



# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board

January 26, 2023 @ 1:30PM

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: 813 1107 0253, Passcode: 953415

or Join the Zoom Meeting at <https://us06web.zoom.us/j/81311070253?pwd=c3BkNXQ2WkFBMUIHVUpmL0t3S0ZCZz09>

### 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)

January 26, 2023 Agenda

**Action**

*Board Chair asks for motion to approve the January 26, 2023 agenda.*

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

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

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

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

November 17, 2022 Minutes

**Action**

*Board Chair asks for motion to approve the November 17, 2022 minutes.*

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

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

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

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

Conflict of Interest Updates

**Action**

*Board Chair asks for motion to approve/deny*

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

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

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

Meeting Frequency and Contracts/Contract Signing – BJ Hoffman, Chair

**Action**

*Board Chair asks for motion*

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

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

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

Election of FY24 Vice Chair

**Action**

*Board Chair asks for motion to approve/deny*

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

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

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

28E Agreement Amendment

**Action**

*Board Chair asks for motion to approve/deny Resolution 2023-1*

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 |                                    |                                     |

State MHDS Regions Report

**Informational**

Staffing Items

MOU for Kristina Alm

**Action**

*Board Chair asks for motion to approve/deny*

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

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

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

Patti Treibel-Leeds, Planning Officer Retirement/

Appointment of new Board Secretary beginning February 1, 2023

**Action**

*Board Chair asks for motion to approve/deny*

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

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

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

Justice Involved Service Coordination

**Action**

Mental Health Court in Story County

*Board Chair asks for motion to approve/deny*

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

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

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

Justice Involved Service Coordination

**Action**

Expansion due to Webster County Outreach

*Board Chair asks for motion to approve/deny*

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

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

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



<p>Justice Involved Service Coordination</p> <p>Direct provision of Justice Involved Service Coordination in all CICS counties</p> <p><i>Board Chair asks for motion to approve/deny</i></p> <p>Motion by: _____</p> <p>Second: _____</p> <p>Vote on motion: _____</p>	<b>Action</b>
<p>Crisis Involved Service Coordination</p> <p><i>Board Chair asks for motion to approve/deny</i></p> <p>Motion by: _____</p> <p>Second: _____</p> <p>Vote on motion: _____</p>	<b>Action</b>
<p>Staff Wage and Salary Increase – Salary Matrix</p> <p><i>Board Chair asks for motion to approve/deny</i></p> <p>Motion by: _____</p> <p>Second: _____</p> <p>Vote on motion: _____</p>	<b>Action</b>
<p>FY24 Budget – Betsy Stursma</p> <p><i>Board Chair asks for motion to approve/deny</i></p> <p>Motion by: _____</p> <p>Second: _____</p> <p>Vote on motion: _____</p>	<b>Action</b>
<p>Voting at ICSA Meetings</p> <p><i>Board Chair asks for motion to approve/deny</i></p> <p>Motion by: _____</p> <p>Second: _____</p> <p>Vote on motion: _____</p>	<b>Action</b>
<p>Recertification of FY22 Ending Fund Balance</p> <p><i>Board Chair asks for motion to approve/deny</i></p> <p>Motion by: _____</p> <p>Second: _____</p> <p>Vote on motion: _____</p>	<b>Action</b>
<p>Berryhill Center for Mental Health Update</p>	<b>Informational</b>
<p>Board Handbook and Orientation</p>	<b>Informational</b>



**5) Finance (Betsy Stursma)**

Claims November 29, December 13, December 27, 2022 and January 10, January 24, 2023 **Action**

*Board Chair asks for motion to approve claims for November 29, December 13, December 27, 2022 and January 10, January 24, 2023.*

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     |
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| <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 |                                    |                                     |

November and December Expenditure Reports **Informational**

**6) Planning (Patti Leeds)**

Planning Grant **Action**

*Board Chair asks for motion to approve/deny*

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     |
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| <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 |                                    |                                     |

Assertive Community Treatment (ACT) Prairie Ridge Integrated Behavioral Healthcare Designation **Action**

*Board Chair asks for motion to approve/deny*

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

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

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

Intensive Residential Service Home (IRSH) Update **Informational**

**7) Operations (Karla Webb)**

Adult Advisory Appointments - Beth Colby Plautz, Heidi Metz, Rachel Fletcher, **Action**

Breon Gardner, Kathy Hanzek, Kelly Kratz, Julie Smith, Ellen Rasmussen

*Board Chair asks for motion to approve/deny*

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

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

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

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



Contract Amendments

Action

- Capstone Behavioral Healthcare Amendment
- Center Associates Amendment
- Central Iowa Juvenile Detention Center Amendment
- eVizzit of Iowa Psychiatry PC dba Integrated Telehealth Partners Amendment
- Friendship Ark, Inc. Amendment
- UnityPoint Health - Berryhill Center Amendment

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 Vote on motion: \_\_\_\_\_  
 Abstaining: \_\_\_\_\_

FY23 Contracts

Action

- Belmond Community Hospital
- Iowa Specialty Hospital – Clarion
- Lori Schoh dba @ The Mental Health Lab, PLLC

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 Vote on motion: \_\_\_\_\_  
 Abstaining: \_\_\_\_\_

FY24 Contract Templates – 3 year and 1 year

Action

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 Vote on motion: \_\_\_\_\_  
 Abstaining: \_\_\_\_\_

FY24 Rate Increases

Action

*Staff recommendation for most non-Medicaid 5% or COLA – whichever is greater*

*Board Chair asks for motion to approve/deny*

Motion by: \_\_\_\_\_  
 Second: \_\_\_\_\_  
 Vote on motion: \_\_\_\_\_  
 Abstaining: \_\_\_\_\_

8) Public Comments

*Board Chair asks for public comments at this time*

9) Next Meeting – February 23, 2023





# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board Meeting Minutes

November 17, 2022

Story County Administration Building

**Board Members Present:** Boone, Cerro Gordo, Franklin, Greene, Hamilton, Hancock, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Webster, Wright, Kendra Alexander, JD Deambra, Andrea Dickerson, Julie Smith, Allie Wulfekuhle. **Counties/Members Absent:** Warren. **Administrative Team Present:** Russell Wood, Linn Adams, Patti Leeds, Betsy Stursma, Karla Webb. **Others Present:** CICS Justice Involved Services staff: Brittany Baker, Tyler Lennon, Jen Sheehan.

### Agenda & Minutes

**Motion to approve the November 17, 2022 agenda. Motion by Kloberdanz, second by Kretzinger. All eyes, motion carried.**

**Motion to approve the October 27, 2022 minutes. Motion by Watts, second by Rayhons. All eyes, motion carried.**

Russell Wood, CEO presented the 28E Agreement and Resolution with Franklin County to have Franklin County share IT staff with CICS. **Motion by Watts, second by Heddens to approve Resolution 2022-2 28E Agreement Between CICS and Franklin County as presented. All eyes on roll call vote, motion carried.**

Wood and Webb met with Executive Committee members Patten, Talsma and Hoffman regarding the salary survey Story County had done which showed that CICS Service Coordinator salaries are below salary levels. Wood was directed to reach out to Mike Galloway with Ahlers & Cooney to receive information on wage increase trends. Wood will use the same percentage that Franklin County recommends for an increase as a placeholder to work on for the December 1 deadline for FY23 budgets. There will be a preliminary budget brought to the Board for the December meeting and the CICS Board can decide on what they would like the actual number to be.

Wood introduced CICS Justice Involved Services Service Coordinators Brittany Baker, Tyler Lennon and Jen Sheehan. Sheehan will become a Program Manager focusing on Justice Involved Services beginning Monday, November 21. Adams stated there are providers CICS works with for Justice Involved Services, and these three staff cover the other nine counties within the region. These staff help coordinate individuals in the justice system. Sheehan stated Baker and herself provide the same services in jail and those in the community that need services to remain in the community. Lennon's role is slightly different than the other two as he focuses on individuals within the Story County jail. An individual brought into the jail is screened for mental health and then if this is identified then JIS staff follow up with them. These staff help coordinate mental health evaluations, group and individual therapy, substance abuse evaluations, coordinate with lawyers, and when an individual leaves the jail they help coordinate services in the community. Baker and Sheehan receive referrals from local law enforcement within their counties, with the hope to get supports in place to keep individuals from reoffending. Wood stated in Story County they are working on a mental health court. Wood also stated CICS

has a progressive approach towards justice involved services for individuals. Sheehan stated that the Cerro Gordo Sheriff, Mason City Police Department and Mercy Behavioral, along with Prairie Ridge Behavioral Health are going live with HealthIM on December 7. This will allow them to reach out to an individual after an interaction with law enforcement and the facilities will have the data available as it is inputted into the system. Chief Brinkley of Mason City Police Department will be invited to a future meeting to share how it is working in Cerro Gordo. It was asked if justice services are adult based only or are there children's services also. Wood stated there are conversations regarding where CICS is with juvenile justice, and it is something that CICS is looking at.

Finance Officer Betsy Stursma presented the updated Fund Balance Certification letter and workbook which are due with the annual report. All regions need to certify the ending fund balance with the state yearly. Stursma walked through the workbook and the updated changes. **Motion by Kloberdanz, second by Patten to approve the Vice Chair and CEO to sign the certification. All ayes on roll call vote, motion carried.**

Stursma also shared the claims report for November 1, November 10 and November 15, 2022. **Motion by Dawley, second by Heddens to approve claims. All ayes, motion carried on roll call vote. Stursma also provided the October expenditure report.**

**Operations Officer Karla Webb presented the FY22 Annual Report.** Webb stated there will be updated numbers for the expenditure report to reflect the information Stursma shared regarding the Fund Balance Certification. Revenues are still being collected by counties so those numbers will be updated before finalizing the report. **Motion by Campbell, seconded by Rudolph to approve the FY22 Annual Report with expected changes. All ayes, motion carried.**

**Webb presented the FY23 contract amendment for Capstone Behavioral Healthcare.** The amendment is to add funding for Supported Community Living startup costs in Jasper County for a four-bedroom rehabilitation site. **Motion by Deambra, second by Watts. All ayes, motion carried.**

**Webb also presented FY23 contracts for Deborah Thompson dba DHT Consulting and Training to provide Fidelity Reviews and Life Connections for Behavioral Health Intervention Services. Motion by Clifton, second by Patten to approve contracts for Deborah Thompson dba DHT Consulting and Training and Life Connections. All ayes, motion carried.**

**Board Vice Chair asked for public comment.**

Watts requested information on the 43 North Iowa project. Webb gave the maximum costs from the contract. Watts would like to discuss the progress of this project next month and Leeds will provide that.

Dickerson stated there was a site visit recently to the YSS Amber project and there is a lot of ground moving now, which should be finishing up soon. Expected opening is Spring of 2024. Wood also shared a short video from Andrew Allen of the work being done.

Wood stated he will be sending out an update to the 28E that will be on the agenda for the December Governing Board meeting with changes that were previously suggested.



Next Meeting is **December 22, 2022.**

**Motion by Campbell, second by Helgevold to adjourn. All ayes, motion carried.**

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Patti Leeds, Recording Secretary

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BJ Hoffman, Board Chair



## Conflict of Interest Policy and Procedure



CICS  
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A conflict of interest is a situation in which an individual has competing interests or loyalties.

### Financial Conflicts:

CICS staff [members](#) shall have no financial interest in the services or supports to be provided. Staff members whose salary is paid in part or in whole by a provider must disclose the information in a Conflict of Interest statement.

### Other Conflicts:

According to the Iowa Attorney General's Office in a Legal Opinion, a conflict may occur that is not financial in nature:

“It is not necessary that this advantage be a financial one. Neither is it required that there be a showing the official sought or gained such a result. It is the potential for conflict of interest which the law desires to avoid.”

~~CICS staff, Advisory Committee Members,~~ and Governing Board Members who are an officer, director or board member of a corporation with which CICS has a business relationship must disclose the information in a Conflict of Interest statement. ~~Effective 7/1/22, It is the intent that~~ [no CICS staff member](#) shall ~~not~~ be an officer, board member, or director of a corporation or provider which CICS has a business relationship with. [No CICS staff member shall serve on any board, committee, or advisory group during work hours without written permission from the CICS CEO.](#) Conflict of Interest statements will be sent to the Operations Officer.

Funding authorization decisions shall be made by ~~the a~~ CICS staff [member](#), who shall have no conflict of interest in the services or supports to be provided. In the event that such a situation occurs, that conflict of interest must be fully disclosed. A Conflict of Interest statement shall be completed and sent to the Operations Officer. A funding decision shall not be made by a subordinate of the individual with the conflict of interest.

Upon disclosure of the information described above, CICS will take appropriate steps to protect against any actual or potential conflict of interest. Such steps may include:

1. Requiring the conflicted person to refrain from taking any official action or performing any official duty that would, or would have the appearance of, detrimentally affecting or creating a benefit for the outside employment or activity including:

- Participating in any vote where a conflict exists
  - Participating in any discussion where a conflict exists
  - Taking action to influence any vote where a conflict exists
  - Providing any other official service, including but not limited to distribution of items, that are not available to members of the general public
  - Completing funding authorization decisions;
2. Requiring the conflicted person to refrain from being involved in any dealings on behalf of CICS with such person, business or enterprise; or
  3. Requiring the conflicted person to submit documentation of all dealings to staff member assigned to provide oversight on behalf of CICS with such person, ~~business~~business, or enterprise.

## Conflict of Interest Policy and Procedure



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“It is not necessary that this advantage be a financial one. Neither is it required that there be a showing the official sought or gained such a result. It is the potential for conflict of interest which the law desires to avoid.”

Advisory Committee Members and Governing Board Members who are an officer, director or board member of a corporation with which CICS has a business relationship must disclose the information in a Conflict of Interest statement. It is the intent that no CICS staff member shall be an officer, board member, or director of a corporation or provider which CICS has a business relationship with. No CICS staff member shall serve on any board, committee, or advisory group during work hours without written permission from the CICS CEO. Conflict of Interest statements will be sent to the Operations Officer.

Funding authorization decisions shall be made by a CICS staff member, who shall have no conflict of interest in the services or supports to be provided. In the event that such a situation occurs, that conflict of interest must be fully disclosed. A Conflict of Interest statement shall be completed and sent to the Operations Officer. A funding decision shall not be made by a subordinate of the individual with the conflict of interest.

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  - Participating in any vote where a conflict exists
  - Participating in any discussion where a conflict exists
  - Taking action to influence any vote where a conflict exists
  - Providing any other official service, including but not limited to distribution of items, that are not available to members of the general public
  - Completing funding authorization decisions;
2. Requiring the conflicted person to refrain from being involved in any dealings on behalf of CICS with such person, business or enterprise; or
3. Requiring the conflicted person to submit documentation of all dealings to staff member assigned to provide oversight on behalf of CICS with such person, business, or enterprise.



# CICS

Supporting Individuals. Strengthening Communities.

