500	04032	329	62				486.81
861	V 5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04050	368	62				599.07
861	V 5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				270.45
861	V 5283	North Iowa Vocational Center		Support Services - Suppor	41500	04232	329	62				757.26
861	V 5283	North Iowa Vocational Center		Day Habilitation	41500	04250	367	62				448.47
861	V 5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04250	368	62				748.84
861	V 5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04250	369	62				717.36
861	V 5283	North Iowa Vocational Center		Support Services - Suppor	41500	04332	329	62				97.35
861	V 5283	North Iowa Vocational Center		Voc/Day - Prevocational S	41500	04350	362	62				331.52
861	V 5283	North Iowa Vocational Center		Day Habilitation	41500	04350	367	62				224.74
861	V 5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04350	368	62				514.20
861	V 5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04350	369	62				76.44
				Disbursement# 5716								5,272.51
862	V 5317	Nyemaster Goode, PC		Purchased Admin - Legal &	41500	04412	425	62				100.00
				Disbursement# 5717								100.00
863	V 5370	ODP Business Solutions, LLC		Direct Admin - Stationary	41500	04411	260	62				119.38
				Disbursement# 5718								119.38
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				66.50
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				13.80
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				54.35
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				13.80
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				13.17
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				12.48
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				13.80
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853	V 4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				184.89

Disbursement Date 08/09/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
853 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				20.00
853 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47
853 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47
853 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				64.23
853 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				26.83
853 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				64.23
853 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				52.88
853 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				80.72
853 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				99.08
				Disbursement#	5719							1,258.17
865 V	5770	Postmaster		Direct Admin - Postage &	41500	04411	412	62				60.00
				Disbursement#	5720							60.00
866 V	5788	Pottawattamie Co Sheriff's Off		Commitment - Sheriff Tran	41500	04074	353	62				35.00
				Disbursement#	5721							35.00
867 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				72.00
868 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				57.50
				Disbursement#	5722							129.50
820 V	281	Premier		Direct Admin - Stationary	41500	04411	260	62				56.91
821 V	281	Premier		Direct Admin - Stationary	41500	04411	260	62				24.33
				Disbursement#	5723							81.24
869 V	5825	Premier Payee, Inc		Support Services - Repres	41500	04032	327	62				48.00
				Disbursement#	5724							48.00
822 V	322	Salvation Army		Support Services - Repres	41500	04032	327	62				672.00
822 V	322	Salvation Army		Support Services - Repres	41500	04232	327	62				144.00
				Disbursement#	5725							816.00
871 V	6455	Scott County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				80.27
				Disbursement#	5726							80.27
872 V	6618	Sigmeth Roberts Law, PLC		Commitment - Legal Repres	41500	04074	393	62				97.50
872 V	6618	Sigmeth Roberts Law, PLC		Commitment - Legal Repres	41500	04074	393	62				364.98
				Disbursement#	5727							462.48
873 V	6804	SolutionPoint+, LLC		Crisis Prevention Trainin	41500	04046	422	62				19772.00-
874 V	6804	SolutionPoint+, LLC		Crisis Prevention Trainin	41500	04046	422	62				100372.00
				Disbursement#	5728							80,600.00
875 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				44.82
				Disbursement#	5729							44.82
877 V	7409	Treasurer, State of Iowa		Commitment - Other	41500	04074	399	62				3333.33
877 V	7409	Treasurer, State of Iowa		Commitment - Other	41500	04074	399	62				3333.33
877 V	7409	Treasurer, State of Iowa		Commitment - Other	41500	04074	399	62				3333.33