## **28E Agreement for Central Iowa Community Services**

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

### **SECTION 1: IDENTITY OF THE PARTIES**

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

### **SECTION 2: PURPOSE, GOALS AND OBJECTIVES**

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

### **SECTION 3: TERM AND TERMINATION**

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

## SECTION 4: GOVERNANCE

### 4.1 Governing Board Directors:

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

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

### 4.2 Director Vacancies

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



filled within thirty (30) days of its occurrence by the committee having the right of appointment. Such appointment to fill a vacancy shall become effective upon the approval of the Governing Board.

#### 4.3 Voting Procedures for the Governing Board

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

#### 4.4 Board Officers

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

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

#### 4.5 Powers of the Governing Board

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

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



#### 4.6 Appointment of Committees

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

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

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

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

#### 4.7 Methods for Dispute Resolution

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

#### 4.8 Mediation

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

### **SECTION 5: MEMBERS**

#### 5.1 Specification, Requirements, Obligations, Expectations of Member Counties

The member Counties agree to the following:

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



## 5.2 Decisions that Require a Member Vote

The following actions cannot be taken unless the action is approved in accordance with the procedure set forth in Section 5.3: situations require that each member county have approval from their county Board of Supervisors before the Region may take any action:

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

## 5.3 Member Voting Procedure

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

## 5.4 Additional Member Counties

If a county wishes to become a member county of the Region after the Effective Date, the county must make a written request to the Governing Board. Such request will then be submitted for approval by the member counties, addressed through the Governing Board Voting Procedure set forth in Section 4.3. If a new county's request shall be granted only if approved by each member county (through action of each County's Board of Supervisors); provided, however, is approved through such procedure, such new membership will not become effective until the ~~e~~eCounty provides a signature page to this Agreement and a resolution from its Board of Supervisors that it agrees to abide by the terms of this Agreement as set out herein and possesses legal power and authority to do so. If a county is assigned to the Region by action of the State of Iowa, a vote by member counties shall not be required.

## 5.5 Member County Withdrawal/Removal



(a) Member County Withdrawal

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

(b) Member County Removal

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

(c) Allocating Cash

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

5.6 Suspension of Voting Rights and Services

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

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

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

## **SECTION 6: STAFF**

6.1 Selection process for Regional Administrative Team and CEO

One Team member shall perform functions as the Chief Executive Officer (CEO) and other Team members shall perform the functions of the CICS Officers.

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

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

6.2 Performance Evaluation

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

6.3 General functions and responsibilities of staff



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

#### 6.4 Employment of staff

(a) All staff members performing services for the Region, including, but not limited to, the CEO, Administrative Team members, coordinators of adult disability services, coordinators of children's behavioral health services, service coordinators, office support, planners, etc., may remain employees of his or her respective county. If so, there will be a statement of understanding between the Governing Board and the individual county Boards of Supervisors that will identify the individual employee, the position to be filled, and the portion of the employee's wages and benefits that will be the responsibility of the Region.

(b) The Governing Board may, by action, cause all employees performing services for the Region to be employed by a single employer of record in lieu of remaining employees of their respective counties. The single employer of record may be a member county, a separate entity, or the Governing Board may create its own employing entity. If such action is taken by the Governing Board, member counties will work with the region to transition staff who will continue to perform services for the Region to a single employer of record.

If the Governing Board takes action to cause all employees performing services for the Region to be employed by a single employer of record, the CEO shall work with the member counties to determine the locations of the office space that best meets the needs of the Region.

The preference for location of office space shall be in county-controlled buildings. If the member county identifies the requested space is not available, or the CEO determines an alternative location will better serve the Region and its clients, other space will be secured which shall be paid by the Region. When office space is provided in county-controlled buildings, the member county shall provide access to the internet and telephones as requested. The costs of access to the internet and telephones shall be included in the occupancy costs identified in Section 5.1(d).

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

- (a) Communications;
- (b) Strategic Plan Development;
- (c) Budget Planning and Financial Reports;
- (d) Operations – personnel, benefits, space, training, etc.;
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- (l) Information Technology; (m) Service Authorization;
- (n) Eligibility Determination;
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- (p) Contracting; and
- (q) HIPAA oversight.

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

## SECTION 7: REGION FINANCES

### 7.1 Methods for Management & Expenditure of Funding

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

#### (a) General

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

#### (b) Administrative Funding and Resources

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

#### (c) Use of Savings for Reinvestment

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

### 7.2 Process for New Member County Initial Funding

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

### 7.3 Process for Annual Independent Audit



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

#### 7.4 Methods of Acquiring and Disposing of Real Property

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

### **SECTION 8: SCOPE & AMENDMENTS**

#### 8.1 Amendments

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

#### Entire Agreement

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

#### 8.2 Invalidity

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



8.3 No Waiver

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

DRAFT



SIGNATURE PAGE

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

By: \_\_\_\_\_ (Print name)

\_\_\_\_\_ Board of Supervisors Chairperson

ATTEST: \_\_\_\_\_ (Print name)

\_\_\_\_\_ County Auditor

ACKNOWLEDGMENT BY NOTARY

State of Iowa )
)ss
\_\_\_\_\_ COUNTY )

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

\_\_\_\_\_  
Notary Public In and for Said County  
And State of Iowa



# CICS

Supporting Individuals. Strengthening Communities.

## **28E Agreement for Central Iowa Community Services**

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

### **SECTION 1: IDENTITY OF THE PARTIES**

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

### **SECTION 2: PURPOSE, GOALS AND OBJECTIVES**

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

### **SECTION 3: TERM AND TERMINATION**

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

## SECTION 4: GOVERNANCE

### 4.1 Governing Board Directors:

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

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

### 4.2 Director Vacancies

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

#### 4.3 Voting Procedures for the Governing Board

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

#### 4.4 Board Officers

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

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

#### 4.5 Powers of the Governing Board

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

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

#### 4.6 Appointment of Committees

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

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

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

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

#### 4.7 Methods for Dispute Resolution

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

#### 4.8 Mediation

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

### **SECTION 5: MEMBERS**

#### 5.1 Specification, Requirements, Obligations, Expectations of Member Counties

The member Counties agree to the following:

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

The following actions cannot be taken unless the action is approved in accordance with the procedure set forth in Section 5.3:

- (a) The approval of additional funds contributed to the Region in situations of budget shortfall within the Region.
- (b) The approval of the Region's original by-laws. (This does not include subsequent amendments to the original by-laws.)
- (c) The approval of the Region's original management plan. (This does not include subsequent amendments to the original management plan.)
- (d) Any action that would cause the Region to incur debt.
- (e) Any other decisions as determined by the Governing Board.

### 5.3 Member Voting Procedure

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

### 5.4 Additional Member Counties

If a county wishes to become a member county of the Region after the Effective Date, the county must make a written request to the Governing Board. Such request will then be submitted for approval by the member counties. A new county's request shall be granted only if approved by each member county (through action of each County's Board of Supervisors); provided, however, such new membership will not become effective until the County provides a signature page to this Agreement and a resolution from its Board of Supervisors that it agrees to abide by the terms of this Agreement as set out herein and possesses legal power and authority to do so. If a county is assigned to the Region by action of the State of Iowa, a vote by member counties shall not be required.

### 5.5 Member County Withdrawal/Removal

#### (a) Member County Withdrawal

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

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

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

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

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the position to be filled, and the portion of the employee's wages and benefits that will be the responsibility of the Region.

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2. The fiscal agent of the Region shall be a member county designated by the Governing Board. The Governing Board shall enter into a fiscal agent contract with said County which shall list the terms and conditions for the Fiscal Agent.

#### (b) Administrative Funding and Resources

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

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

### 7.2 Process for New Member County Initial Funding

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

### 7.3 Process for Annual Independent Audit

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

### 7.4 Methods of Acquiring and Disposing of Real Property

- a) Property that is proposed for acquisition or disposal must be identified and approved prior to taking any action. Only the Governing Board has the authority, whether by gift or purchase, to acquire and dispose of real property.
- b) Prior to any action to acquire real property, the property and all structures, if any, shall be inspected and tested for the identification of any contaminants, including asbestos, PCBs, underground storage tanks, hazardous wastes and other environmental concerns. If any contaminants are identified, a plan for their disposal or neutralization shall be included with the request to acquire subject property, including estimated costs and identification of responsibility for abatement.

- c) All required renovations and/or alterations to make the property functionally usable in accordance with all applicable codes and current standards of use shall be evaluated with estimated cost to complete and source of funds identified prior to any action to acquire.
- d) Property that is acquired shall be titled in the name of “Central Iowa Community Services Mental Health and Disability Services Region” for the use and benefit of CICS.
- e) If the Governing Board decides by a majority vote to dispose of real property that is no longer necessary to meet the needs of the Region, the receipts from the sale or conveyance of real property shall be deposited in the CICS Regional fund.

## **SECTION 8: SCOPE & AMENDMENTS**

### **8.1 Amendments**

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

#### **Entire Agreement**

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

### **8.2 Invalidity**

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

### **8.3 No Waiver**

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

SIGNATURE PAGE

IN WITNESS WHEREOF, \_\_\_\_\_ COUNTY, EXECUTES THE INTERGOVERNMENTAL AGREEMENT WITH THE CENTRAL IOWA COMMUNITY SERVICES MENTAL

HEALTH AND DISABILITY SERVICES REGION.

By: \_\_\_\_\_  
(Print name)

\_\_\_\_\_  
Board of Supervisors Chairperson

ATTEST: \_\_\_\_\_  
(Print name)

\_\_\_\_\_  
County Auditor

ACKNOWLEDGMENT BY NOTARY

State of Iowa )  
 )ss  
\_\_\_\_\_ COUNTY )

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

\_\_\_\_\_  
Notary Public In and for Said County  
And State of Iowa



# CICS

Supporting Individuals. Strengthening Communities.

## RESOLUTION #2023-1

### AMENDING THE CENTRAL IOWA COMMUNITY SERVICES 28E AGREEMENT

RESOLUTION #2023-1: Approving the Amendment to the Central Iowa Community Services 28E Agreement. The amendment includes changes to reflect updated fiscal policies and changes to remove inconsistencies.

ADOPTED this 26<sup>th</sup> day of January, 2023, with the vote thereon being as follows:

AYES:

NAYS:

ABSTAIN:

ABSENT/NOT VOTING:

\_\_\_\_\_ voted aye. Resolution duly adopted  YES  NO

### CENTRAL IOWA COMMUNITY SERVICES GOVERNING BOARD

\_\_\_\_\_  
BJ Hoffman, Chair

ATTEST: \_\_\_\_\_  
Patti Treibel-Leeds, Board Secretary

STATE OF IOWA DEPARTMENT OF  
**Health** AND **Human**  
SERVICES

Mental Health and Disability Services  
Regions Study Report

January 2023

# Mental Health and Disability Services (MHDS) Regions Study Report

## CONTENTS

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## THE PURPOSE OF THIS REPORT IS TO SATISFY THE REQUIREMENTS FOUND IN SECTION 107, 2021 IOWA ACTS, CHAPTER 177

The Department shall convene a study committee to evaluate the current mental health and disability region structure and operations in the context of the changes made and the funding provided by this division of the Act. The study shall, at a minimum, review how effectively each mental health and disability services region has implemented the core services outlined in sections 331.397 and 331.397A, including the degree of uniformity of the core services between the regions.

This report was based upon several sources including feedback gathered during the Community-based Services Evaluation performed by Mathematica Policy Research through their contract with Iowa HHS, as well as on information reported by the MHDS regions in their Annual Service and Budget Plans, Annual Reports, and Quarterly Reports.

### BACKGROUND ON THE MHDS REGIONS

When the Iowa Legislature passed Senate File 2315 during the 2012 session, counties were required to regionalize; plan, develop, and fund a set of core services; share state and local funding; and plan for expanded services and services to additional population groups as funds became available. Mental health and disability service regions were created through 28E Agreements, governed by members of county boards of supervisors in consultation with representatives of provider agencies and clients and families. The implementation of the new system commenced on July 1, 2014. There are currently 14 MHDS Regions (see Appendix A).

In 2017, SF 504 created a statewide workgroup co-chaired by the Department of Human Services and Department of Public Health that included representatives from law enforcement, mental health and substance use disorder providers, hospitals, the judicial system, NAMI, and the MHDS Regions. The statewide workgroup created “The Complex Needs Workgroup Report” which resulted in the enactment of HF 2456. HF 2456 named the regions as responsible for providing access to and funding intensive crisis services, access centers, assertive community treatment, and intensive residential service homes. The legislation required a minimum of:

- 6 Access Centers that include:
  - Assessment capabilities
  - Residential subacute
  - Residential crisis stabilization
  - Direct access to substance-use disorder treatment
- 22 Assertive Community Treatment Teams
- Intensive Residential Service Homes to serve 120 individuals

In 2018, Governor Reynolds signed Executive Order 2 creating the Children’s System State Board. The Board was directed to submit a strategic plan for building a children’s mental health system with concrete solutions to the challenges that exist relating to children’s mental health in Iowa. The strategic plan resulted in the enactment of HF 690, which established the Children’s Behavioral Health System

and the Children’s Behavioral Health System State Board. HF 690 made the regions responsible for providing access to the following core behavioral health services for children.

- Assessment and evaluation relating to eligibility for services
- Behavioral health outpatient therapy
- Education services
- Medication prescribing and management
- Prevention
- Behavioral health inpatient treatment
- Crisis stabilization community-based services
- Crisis stabilization residential services
- Early identification
- Early intervention
- Mobile response

In 2021, SF 619 changed the way MHDS Regions are funded, from a system based on county property taxes to a 100 percent state-funded system. The bill created a General Fund standing appropriation to the Department for distribution to the Regions through performance-based contracts.

## STUDY FINDINGS

### I. Lack of Consistent Services Across the State

Initial core services for MHDS Regions were mandated to be implemented by July 1, 2014, with additional core services for children, and for intensive mental health and crisis core services for adults to be implemented by July 1, 2021. While the vast majority of the initial core service domains have been implemented, the core services subject to the July 1, 2021 implementation date have not been fully implemented across the state. Some regions are still in the process of developing these services or have implemented services only in limited areas of the region. The COVID-19 public health emergency has been cited as having a significant impact on regional system development as attention and resources were diverted toward COVID-19 response. Additionally, workforce shortages are also cited as having slowed or prevented providers from developing new services as available resources were often focused on maintaining existing service lines. Conversely, there are areas of the state where access to certain services is over-concentrated. One example is that a single MHDS Region has two access centers within 30 miles of each other while other areas of the state have access to none.

To supplement the mandated Core services, Iowa law also requires regions to make available “Additional Core” services when funds are available. There is inconsistency across regions in the availability of such services and in the level of funding allocated by the regions for these services. An example of this is Civil Commitment Prescreening evaluation; in FY23, seven regions budgeted a total of \$625,129 for the service while the remaining seven regions budgeted \$0. These “Additional Core” services include some justice-involved services such as jail diversion, but they lack consistent definition and vary in access, availability, and approach by region. Current regional scope does not include community-based competency restoration as a required service for adults or juveniles. This least restrictive, community-based service is not provided in Iowa.

Additionally, there is disparity between the availability of services for adults and children. Under existing Iowa law, there are fewer required Core services for children. Most children's services fall under the "Additional Core" category and as such, funding varies from region to region. See Appendix B for status of service availability across regions.

Beyond these services that have been set out in legislation, MHDS Regions also provide a wide variety of other services to eligible individuals to meet the needs of their residents. Examples of such services include transitional living programs, psychiatric medications in jails, transportation, rent subsidies, and residential care facilities (see Appendix C). The type of service and availability varies greatly from region to region.

## **2. Lack of Consistent Definitions and Implementation of Same Services**

One of the major roles of the MHDS regions is to assure access to services for individuals who lack access through Medicaid or other payers. With Medicaid expansion, many individuals who previously utilized regional funding now have access to many of the core services through Medicaid. As such, the role of regions has shifted to cover more of the intensive mental health and crisis core services. However, interpretation and implementation of these services differs across MHDS Regions. An example of this is demonstrated by variability in operation of Mobile Crisis Response services. Three of thirteen mobile response teams operating within the regions are dispatched by and accompanied into the field by law enforcement; a fourth region has opted to provide mobile crisis stabilization by means of a clinician embedded with law enforcement, a model that does not fulfill the requirements as defined in administrative rule; and two regions have been unable to maintain provision of the service.

Another important role of the MHDS regions is the development of services. One facet of this is to provide start-up and sustainability funding that is not available through other payer systems. There are diverse interpretations across regions about what should be included in start-up and sustainability funding. Furthermore, once regions have designated providers for these new services (e.g., ACT, IRSH, Access Centers), they are not always equipped to monitor service and provider standards and conduct fidelity reviews as defined in administrative rule. For example, only 69% of regionally designated ACT teams have completed at least one fidelity review. Beginning in SFY 2022, HHS partnered with the regions on an Evidence-Based Practices workgroup to better define and promote the use of evidence-based practices in service provision. Efforts include additional training opportunities for providers and developing expertise for provider fidelity reviews. This effort is anticipated to lead to improved statewide consistency.

An additional area of inconsistency is with eligibility for services. Financial eligibility requirements for regional services mandate funding of individuals with income at or below 150 percent of the federal poverty level (FPL). Regions may also fund services for individuals with income between 150 percent and 500 percent FPL with a cost-sharing measures such as a copayment or a sliding fee scale. There is variability between regions in the applicability and degree of such additional eligibility criteria.

## **3. Governance and Administration Across Regions**

Because regions originated out of county mental health systems, their governance has been based on supporting the structure necessary for the oversight of a local property tax levy.

Regional governing boards have relied heavily on county boards of supervisors to guide priorities and funding for the region. With the shift to 100 percent state funding, a statewide, data-driven, approach to decision making is needed to ensure consistency, while still relying on local stakeholders to provide input on the needs of the community.

In regional administration, there are inconsistencies in how regional staff are utilized and their specific roles, as well as differences in regional data and accounting systems resulting in what appears to be a wide variance in funding of administration. Approved FY23 MHDS Regional budgets range from \$1.27 to \$7.44 per capita for direct administration spending (\$4.11 median), and from \$0.77 to \$9.81 per capita for regional service coordination staff expense (\$3.40 median). These differences have made it difficult for HHS to make comparisons across MHDS Regions (see Appendix C). During the first quarter of SFY 2023, HHS produced guidance for the regions on tracking of administrative costs, which will enable better comparison between regions in future fiscal years.

#### **4. Lack of Integrated Data**

While regions use a common data system, there are longstanding differences in how expenditures have been accounted for, making financial planning and reporting on a statewide basis challenging.

Additionally, there are differences in how regions track service delivery data, causing variability in measuring access to services in terms of timeliness and proximity. Over the past year, HHS and the regions have jointly participated in a data analytics workgroup which has standardized data collection for crisis services beginning in January 2023. HHS and the regions will continue to expand this effort to standardize data collection for other regional services as well.

On a broader scale, it is recognized that MHDS Regions and the Medicaid program often fund services for the same individuals, but data from both sources and other payer systems have not been aggregated to enable system-wide data analysis. Barriers include privacy concerns as well as finding common identifiers to enable data matching. Initial discussions between the regions and HHS have indicated agreement on the need to do this type of comprehensive analysis while ensuring the privacy of individuals receiving services.

## **RECOMENDATIONS**

### **1. Move Regional Code Language**

Because the regional MHDS system evolved from county mental health systems, the governing law resides in Iowa Code Chapter 331, County Home Rule Implementation. With the change to funding through a state appropriation, it would be appropriate to move this code to Chapter 225C, Mental Health and Disability Services.

### **2. Revise Regional Governance Structure**

MHDS Regions are overseen by a Regional Governing Board that includes at least one county board of supervisors member from every county in the region. While this made sense historically due to the reliance on local property tax levies to fund the system, it has become outmoded with the shift to 100 percent state funding. The input of local stakeholders is still vital to provide input on the needs of the community; however, there should be a better balance

between elected county officials and other stakeholders, such as persons who utilize MHDS services and their families, providers, and representatives from law enforcement, judicial, and educational systems. The department recommends that all stakeholders should have voting rights and representation of county elected officials should be limited to no more than 49 percent of the board membership.

### **3. Require Community Based Competency Restoration as a Core Service**

As noted above, many of the initial regional Core services have become more widely available through Medicaid, and as such the role of the regions has begun to shift toward addressing gaps in the system, including an increased focus on forensic and justice-involved services.

Community-based Competency Restoration is a least restrictive, community-based service designed for people who are found incompetent to stand trial and are court-ordered to participate in competency restoration treatment. This service is not currently available in Iowa, resulting in a reliance on the state Mental Health Institutes (MHIs) for competency restoration which contributes to waitlists for services at the MHIs. The department recommends that MHDS Regions be required to develop and fund community-based competency restoration services. Regions should also become responsible for coordination between courts and providers of these services.

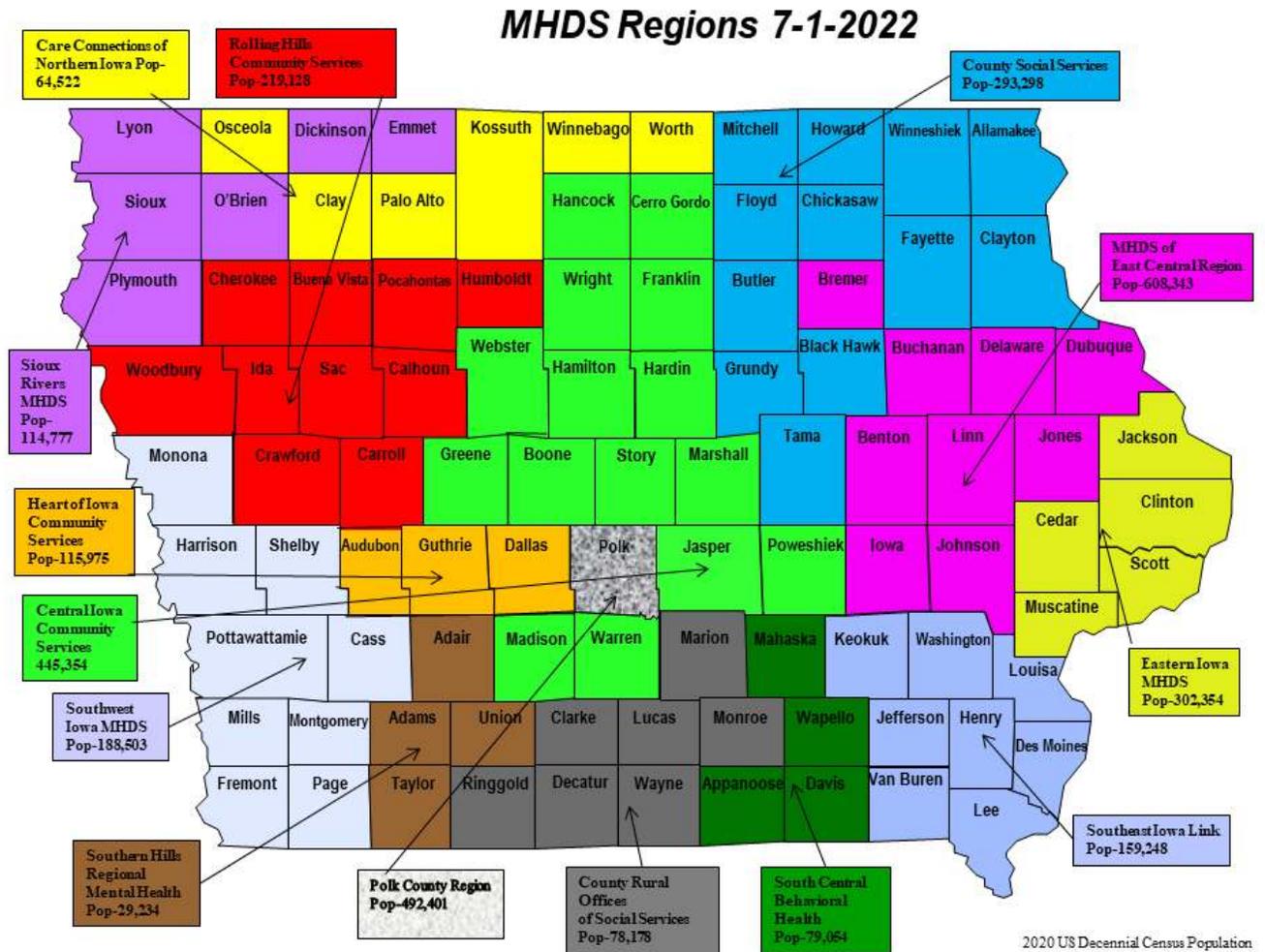
### **4. Revise the Regional Ending Fund Balance Carryover**

2021 Iowa Acts, Chapter 177 (Senate File 619) amended Iowa Code to limit the amount of funds that a region may carryover between fiscal years to five percent of expenditures in the preceding fiscal year. This limit for the fiscal year beginning July 1, 2023, was established to ensure that appropriated funds are not inappropriately retained rather than spent on intended services, but it does allow for limited carryover of funds to meet regional obligations prior to the receipt of state funds. To ensure that regions have adequate cashflow to pay regional staff and providers, and to retain funds set aside for large initiatives, the department recommends raising this limit to ten percent.

### **5. Eliminate Quarterly Reporting**

Senate File 619 also required the department to file quarterly reports to the legislature outlining the status of implementing core services in each region, the accessibility of core services in each region, how each region is using its state funding, and recommendations for improvements to the mental health and disability services system. Because changes in service availability, service access, and expenditures are relatively stable across quarters, reporting at this frequency is largely redundant and is burdensome for HHS staff. The department recommends making this report an annual requirement rather than quarterly.

# Appendix A: Map of MHDS Regions



# Appendix B: Service Availability

## ADULT CORE SERVICES

	Assessment & Evaluation	Case Management	Crisis Evaluation	Family Support	Medication Prescribing & Management	Mental Health Inpatient	Mental Health Outpatient	Peer Support	Supportive Employment	Support for Community Living	24-Hour Access to Crisis Response	Access Center	Assertive Community Treatment	Crisis Stabilization Community Based	Crisis Stabilization Residential	Intensive Residential Service Homes	Mobile Crisis Response	Subacute	23-Hour Observation and Holding
Care Connections of Northern Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	Y	Y
Central Iowa Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	N	Y	Y	Y
County Rural Offices of Social Services	Y	Y	Y	Y	Y	Y	Y	Y	P	P	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Social Services	Y	Y	Y	P	Y	Y	Y	Y	Y	P	Y	Y	P	Y	Y	N	Y	Y	Y
Eastern Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
MHDS of East Central Region	Y	Y	Y	P	Y	Y	Y	P	P	P	Y	Y	Y	P	Y	N	Y	Y	Y
Polk County Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Rolling Hills Community Services Region	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	P	Y	Y	Y	Y	Y	Y
Sioux Rivers MHDS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	Y
Southeast Iowa Link	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	N	Y	Y	N	Y	Y
Southern Hills Regional Mental Health	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	Y	Y
Southwest Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	N	Y	Y	Y	Y	Y

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county

## ADULT "ADDITIONAL CORE" SERVICES

	Civil Commitment Prescreening	Jail Diversion	Peer Wellness Center
Care Connections of Northern Iowa	P	Y	P
Central Iowa Community Services	Y	Y	Y
County Rural Offices of Social Services	Y	Y	N
County Social Services	Y	Y	P
Eastern Iowa MHDS Region	Y	Y	Y
Heart of Iowa Region	Y	Y	N
MHDS of East Central Region	N	Y	P
Polk County Region	N	Y	N
Rolling Hills Community Services Region	P	Y	Y
Sioux Rivers MHDS	N	Y	Y
South Central Behavioral Health Region	Y	Y	Y
Southeast Iowa Link	Y	Y	Y
Southern Hills Regional Mental Health	Y	Y	N
Southwest Iowa MHDS Region	Y	Y	P

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county  
Reporting for these services is optional for regions; services that were unreported were counted as Not Available

### CHILDREN'S CORE SERVICES

	Assessment & Evaluation	Behavioral Health Outpatient	Education	Medication Prescribing & Management	Prevention	Behavioral Health Inpatient	Crisis Stabilization Community Based	Crisis Stabilization Residential	Early Identification	Early Intervention	Mobile Crisis Response
Care Connections of Northern Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Central Iowa Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Rural Offices of Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Eastern Iowa MHDS Region	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
MHDS of East Central Region	Y	Y	Y	Y	Y	Y	P	N	Y	Y	Y
Polk County Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rolling Hills Community Services Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Sioux Rivers MHDS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P
Southeast Iowa Link	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Southern Hills Regional Mental Health	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N
Southwest Iowa MHDS Region	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county