Disbursement Date 08/09/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	5730							9,999.99
878 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				18850.00
				Disbursement#	5731							18,850.00
854 V	4376	U.S. Bank Equipment Finance		Services Management - Off	41500	04022	636	62				191.09
				Disbursement#	5732							191.09
825 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				290.00
825 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				290.00
				Disbursement#	5733							580.00
882 V	71957	Jessica Van De Voort		Services Management - Mil	41500	04022	413	62				54.38
				Disbursement#	5734							54.38
815 V	77	Verizon Wireless		Services Management - Tel	41500	04022	414	62				20.01
815 V	77	Verizon Wireless		Direct Admin - Telecommun	41500	04411	414	62				20.01
815 V	77	Verizon Wireless		Direct Admin - Telecommun	41500	04411	414	62				9.31
816 V	77	Verizon Wireless		Services Management - Tel	41500	04022	414	62				20.00
816 V	77	Verizon Wireless		Direct Admin - Telecommun	41500	04411	414	62				20.00
816 V	77	Verizon Wireless		Direct Admin - Telecommun	41500	04411	414	62				30.70
				Disbursement#	5735							120.03
879 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				111.04
879 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				207.48
879 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				32.00
879 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				42.18
879 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				42.18
879 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				90.74
879 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				50.88
				Disbursement#	5736							576.50
880 V	7730	WEX Health, Inc		Direct Admin - Employee G	41500	04411	113	62				2617.54
880 V	7730	WEX Health, Inc		Direct Admin - Employee G	41500	04411	113	62				623.78
				Disbursement#	5737							3,241.32
823 V	350	Woolstock Mutal Telephone Assn		Direct Admin - Telecommun	41500	04411	414	62				55.00
				Disbursement#	5738							55.00
					66	Total Disbursements						328,656.02
					0	Total ACH						.00
					0	Total EFT						.00
					66	Grand Total						328,656.02
						Credits/Refunds Included						19,772.00

Date - 8/05/22
Time - 9:48:01

Story County - Accounting
Final Disbursement Register

Program - AA31091
Page - 8

Disbursement Date 08/09/2022

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	328,656.02
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Final Total	328,656.02
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End of report



CICS

Supporting Individuals. Strengthening Communities.

RECEIVED BY

AUG 05 2022

CICS - STORY CO.

Central Iowa Community Services Provider and Program Participation Agreement Amendment No. 1

- This amendment is entered into this 1st day of August, 2022 by and between Central Iowa Community Services (CICS) and CIRSI, Inc. (Provider), original parties to the agreement dated First day of July, 2022.
- In consideration of the mutual covenants herein made, the agreement is amended as follows: Attachment A is removed and replaced in its entirety with the following attachment A:

CIRSI, Inc. ATTACHMENT A Effective 8/1/22 SERVICE DEFINITIONS AND RATES FISCAL YEAR 2023

Chart of Account	Service Description	Unit of Service	Rate
32325	Individual Respite	15 Min.	\$3.84
32325	Group Respite	15 Min.	\$3.37
32329	Supported Community Living – ID/DD	15 Min.	\$11.92
32329	Supported Community Living – ID/DD without day service*	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$205.28 \$220.06 \$292.82 \$296.07 \$505.25 \$676.18
32329	Supported Community Living – ID/DD with day service**	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$183.04 \$197.21 \$235.74 \$239.00 \$419.64 \$579.16
32329	Supported Community Living - Home Based Habilitation High Recovery Recovery Transitional Medium Need Intensive I Intensive II Intensive III	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day UC; 4.25-8.75 Hours/Day UD; 9-12.75 Hours/Day U8; 13-16.75 Hours/Day U9; 17-24 Hours/Day	\$56.39 \$121.68 \$141.03 \$227.66 \$230.81 \$405.25
50367	Day Habilitation – ID/DD, MI	15 Minutes	\$3.50



50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily	\$73.20
		Tier 2 (U2); Daily	\$76.81
		Tier 3 (U3); Daily	\$87.48
		Tier 4 (U4); Daily	\$88.72
		Tier 5 (U5); Daily	\$103.31
		Tier 6 (U6); Daily	\$126.33
50367	Adult Day Services (Marshall)	15 Minute	\$4.03
		Half Day	\$45.71
50367	Adult Day Services (Marshall)	Tier 1 (U1); Daily	\$60.84
		Tier 2 (U2); Daily	\$63.83
		Tier 3 (U3); Daily	\$72.69
		Tier 4 (U4); Daily	\$73.73
		Tier 5 (U5); Daily	\$85.85
		Tier 6 (U6); Daily	\$104.98

OTHER TERMS:

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

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

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

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

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

3. All other terms and conditions of the Agreement identified in the caption hereof shall remain in full force and effect except as specifically modified by this amendment. If there is conflict between this amendment and the agreement, the terms of this amendment will prevail.