### CHILDREN'S "ADDITIONAL CORE" SERVICES

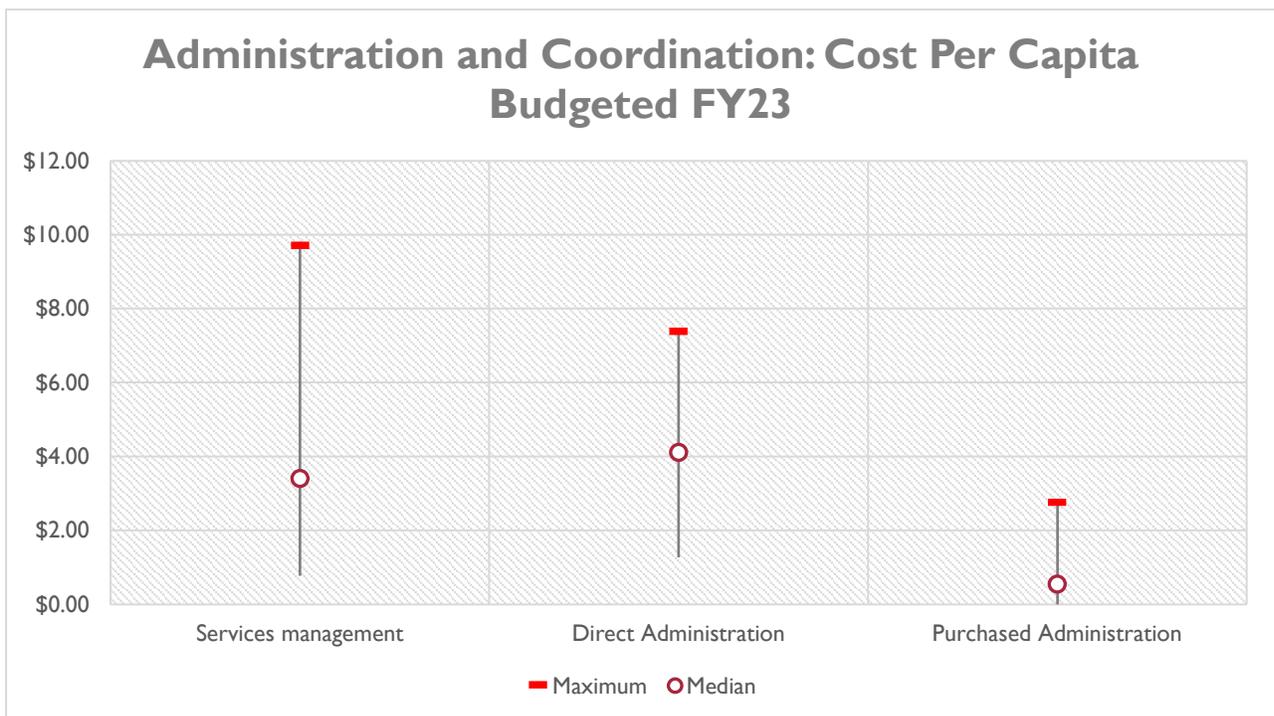
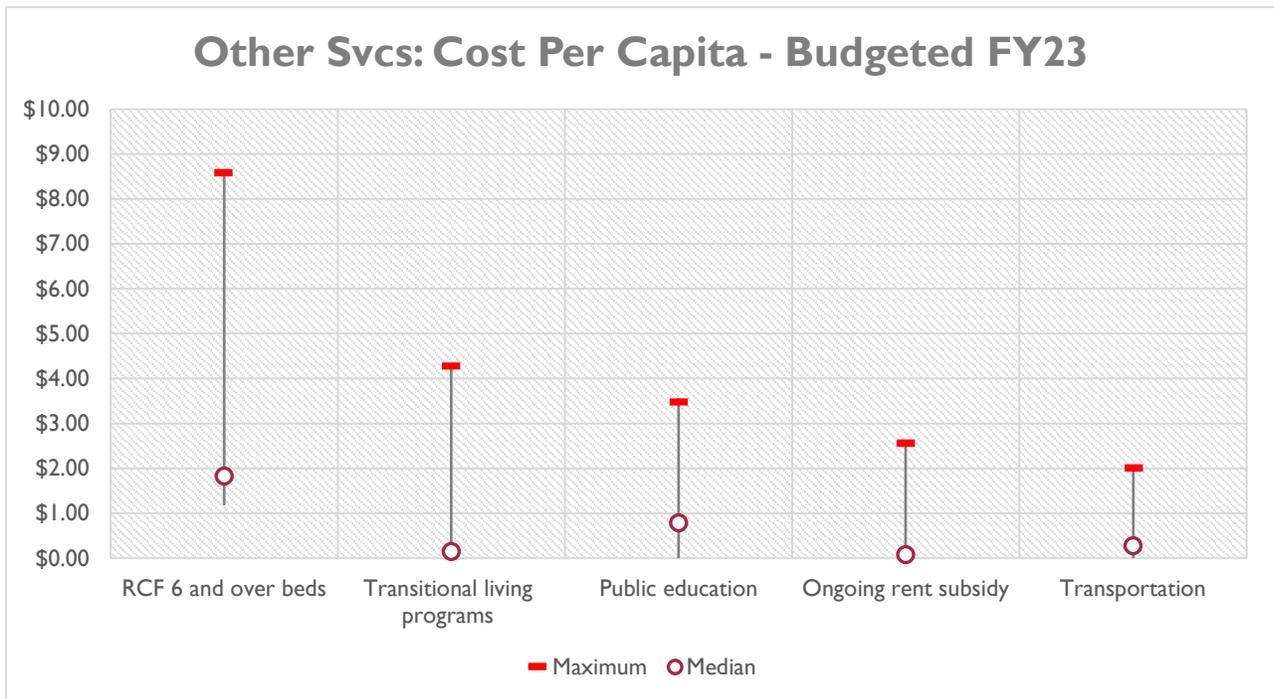
	Service Coordination	Day Habilitation	Educational Services	Family Support	Health Home/IHH	Job Development	Peer Support	Prevocational Services	Respite	Supported Employment	Therapeutic Foster Care
Care Connections of Northern Iowa	Y	N	N	Y	Y	N	Y	N	Y	N	N
Central Iowa Community Services	Y	N	P	Y	Y	Y	N	Y	Y	Y	N
County Rural Offices of Social Services	Y	N	Y	Y	P	Y	N	Y	Y	Y	N
County Social Services	Y	P	Y	Y	Y	N	N	N	N	N	N
Eastern Iowa MHDS Region	Y	N	Y	Y	Y	N	P	N	N	N	N
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
MHDS of East Central Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Polk County Region	Y	N	Y	Y	Y	N	N	N	N	N	N
Rolling Hills Community Services Region	Y	N	P	Y	Y	N	N	N	Y	N	N
Sioux Rivers MHDS	Y	N	Y	Y	Y	N	N	N	Y	N	N
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Southeast Iowa Link	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	N
Southern Hills Regional Mental Health	Y	N	N	Y	Y	N	N	N	N	N	N
Southwest Iowa MHDS Region	Y	N	Y	Y	Y	P	Y	N	P	P	N

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county

Reporting for these services is optional for regions; services that were unreported were counted as Not Available

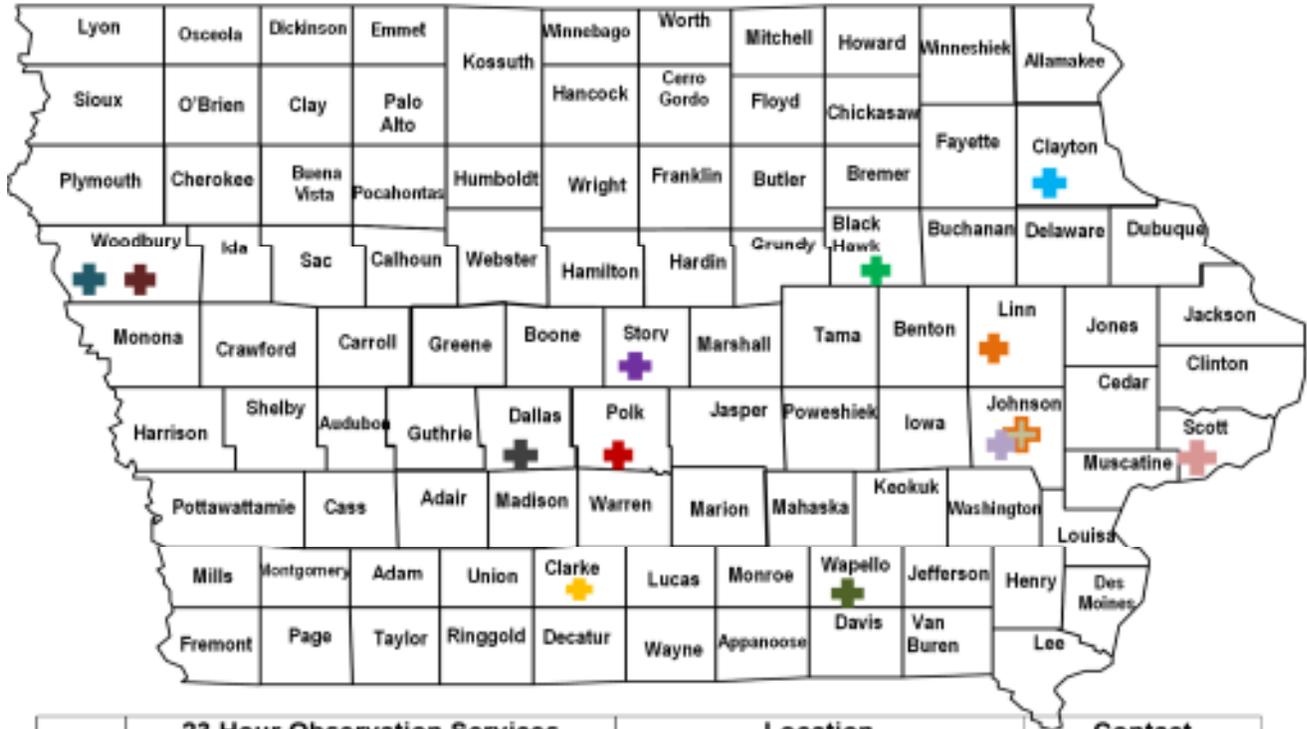
Day Habilitation, Job Development, Prevocational Services, Supported Employment, and Educational Services are for transitional age youth (17+)

# Appendix C: Spending Estimates



## Appendix D: Maps of Crisis Services

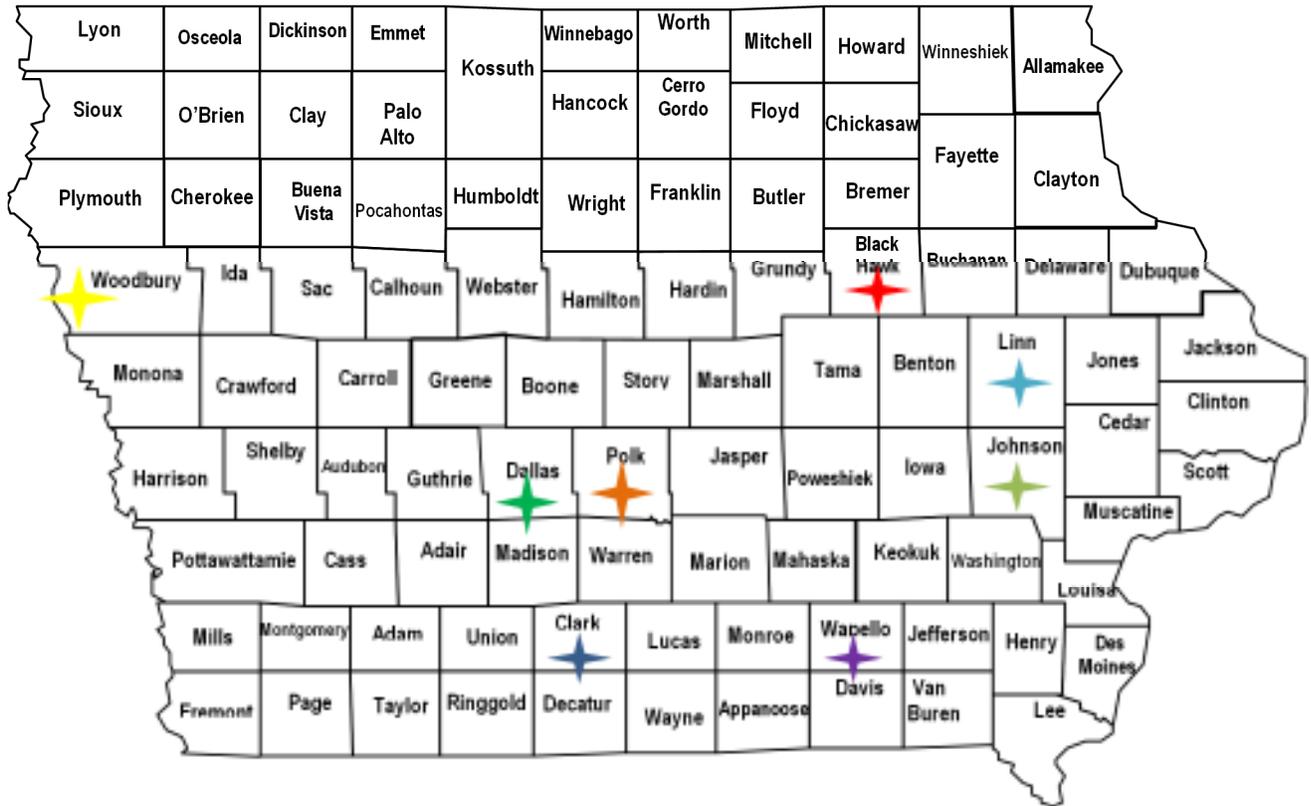
### 23 Hour Observation Services



	23 Hour Observation Services Provider	Location	Contact Information
	Broadlawn Medical Center	Des Moines/Polk County	515-282-5742
	Infinity Health	Osceola/Clarke County	641-342-1742
	Elevate CCBHC	Waterloo/Black Hawk County	833-370-0719
	Unity Point Robert Young Center	Davenport/Scott County	309-779-3000
	Guttenberg Hospital	Guttenberg/Clayton County	563-252-1121
	Mary Greeley Medical Center	Ames/Story County	515-239-6747
	AbbeHealth	Iowa City/Johnson County	319-887-2701
	AbbeHealth	Cedar Rapids/Linn County	319-398-3562
	Rosecrance Jackson Centers (Ages 11-18)	Sioux City/Woodbury County	800-472-9018
	Siouxland MHC Crisis Stabilization	Sioux City/Woodbury County	712-560-7996
	Southern Iowa Mental Health Center	Ottumwa/Wapello County	641-682-8772
	University of Iowa Hospital	Iowa City/Johnson County	800-777-8442
	Zion/Safe Harbor*	Woodward/Dallas County	515-642-4125