This Agreement Amendment has been executed by the parties hereto, through their duly authorized officials.



CIRSI, Inc. ATTACHMENT A Effective 8/1/22
SERVICE DEFINITIONS AND RATES
FISCAL YEAR 2023

Central Iowa Community Services:

CIRSI, Inc.:

By: _____

By: Jeff Vance

Print Name: BJ Hoffman

Print Name: Jeff Vance

Print Title: Chair, CICS Governing Board

Print Title: Executive Director

Date: _____

Date: 08-1-2022





CICS

Supporting Individuals. Strengthening Communities.

Central Iowa Community Services Provider and Program Participation Agreement Amendment No. 1

1. This amendment is entered into this 18th day of August, 2022 by and between Central Iowa Community Services (CICS) and Optimae Life Services (Provider), original parties to the agreement dated First day of July, 2022.

2. In consideration of the mutual covenants herein made, the agreement is amended as follows: Attachment A is removed and replaced in its entirety with the following attachment A:

Optimae Life Services ATTACHMENT A Effective 8/18/22 SERVICE DEFINITIONS AND RATES FISCAL YEAR 2023

Chart of Account	Service Description	Unit of Service	Rate
25376	Justice Coordination/Jail Diversion - July 1, 2022 – October 18, 2022	Monthly	\$3,211.00
32329	Supported Community Living – ID/DD	15 Min.	\$12.77
32329	Supported Community Living – ID/DD without day service**	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$205.28 \$220.06 \$292.82 \$296.07 \$505.25 \$676.18
64329	SCL Provided in a Residential Care Facility (RCF) licensed for 6 or more beds – without day services ID/DD**	Daily	\$135.26
32329	Supported Community Living – ID/DD with day service***	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$183.04 \$197.21 \$235.74 \$239.00 \$419.64 \$579.16
64329	SCL Provided in a Residential Care Facility (RCF) licensed for 6 or more beds – with day service ID/DD***	Daily	\$114.27
32329/64329	Supported Community Living - Home Based Habilitation High Recovery Recovery Transitional	UA; .25-2 Hours/Day UB; 2.25-4 Hours/Day	\$56.39 \$121.68



	Medium Need	UC; 4.25-8.75 Hours/Day	\$141.03
	Intensive I	UD; 9-12.75 Hours/Day	\$227.66
	Intensive II	U8; 13-16.75 Hours/Day	\$230.81
	Intensive III	U9; 17-24 Hours/Day	\$405.25
64329	*Residential Care Facility Service Fee SSA	Daily	\$33.53
50367	Day Habilitation – ID/DD, MI	15 Minutes	\$3.79
50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily	\$73.20
		Tier 2 (U2); Daily	\$76.81
		Tier 3 (U3); Daily	\$87.48
		Tier 4 (U4); Daily	\$88.72
		Tier 5 (U5); Daily	\$103.31
		Tier 6 (U6); Daily	\$126.33
50367	Day Habilitation - MI	Daily	\$63.65
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 Management 99213	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
50362	Prevocational Services	Hourly	\$10.80
50362	Prevocational Services: Career Exploration	Hourly Maximum of 34 hours of Career Exploration over a 90 day period	\$41.31
50368	Supported Employment: Individual Supported Employment	Hourly - Initial Authorization not to exceed 40 hourly units Hourly – Extended Authorization not to exceed 20 hourly units	\$71.39 \$71.39
50368	Supported Employment: Long Term Job Coaching	Tier 1 = 1 contact/month Tier 2 = 2-8 hours/month Tier 3 = 9-16 hours/month Tier 4 = 17-25 hours/month Tier 5 = 26 + hours/month	\$73.05 \$390.33 \$779.57 \$1,218.96 \$48.75/hour
50369	Supported Employment: Small Group (2-8 individuals)	Tier 1 groups of 2-4; 15 Min. unit Tier 2 groups of 5-6; 15 Min. unit Tier 3 groups of 7-8; 15 Min. unit	\$3.06 \$1.91 \$1.36

OTHER TERMS:

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



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

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

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

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

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

Total cost per person for all supported employment services not to exceed \$3,3025.53/month.

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

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

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

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

3. All other terms and conditions of the Agreement identified in the caption hereof shall remain in full force and effect except as specifically modified by this amendment. If there is conflict between this amendment and the agreement, the terms of this amendment will prevail.



Optimae Life Services ATTACHMENT A Effective 8/18/22
SERVICE DEFINITIONS AND RATES
FISCAL YEAR 2023

This Agreement Amendment has been executed by the parties hereto, through their duly authorized officials.

Central Iowa Community Services:

Optimae Life Services:

By: _____

By: Meghan Foster

Print Name: BJ Hoffman

Print Name: Meghan Foster

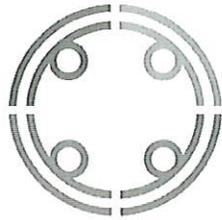
Print Title: Chair, CICS Governing Board

Print Title: COO

Date: _____

Date: 8/10/2022





CICS

Supporting Individuals. Strengthening Communities.

Central Iowa Community Services Provider and Program Participation Agreement Amendment No. 1

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2. In consideration of the mutual covenants herein made, the agreement is amended as follows: Attachment A is removed and replaced in its entirety with the following attachment A:

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Optimae Life Services ATTACHMENT A Effective 8/18/22
SERVICE DEFINITIONS AND RATES
FISCAL YEAR 2023

This Agreement Amendment has been executed by the parties hereto, through their duly authorized officials.

Central Iowa Community Services:

Optimae Life Services:

By: _____

By: Meghan Foster

Print Name: BJ Hoffman

Print Name: Meghan Foster

Print Title: Chair, CICS Governing Board

Print Title: COO

Date: _____

Date: 8/16/2022



SPV-RESOLUTION-07-12-22 A

BE IT HEREBY RESOLVED that the Madison County Board of Supervisors shall approve the Business Associate Agreement between Madison County, Iowa and Central Iowa Community Services.

MADISON COUNTY SUPERVISORS

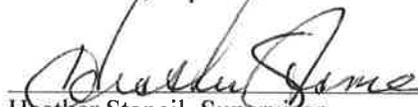
AYE



Phillip Clifton, Chairman



Diane Fitch, Supervisor



Heather Stancil, Supervisor

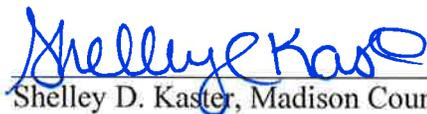
NAY

Phillip Clifton, Chairman

Diane Fitch, Supervisor

Heather Stancil, Supervisor

ATTEST:


Shelley D. Kaster, Madison County Auditor

DATE:

7/12/22

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (“Agreement”) is entered into by and between Madison 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
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:

Shelley Kaster, Madison County Auditor
112 N. John Wayne Drive
Winterset, Iowa 50273
Ph: 515-462-3914
F:515-705-0348

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

Franklin County, Iowa

By: _____

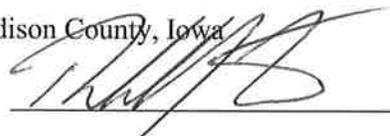
Print Name: _____

Title: _____

Date: _____

COVERED ENTITY

Madison County, Iowa

By:  _____

Print Name: PHILLIP CLIFTON

Title: SUPERVISOR

Date: 7/12/2022