\* Not yet accredited

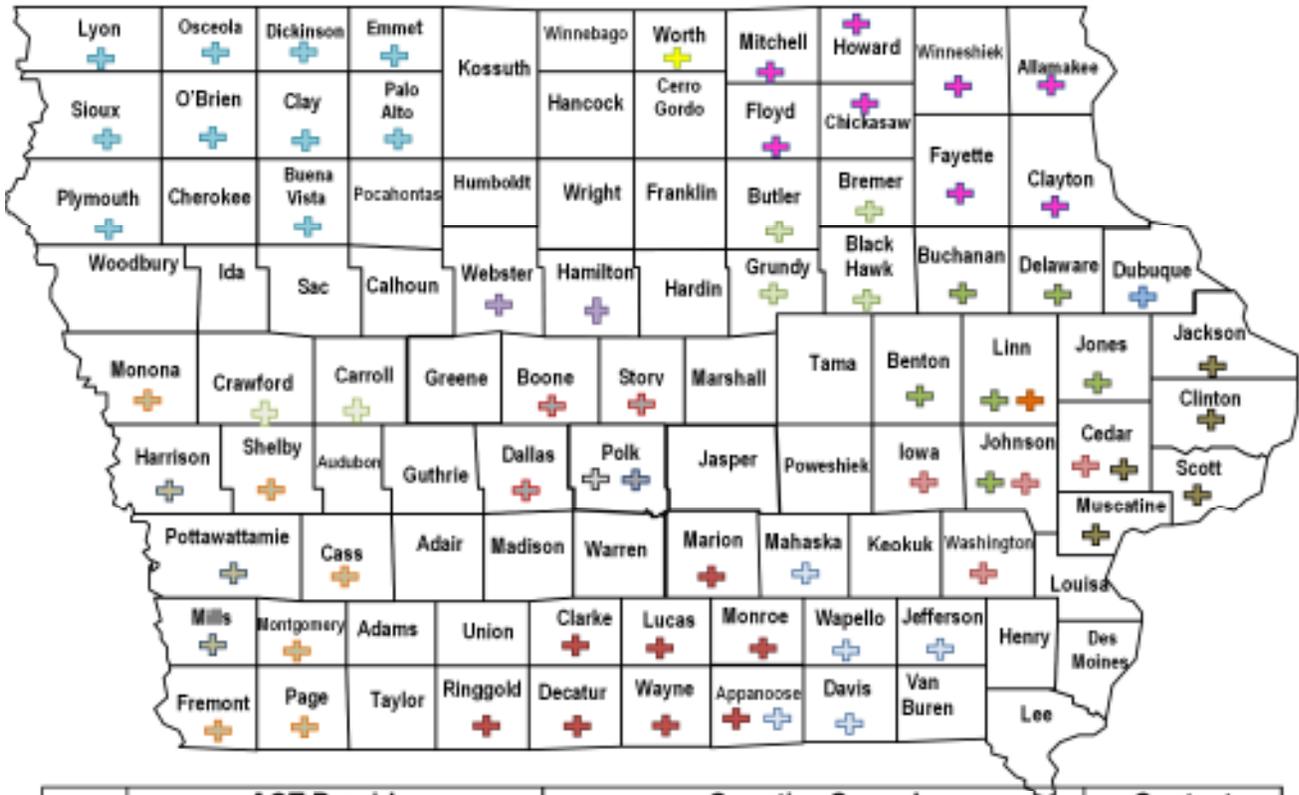
### Access Centers



	Access Center	Location	Contact Information
	Infinity Health	Osceola/Clarke County	641-342-1742
	GuideLink Access Center	Iowa City/Johnson County	319-688-8000
	North Iowa Regional Services	Waterloo/Black Hawk County	319-291-2455
	Mental Health Access Center of Linn County	Cedar Rapids/Linn County	319-892-5612
	Southern Iowa Mental Health Center	Ottumwa/Wapello County	641-682-8772
	Polk County MHDS Access Center	Des Moines/Polk County	515-282-5742
	Zion Integrated Behavioral Health/Safe Harbor	Woodward/Dallas County	515-642-4125
	Siouxland MHC Access Center	Sioux City/Woodbury County	712-560-7996

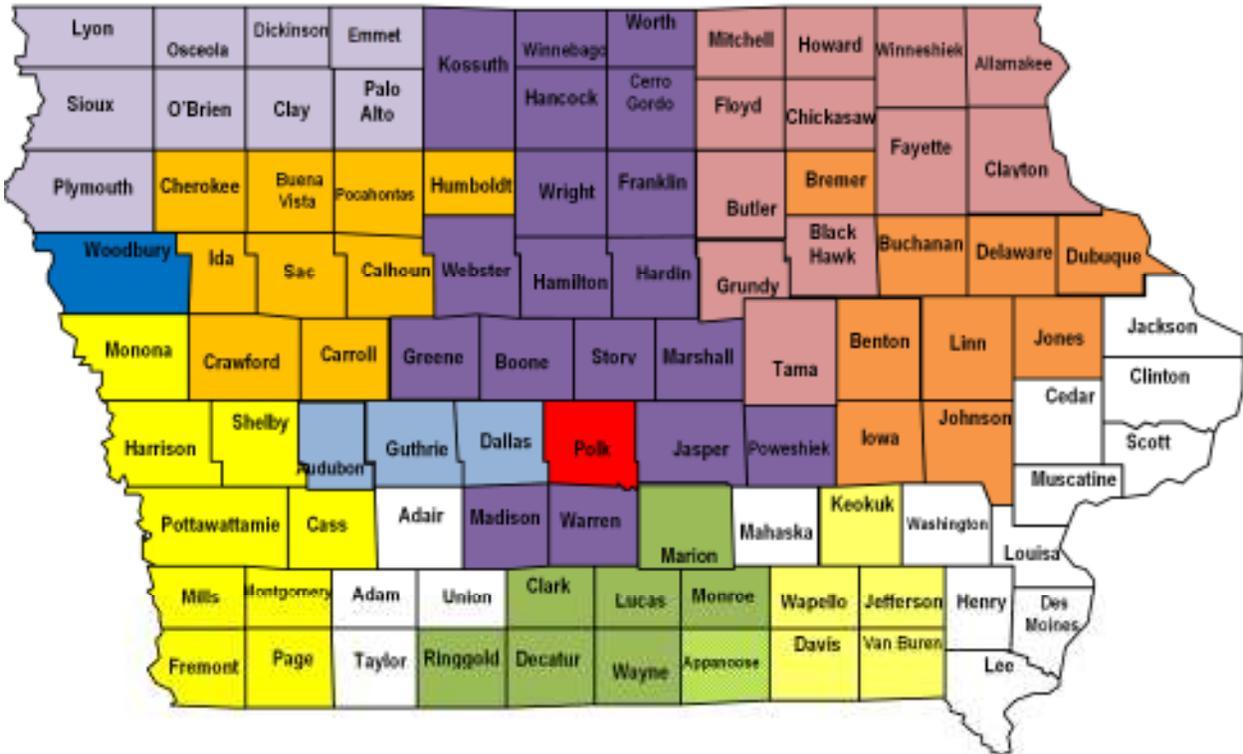
**ACT Teams**

Access Standard: Minimum 22 teams statewide



	<b>ACT Provider</b>	<b>Counties Served</b>	<b>Contact</b>
+	Abbe Center	Linn	319-398-3562
+	Berryhill	Hamilton, Webster	855-325-4296
+	Eyerly Ball (FACT)	Polk	515-241-0982
+	Eyerly Ball (PACT)	Polk	515-241-0982
+	Eyerly Ball	Boone, Dallas, Story	515-241-0982
+	Heartland Family Service	Harrison, Mills, Pottawattamie	712-435-5350
+	Heartland Family Service Rural ACT	Cass, Fremont, Monona, Montgomery, Page, Shelby	712-435-5350
+	Hillcrest	Dubuque	563-583-7357
+	Inspiring Lives	Allamakee, Chickasaw, Clayton, Fayette, Floyd, Howard, Mitchell, Winneshiek	563-422-5606
+	Resources for Human Development	Benton, Buchanan, Delaware, Johnson, Jones, Linn	319-826-2823
+	Resources for Human Development	Black Hawk, Bremer, Butler, Grundy	319-229-5030
+	Resources for Human Development	Appanoose, Clarke, Decatur, Lucas, Marion, Monroe, Ringgold, Wayne	641-632-2678
+	Seasons Center	Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux	844-345-4569
+	Plains Area Mental Health Center	Carroll, Crawford	712-792-2991
+	Southern Iowa Mental Health Center	Appanoose, Davis, Jefferson, Mahaska, Wapello	641-682-8722
+	University of Iowa IMPACT	Cedar, Iowa, Johnson, Washington	319-353-6151
+	Vera French Mental Health Center	Cedar, Clinton, Jackson, Muscatine, Scott	888-696-2896
+	Prairie Ridge	Worth	641-243-7297

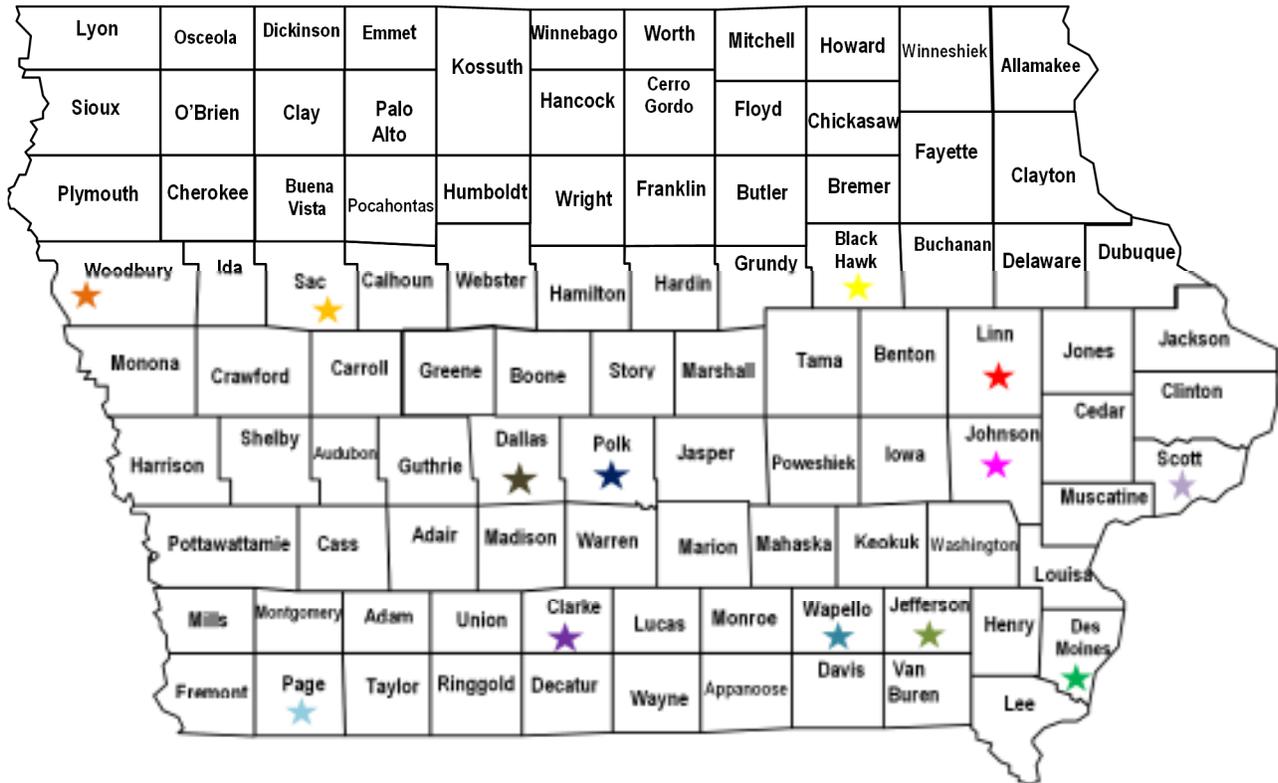
**Crisis Stabilization Community-Based Services (CSCBS)**



CSCBS Provider	Counties Served	Contact Information
Infinity Health	Appanoose, Clarke, Decatur, Lucas, Marion, Monroe, Ringgold, Wayne	641-342-1742 (Osceola) 641-828-6208 (Knoxville)
Eyerly Ball	Boone, Cerro Gordo, Franklin, Greene, Hancock, Hamilton, Hardin, Jasper, Kossuth, Madison, Marshall, Poweshiek, Story, Warren, Winnebago, Webster, Worth	844-581-8111
Elevate CCBHC	Allamakee, Black Hawk, Butler, Chickasaw, Clayton, Fayette, Floyd, Grundy, Howard, Mitchell, Tama, Winneshiek	855-581-8111
Foundation 2	Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn	855-581-8111
Zion Integrated Behavioral Health*	Audubon, Dallas, Guthrie	911
American Home Finding Association (Under 18 years old)	Appanoose, Davis, Jefferson, Keokuk, Van Buren, Wapello	641-837-5272
Easterseals Iowa	Polk	515-288-0818
Siouxland Mental Health Center	Woodbury	888-696-2696
Plains Area Mental Health Center	Buena Vista, Calhoun, Carroll, Cherokee, Crawford, Humboldt, Ida, Pocahontas, Sac	888-696-2696
Seasons Center*	Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux	844-345-4569
Heartland Family Service	Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, Shelby	911

\* working on accreditation

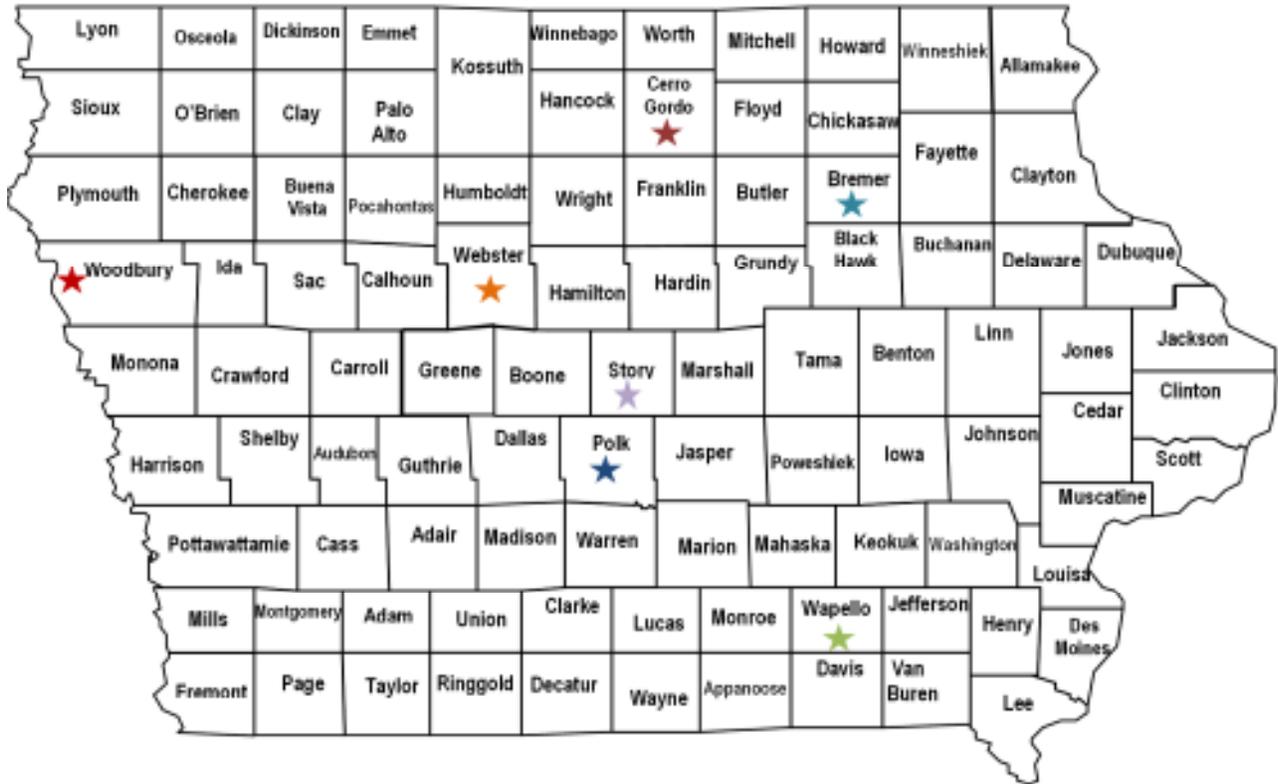
### Crisis Stabilization Residential Services - Adult



	Crisis Stabilization Residential Services Provider	Location	Contact Information
★	Broadlawn Medical Center *	Des Moines/Polk County	515-282-8125
★	Infinity Health	Osceola/Clarke County	641-342-1742
★	First Resources	Fairfield/Jefferson County	641-472-7601
★	Hope Haven	Burlington/Des Moines County	319-209-2066
★	North Iowa Regional Services	Waterloo/Black Hawk County	319-291-2455
★	PAMHC-Turning Point	Sac City/Sac County	800-325-1192
★	AbbeHealth - Kingston Hill	Cedar Rapids/Linn County	319-294-5236
★	AbbeHealth - Chatham Oaks	Iowa City/Johnson County	319-887-2701
★	Siouxland MHC Crisis Stabilization	Sioux City/Woodbury County	712-560-7996
★	Southern Iowa Mental Health Center	Ottumwa/Wapello County	641-682-8772
★	Vera French CMHC	Davenport/Scott County	563-396-3017
★	Zion/Safe Harbor	Woodward/Dallas County	515-642-4125
★	Zion/Harbor Point	Clarinda/Page County	712-542-2388

\*Not yet accredited

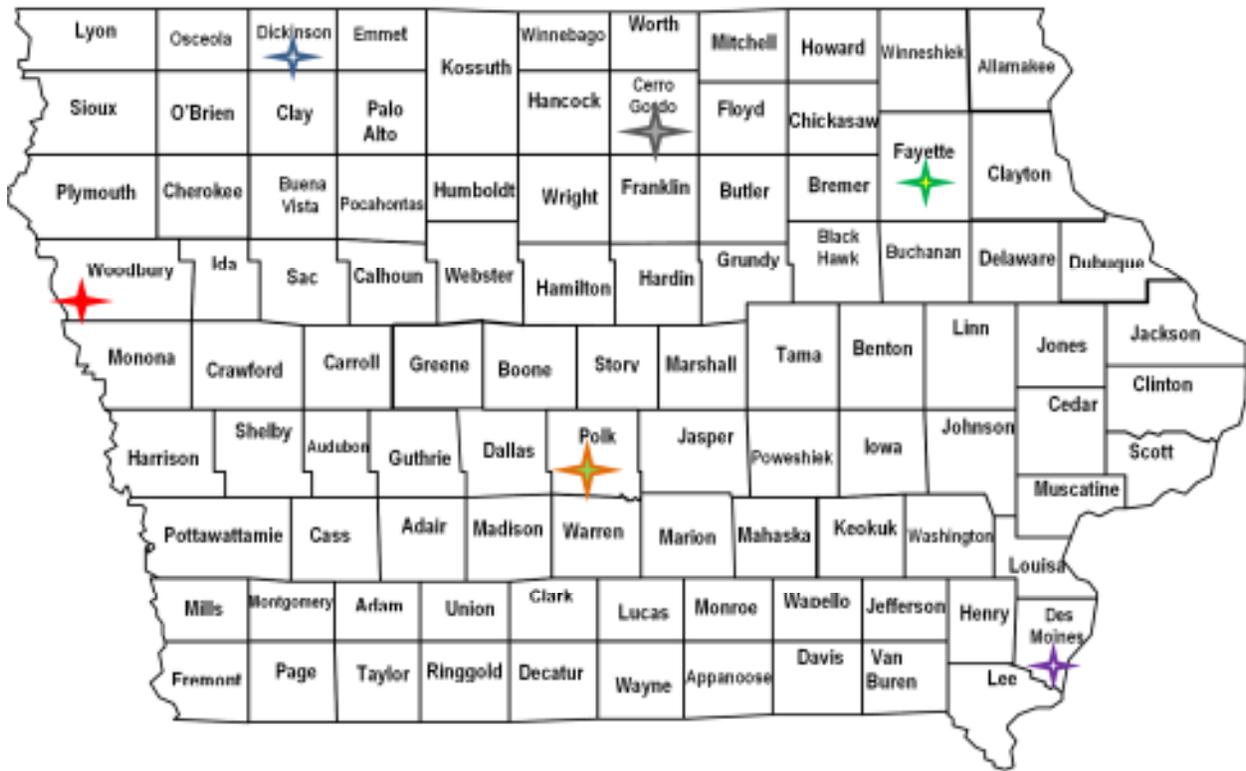
**Crisis Stabilization Residential Services - Child**



	<b>Children's Crisis Stabilization Residential Services Provider</b>	<b>Location</b>	<b>Contact Information</b>
★	Rosecrance Jackson Centers (Ages 11-18)	Sioux City/Woodbury County	800-472-9018
★	Youth Shelter Care of North Central Iowa, Inc. (Ages 12-18)	Fort Dodge/Webster County	515-955-4222
★	LSI Bremwood *	Waverly/Bremer County	319-352-2630
★	YSS Francis Lauer (Ages 12-18)	Mason City/Cerro Gordo	641-423-7362
★	YSS Rosedale (Ages 12-18)	Ames/Story County	515-233-2330
★	American Home Finding Association	Ottumwa/Wapello County	641-937-5272
★	Easterseals Iowa	Des Moines/Polk County	515-288-0818

\*Not yet accredited

**Intensive Residential Services**



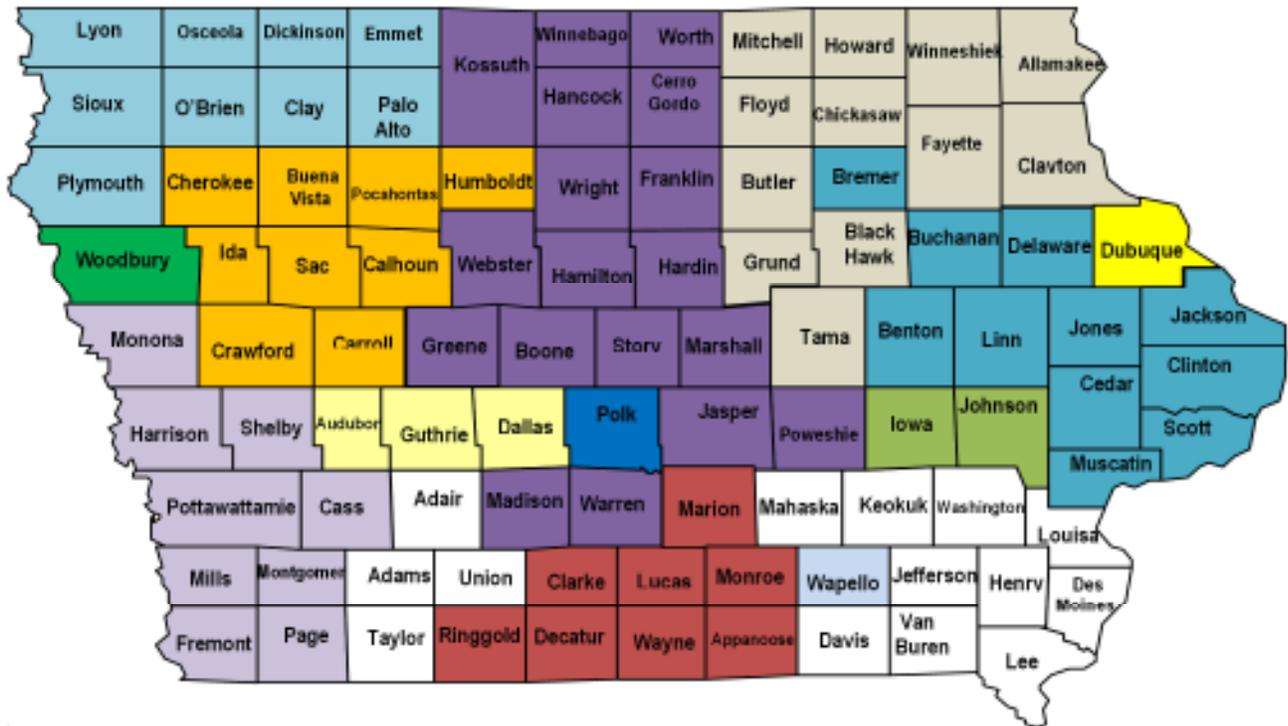
	<b>IRSH Provider</b>	<b>Location</b>	<b>Contact Information</b>
	Lakes LifeSkills (4 Beds - Hab)	Spirit Lake/Dickinson County	712-339-9311
	Trivium Life Services (4 Beds)	Sioux City/Woodbury County	712-256-7888
	Inspiring Lives (5 Beds)	West Union/Fayette County	563-412-9348
	First Resources (5 Beds - ID co-occurring)	Burlington/Des Moines County	641-622-2543
	Candeo	Des Moines/Polk County	515-259-8110
	43 North	Mason City/Cerro Gordo County	641-424-8708

OPEN
IN DEVELOPMENT

MHDS: 11/14/22

Access Standards:  
Service available within two hours of the individual's residence

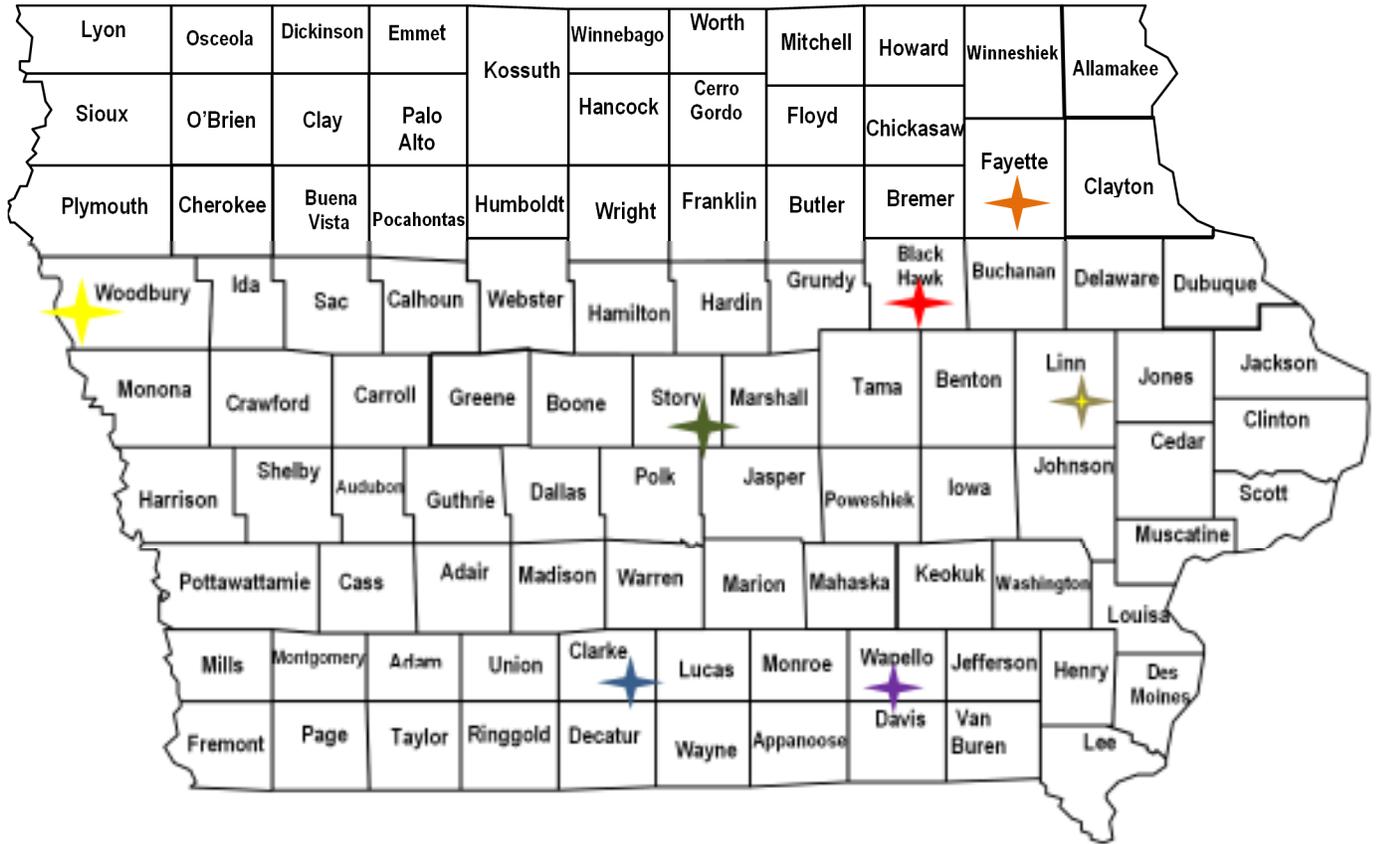
Mobile Crisis Response



\*Not yet accredited

Mobile Crisis Provider	Counties Served	Contact Information
Broadlawns*	Polk	911
CommUnity	Iowa, Johnson	855-800-1239
Infinity Health	Appanoose, Clarke, Decatur, Lucas, Marion, Monroe, Ringgold, Wayne	641-342-1742
Elevate	Allamakee, Black Hawk, Butler, Chickasaw, Clayton, Fayette, Floyd, Grundy, Howard, Mitchell, Tama, Winneshiek	855-581-8111
Eyerly Ball	Boone, Cerro Gordo, Franklin, Greene, Hamilton, Hancock, Hardin, Jasper, Kossuth, Madison, Marshall, Poweshiek, Story, Warren, Webster, Winnebago, Worth, Wright	855-581-8111
Foundation 2	Cedar, Clinton, Jackson, Muscatine, Scott	844-430-0375
	Benton, Bremer, Buchanan, Delaware, Jones, Linn	855-581-8111
Heartland Family Service	Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, Shelby	911
Hillcreek	Dubuque	563-583-7357
Plains Area Mental Health Center	Buena Vista, Calhoun, Carroll, Cherokee, Crawford, Humboldt, Ida, Pocahontas, Sac	888-696-2896
Zion	Audubon, Dallas, Guthrie	911
Seasons Center	Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux	844-345-4569
Siouxland Mental Health Center	Woodbury	888-696-2896
Southern Iowa Mental Health Center	Wapello	844-430-8520

### Subacute Services



	Subacute Provider	Location	Contact Information
	Infinity Health (7 Licensed Beds)	Osceola/Clarke County	641-342-1742
	North Iowa Elite Mental Health Services (10 Licensed Beds)	Waterloo/Black Hawk County	319-291-2455
	Mental Health Access Center of Linn County (2 Licensed Beds)	Cedar Rapids/Linn County	319-892-5612
	Southern Iowa Mental Health Center (3 Licensed Beds)	Ottumwa/Wapello County	641-682-8772
	Inspiring Lives (6 Licensed Beds)	Fayette/Fayette County	563-422-5606
	Mary Greeley Medical Center (8 Licensed Beds)	Ames/Story County	515-239-6747
	Siouxland Mental Health Center (5 Licensed Beds)	Sioux City/Woodbury County	712-560-7996



# CICS

Supporting Individuals. Strengthening Communities.

*MEMORANDUM OF UNDERSTANDING (MOU) between  
Franklin County, Iowa  
and  
Central Iowa Community Services (CICS)*

This is an agreement between Franklin County, Iowa, hereinafter referred to as “Franklin County” and Central Iowa Community Services, hereinafter referred to as “CICS.”

**I. PURPOSE and SCOPE**

The purpose of this MOU as identified in the 28E Agreement between Franklin County, Iowa and Central Iowa Community Services Section 1.1 is “Franklin County and CICS shall have a Memorandum of Understanding (MOU) for each employee performing duties for CICS, and such MOU will identify full time equivalent (FTE) status, rate of pay, and years of service (for initial employees the MOU will include number of hours of paid leave the employee will have upon transfer to Franklin County).”

**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Kristina Alm	100%	\$22.84/hour	1/3/2023	0

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 1/3/23 – 6/30/23, or upon employee changes.

Signature and Dates:

\_\_\_\_\_  
Chris Vanness, Franklin County, Iowa Board Chair

\_\_\_\_\_  
BJ Hoffman, CICS Governing Board Chair

\_\_\_\_\_  
Date

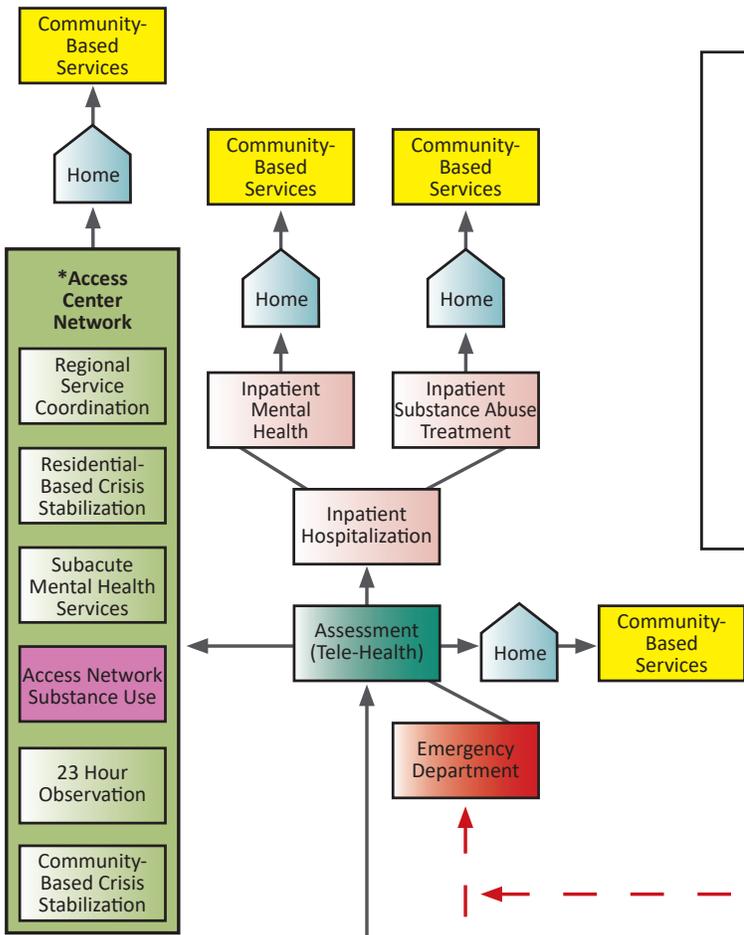
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Date

# CICS

Supporting Individuals, Strengthening Communities.

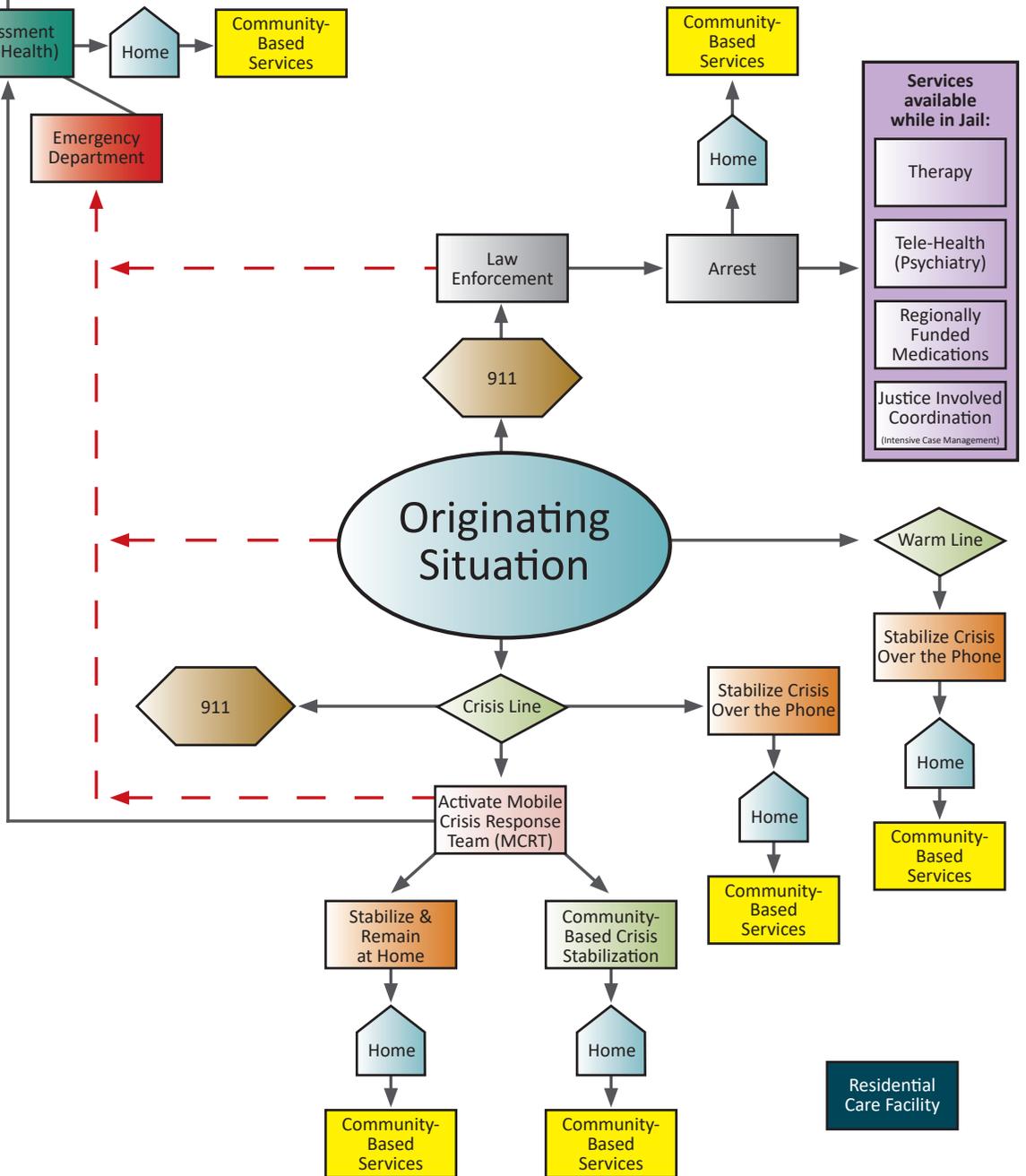
## Access To Adult Services When In Crisis January 2023

= To Be Determined



\* A person can receive without going through the emergency department

<b>Community-Based Services</b>	Intensive Psychiatric Rehabilitation
Intensive Residential Services	ACT
Outpatient Therapy/Medication Management	Employment Services
Physical Healthcare Services	Housing Supports
Substance Abuse Services	Service Coordination
Supported Community Living	Integrated Health Home



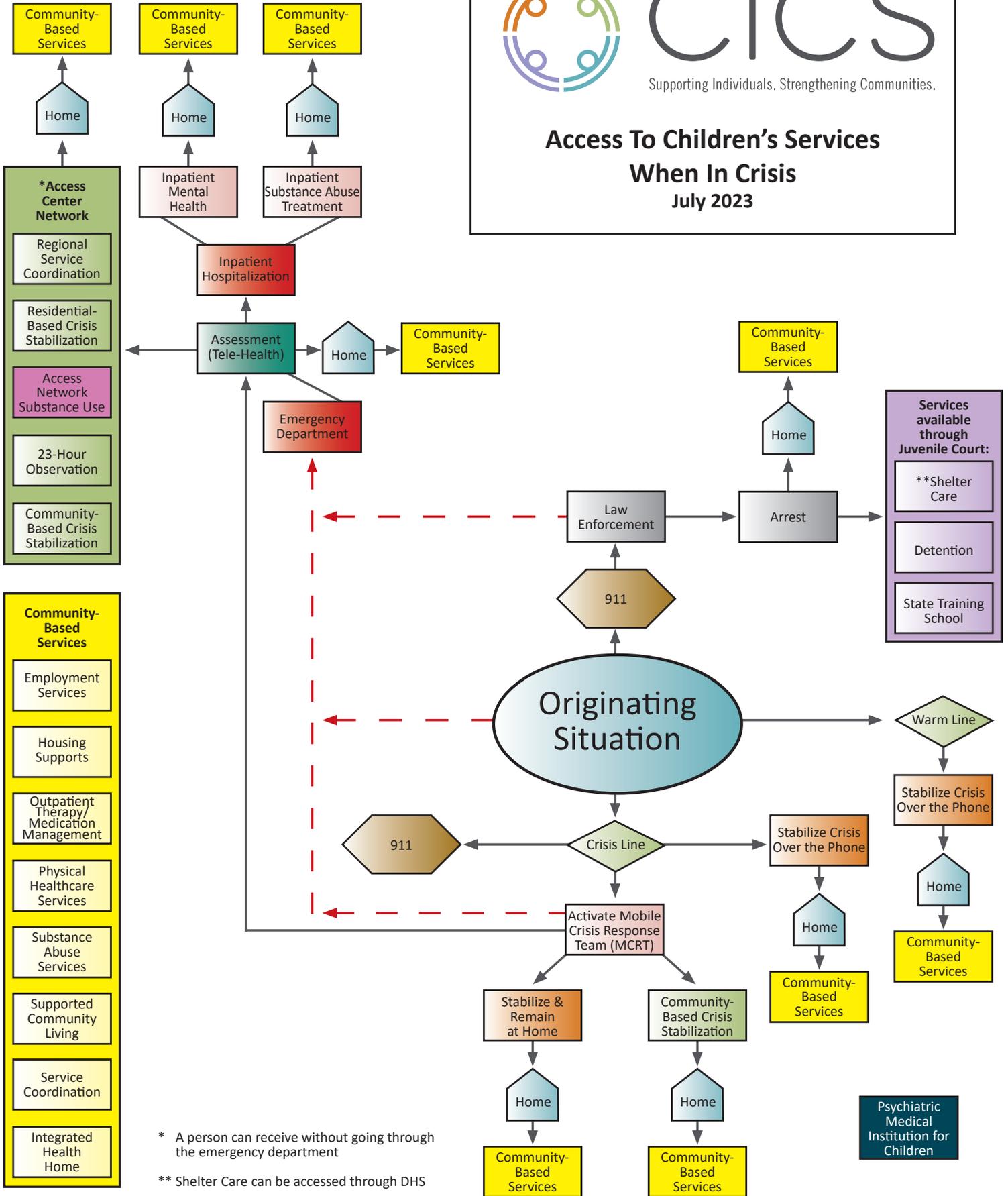
Residential Care Facility



# CICS

Supporting Individuals. Strengthening Communities.

## Access To Children's Services When In Crisis July 2023



## CICS Financial Forecasting

FY23 Beginning Fund Balance - Accrual (FY22 Ending Fund balance)	\$ 16,400,858	(A)
FY23 State Revenue (Population 446,138 * \$38.00)	\$ 16,953,244	(B)
FY23 Other Revenue (interest, payments, etc.)	\$ 400,000	(C)
FY23 State Revenue Reduction due to exceeding fund balance cap at end of FY22 (40%)	\$ 3,979,669	(D)
Total Funds Available for FY23	\$ 29,374,433	(E) = (A) + (B) + (C) - (D)
FY23 Estimated Expenditures	\$ 18,000,000	(F)
FY23 Ending Fund Balance/FY24 Beginning Fund Balance	\$ 11,374,433	(G) = (E) - (F)

FY24 State Revenue (Population 446,138 * \$40.00)	\$ 17,845,520	(H)
FY24 Other Revenue (interest, payments, etc.)	\$ 125,000.00	(I)
FY24 State Revenue Reduction due to exceeding fund balance cap at the end of FY23 (20%)	\$ 7,774,433	(J)
Total Funds Available for FY24	\$ 21,570,520	(K) = (H) + (I) - (J)
FY24 Estimated Expenditures	\$ 15,000,000	(L)
FY24 Ending Fund Balance/FY25 Beginning Fund Balance	\$ 6,570,520.00	(M) = (K) - (L)

FY25 State Revenue (Population 446,138 * \$42.00)	\$ 18,737,796	(N)
FY25 State Revenue Reduction due to exceeding fund balance cap at the end of FY23 (5%)	\$ 5,670,520	(O)

FY 2024 BUDGET	CICS MHDS Region	FY23 Expenditures thru 12/31/22	FY23 Budget	FY23 12-month projection (FY23 YTD Expenditures x 2)	FY24 Budget Proposal	FY24 Expansion	FY23 to FY24 %age Change	FY24 Expansion Dollars Information
<b>Core Domains</b>								
<b>COA</b>	<b>Treatment</b>							
42305	Mental health outpatient therapy	\$ 8,867	\$ 150,000	\$ 17,734	\$ 175,000	\$ 120,000	17%	Development of Multi-Systemic Family Therapy or Multi-Dimensional Family Therapy
42306	Medication prescribing & management	\$ 2,539	\$ 20,000	\$ 5,078	\$ 40,000		100%	
43301	Assessment & evaluation	\$ 573	\$ 20,000	\$ 1,146	\$ 20,000		0%	
71319	Mental health inpatient therapy-MHI	\$ 100,007	\$ 200,000	\$ 200,014	\$ 200,000		0%	
73319	Mental health inpatient therapy	\$ 531	\$ 25,000	\$ 1,062	\$ 25,000		0%	
	<b>Crisis Services</b>							
32322	Personal emergency response system	\$ -	\$ 5,000	\$ -	\$ 5,000		0%	
44301	Crisis evaluation	\$ 412,413	\$ 625,000	\$ 824,826	\$ 700,000		12%	
44302	23 hour crisis observation & holding	\$ -	\$ 40,000	\$ -	\$ 40,000		0%	
44305	24 hour access to crisis response	\$ 2,641	\$ -	\$ 5,282	\$ -			
44307	Mobile response	\$ 517,592	\$ 1,200,000	\$ 1,035,184	\$ 2,000,000	\$ 800,000	67%	Development of Co-Responder Model (6 staff) and possible change in Mobile Crisis Response Dispatch
44312	Crisis Stabilization community-based services	\$ 106,064	\$ 250,000	\$ 212,128	\$ 250,000		0%	
44313	Crisis Stabilization residential services	\$ 2,049,018	\$ 7,850,000	\$ 4,098,036	\$ 500,000	\$ 300,000	-94%	43 North Iowa Expansion
44379	System building & sustainability - Crisis							NEW COA Code for start up and sustainability of 23 hour observation, Mobile Crisis, Crisis Stabilization Residential Services, Crisis Stabilization Community-Based Services
44396	Access Centers: start-up / sustainability	\$ -	\$ 200,000	\$ -	\$ 1,000,000	\$ 1,000,000	400%	Development of an access center network or physical location
	<b>Support for Community Living</b>							
32320	Home health aide	\$ -	\$ -	\$ -	\$ -			
32325	Respite	\$ 9,820	\$ 5,000	\$ 19,640	\$ 20,000		300%	
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -			
32329	Supported community living	\$ 280,639	\$ 900,000	\$ 561,278	\$ 1,000,000	\$ 300,000	11%	Development of Residential Based Supported Community Living (RBSCCL) service for children or alternative residential services
42329	Intensive residential services	\$ 180,550	\$ 300,000	\$ 361,100	\$ 450,000	\$ 450,000	50%	IRSH Expansion
	<b>Support for Employment</b>							
50362	Prevocational services	\$ 5,983	\$ 25,000	\$ 11,966	\$ 25,000		0%	
50364	Job development	\$ -	\$ -	\$ -	\$ -			
50367	Day habilitation	\$ 80,568	\$ 225,000	\$ 161,136	\$ 1,225,000	\$ 1,000,000	444%	Community Integrated Day Habilitation Program (Community Inclusion Program)
50368	Supported employment	\$ 62,678	\$ 120,000	\$ 125,356	\$ 195,000	\$ 75,000	63%	Expansion of IPS (Individual Placement and Support) Program
50369	Group Supported employment-enclave	\$ 9,851	\$ 20,000	\$ 19,702	\$ 20,000		0%	
50379	System building & sustainability - IPS & Vocational							NEW COA Code for startup and sustainability of IPS/Supported Employment
	<b>Recovery Services</b>							
45323	Family support	\$ 22,737	\$ 50,000	\$ 45,474	\$ 50,000			
45366	Peer support	\$ 2,825	\$ 20,000	\$ 5,650	\$ 35,250	\$ 25,000		Development of additional peer services
	<b>Service Coordination</b>							
21375	Case management	\$ -	\$ -	\$ -	\$ -			
24376	Health homes	\$ -	\$ -	\$ -	\$ -			
	<b>Sub-Acute Services</b>							
63309	Subacute services-1-5 beds	\$ -	\$ 50,000	\$ -	\$ -		-100%	
64309	Subacute services-6 and over beds	\$ 170,500	\$ 450,000	\$ 341,000	\$ 300,000	\$ 250,000	-33%	Startup funds for service expansion of a new site
	<b>Core Evidenced Based Treatment</b>							
04422	Education & Training Services - provider competency	\$ -	\$ 15,000	\$ -	\$ 75,000	\$ 60,000	400%	Development of provider training program

32379	System building & sustainability - Supported housing								NEW COA Code for startup and sustainability of Supported Housing.	
32396	Supported housing	\$ -	\$ -	\$ -	\$ 1,500,000	\$ 1,500,000			Development of Permeant Supported Housing (PSH) Program	
42398	Assertive community treatment (ACT)	\$ 78,677	\$ 125,000	\$ 157,354	\$ 525,000	\$ 400,000	320%		Expansion for ACT for Adults and Development of ACT for Children	
45373	Family psychoeducation	\$ -	\$ 10,000	\$ -	\$ 50,000	\$ 40,000	400%		Expansion of Family psychoeducation program with potentially additional Providers	
45379	System building & sustainability - FPE & Recovery Svcs								NEW COA Code for Startup and sustainability of Family Psychoeducation and Peer Support.	
<b>Core Domains Total</b>		<b>\$ 4,105,073</b>	<b>\$ 12,900,000</b>	<b>\$ 8,210,146</b>	<b>\$ 10,425,250</b>	<b>\$ 6,320,000</b>				
<b>Mandated Services</b>										
46319	Oakdale	\$ -	\$ 50,000	\$ -	\$ 50,000			0%		
72319	State resource centers	\$ -	\$ -	\$ -	\$ -					
74XXX	Commitment related (except 301)	\$ 153,110	\$ 325,000	\$ 306,220	\$ 1,000,000	\$ 750,000	208%		Development of Forensic Care Program	
75XXX	Mental health advocate	\$ 113,751	\$ 250,000	\$ 227,502	\$ 250,000			0%		
<b>Mandated Services Total</b>		<b>\$ 266,861</b>	<b>\$ 625,000</b>	<b>\$ 533,722</b>	<b>\$ 1,300,000</b>	<b>\$ 750,000</b>				
<b>Additional Core Domains</b>										
<b>Justice system-involved services</b>										
25xxx	Coordination services	\$ 151,045	\$ 500,000	\$ 302,090	\$ 650,000	\$ 100,000	30%		Hiring of additional JIS coordinator (1)	
25378	Contracted coordination services				\$ -				NEW COA Code for contracted justice-involved coordination services.	
44346	24 hour crisis line**	\$ -	\$ -	\$ -	\$ -					
44366	Warm line**	\$ -	\$ 10,000	\$ -	\$ -			-100%		
46305	Mental health services in jails	\$ 81,112	\$ 250,000	\$ 162,224	\$ 250,000			0%		
46399	Justice system-involved services-other	\$ 937	\$ -	\$ 1,874	\$ -					
46422	Crisis prevention training	\$ 85,819	\$ 300,000	\$ 171,638	\$ 300,000			0%		
46425	Mental health court related costs	\$ -	\$ -	\$ -	\$ 250,000	\$ 250,000			Development of Mental Health Court in Story County	
74301	Civil commitment prescreening evaluation	\$ -	\$ 5,000	\$ -	\$ -			-100%		
<b>Additional Core Evidenced based treatment</b>										
42366	Peer Wellness / Wellness and Recovery Centers	\$ 427,060	\$ 850,000	\$ 854,120	\$ 850,000			0%		
42379	System building & sustainability - Non crisis				\$ -				NEW COA Code for start up and sustainability of Wellness Centers, IRSH, ACT, IPR, Transitional Living	
42397	Psychiatric rehabilitation (IPR)	\$ 10,436	\$ 20,000	\$ 20,872	\$ 50,000	\$ 25,000	150%		Expansion of IPR Service	
<b>Additional Core Domains Total</b>		<b>\$ 756,409</b>	<b>\$ 1,935,000</b>	<b>\$ 2,350,000</b>	<b>\$ 375,000</b>					
<b>Other Informational Services</b>										
03371	Information & referral	\$ 253	\$ -	\$ 506	\$ 50,000	\$ 50,000			Development of Consultation and Partnership in schools	
04372	Planning and/or Consultation (client related)	\$ -	\$ -	\$ -	\$ -					
04377	Provider Incentive Payment	\$ -	\$ -	\$ -	\$ -					
04399	Consultation Other	\$ -	\$ -	\$ -	\$ -					
04429	Planning and Management Consultants (non-client related)	\$ -	\$ 25,000	\$ -	\$ 50,000	\$ 50,000	100%		Development of Consultation in schools for non-insurance billable time	
05373	Public education	\$ 245,572	\$ 400,000	\$ 491,144	\$ 400,000			0%		
<b>Other Informational Services Total</b>		<b>\$ 245,825</b>	<b>\$ 425,000</b>	<b>\$ 491,650</b>	<b>\$ 500,000</b>	<b>\$ 100,000</b>				
<b>Community Living Supports</b>										
06399	Academic services	\$ -	\$ -	\$ -	\$ -					
22XXX	Services management	\$ 890,747	\$ 2,050,000	\$ 1,781,494	\$ 1,850,000			-10%		
22378	Contracted Services Management				\$ -				NEW COA Code for contracted service coordination.	

23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ 200,000	\$ 200,000		Development of Crisis Involved Coordinators (2)
23378	Contracted crisis care coordination				\$ -			NEW COA Code for contracted crisis care coordination.
23399	Crisis care coordination other	\$ -	\$ -	\$ -	\$ -			
24399	Health home other	\$ -	\$ -	\$ -	\$ -			
31XXX	Transportation	\$ 159,260	\$ 250,000	\$ 318,520	\$ 1,000,000	\$ 750,000	300%	Expansion of transportation to enhance community integration
32321	Chore services	\$ -	\$ -	\$ -	\$ -			
32326	Guardian/conservator	\$ 124	\$ 5,000	\$ 248	\$ 5,000		0%	
32327	Representative payee	\$ 4,723	\$ 20,000	\$ 9,446	\$ 20,000		0%	
32335	CDAC	\$ -	\$ -	\$ -	\$ -			
32399	Other support	\$ -	\$ -	\$ -	\$ -			
33330	Mobile meals	\$ -	\$ -	\$ -	\$ -			
33340	Rent payments (time limited)	\$ 22,134	\$ 100,000	\$ 44,268	\$ 200,000	\$ 150,000	100%	Expansion of Rental Assistance Program
33345	Ongoing rent subsidy	\$ 3,491	\$ -	\$ 6,982	\$ -			
33399	Other basic needs	\$ 10,029	\$ 80,000	\$ 20,058	\$ 80,000		0%	
41305	Physiological outpatient treatment	\$ -	\$ 5,000	\$ -	\$ 5,000		0%	
41306	Prescription meds	\$ 179	\$ 15,000	\$ 358	\$ 15,000		0%	
41307	In-home nursing	\$ -	\$ -	\$ -	\$ -			
41308	Health supplies	\$ -	\$ -	\$ -	\$ -			
41399	Other physiological treatment	\$ -	\$ -	\$ -	\$ -			
42309	Partial hospitalization	\$ -	\$ -	\$ -	\$ -			
42310	Transitional living program	\$ -	\$ -	\$ -	\$ -			
42363	Day treatment	\$ -	\$ -	\$ -	\$ -			
42396	Community support programs	\$ 531	\$ 10,000	\$ 1,062	\$ 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	\$ 25,990	\$ 50,000	\$ 51,980	\$ 50,000		0%	
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>Community Living Supports</b>	<b>\$ 1,117,208</b>	<b>\$ 2,585,000</b>	<b>\$ 2,234,416</b>	<b>\$ 3,435,000</b>	<b>\$ 1,100,000</b>		
<b>Other Congregate Services</b>								
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -			
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 256,363	\$ 750,000	\$ 512,726	\$ 500,000		-33%	
64XXX	ICF 6 and over beds (64317 & 64318)	\$ 73,185	\$ 90,000	\$ 146,370	\$ 200,000		122%	
64329	SCL 6 and over beds	\$ 119,337	\$ 150,000	\$ 238,674	\$ 150,000		0%	
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -			
	<b>Other Congregate Services Total</b>	<b>\$ 448,885</b>	<b>\$ 990,000</b>	<b>\$ 897,770</b>	<b>\$ 850,000</b>	<b>\$ -</b>		
<b>Administration</b>								
11XXX	Direct Administration	\$ 628,039	\$ 2,250,000	\$ 1,256,078	\$ 2,000,000		-11%	
12XXX	Purchased Administration	\$ 121,256	\$ 225,000	\$ 242,512	\$ 400,000		78%	
	<b>Administration Total</b>	<b>\$ 749,295</b>	<b>\$ 2,475,000</b>		<b>\$ 2,400,000</b>	<b>\$ -</b>		
	<b>Regional Totals</b>	<b>\$ 7,689,556</b>	<b>\$ 21,935,000</b>	<b>\$ 12,367,704</b>	<b>\$ 21,260,250</b>	<b>\$ 8,645,000</b>	<b>-3%</b>	
<b>22422 &amp; 11422</b>	<b>Education &amp; Training Expenditures</b>	<b>\$ 3,333.49</b>		<b>\$ 6,666.98</b>	<b>\$ 5,000</b>			

FY24 Available Funds \$ 21,475,000  
99% of FY24 Available Funds \$ 21,260,250

Disbursement Date 11/29/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
3767	V 15	Abbe Center for Community		Crisis Stabilization Resi	41500	04044	313	62				1080.57
				Disbursement# 6295								1,080.57
3770	V 445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04242	366	62				628.00
				Disbursement# 6296								628.00
3773	V 877	Boone Co Sheriff		Prescription Medication (	41500	04046	306	62				132.44
				Disbursement# 6297								132.44
3778	V 1327	Center Associates		Crisis Evaluation	41500	04044	301	62				580.18
				Disbursement# 6298								580.18
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				173.88
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				362.25
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				550.62
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				753.48
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				521.64
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				492.66
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				202.86
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				463.68
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				318.78
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				289.80
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				579.60
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				492.66
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				289.80
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				405.72
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				231.84
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				478.17
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				782.46
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				521.64
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				970.83
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				362.25
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				318.78
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				652.05
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				217.35
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				231.84
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				492.66
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				550.62
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				999.81
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				347.76
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				420.21
3780	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				362.25
3780	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				405.72
				Disbursement# 6299								14,243.67
3781	V 1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				208.29
3781	V 1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				461.32
3781	V 1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				530.75
3781	V 1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				114.17
3781	V 1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				253.03



Disbursement Date 11/29/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
3774	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
3774	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
3774	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
3774	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
				Disbursement# 6306							Disbursement Total	2,520.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				240.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				120.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				120.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				120.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
3775	V 1171	Crimmins Law Firm		Commitment - Legal Repres	41500	04074	393	62				60.00
				Disbursement# 6307							Disbursement Total	960.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				580.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2900.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				580.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				770.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2900.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				580.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2900.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				580.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
3783	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00

Disbursement Date 11/29/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
3783 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Stabilization Comm	41500	04044	312	62				900.00
3783 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
3783 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04344	301	62				290.00
3783 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04344	301	62				290.00
3783 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04344	301	62				290.00
					Disbursement#	6308	Disbursement Total					53,680.00
3810 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				4640.00
3810 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				3296.53
3810 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				3296.53
3810 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				3296.53
3810 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				3296.53
3810 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				3296.53
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				908.83
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3635.32
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1817.66
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				5452.98
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2726.49
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3635.32
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2726.49
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2726.49
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2726.49
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1817.66
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				908.83
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4544.15
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				5452.98
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2726.49
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4544.15
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				908.83
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				5452.98
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				6361.81
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1817.66
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				908.83
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2726.49
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1817.66
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2726.48
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				7270.56
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04244	307	62				908.83
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04244	307	62				908.83
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04244	307	62				908.83
3810 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04744	307	62				908.83
					Disbursement#	6309	Disbursement Total					103,826.09
3785 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04042	366	62				7423.37
3785 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04242	366	62				225.58
3785 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04342	366	62				132.05
					Disbursement#	6310	Disbursement Total					7,781.00
3784 V	2402	Meghan Freie		Direct Admin - Mileage &	41500	04411	413	62				1043.75

Disbursement Date 11/29/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	6311	Disbursement	Total					1,043.75
3786 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				561.12
3786 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				2745.60
3786 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				2928.64
				Disbursement#	6312	Disbursement	Total					6,235.36
3787 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				91.00
3787 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				32.50
3787 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				65.00
3787 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				97.50
3787 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				97.50
				Disbursement#	6313	Disbursement	Total					383.50
3816 V	5962	Hardin County Auditor		Mental Health Advocate -	41500	04075	395	62				5453.38
				Disbursement#	6314	Disbursement	Total					5,453.38
3789 V	2915	Heartland Business System, LLC		Purchased Admin - Data Pr	41500	04412	421	62				57.50
				Disbursement#	6315	Disbursement	Total					57.50
3790 V	2975	Herting Law, PLLC		Commitment - Legal Repres	41500	04074	393	62				329.16
				Disbursement#	6316	Disbursement	Total					329.16
3805 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				453.05
3805 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				110.50
3805 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				385.35
3805 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				264.24
				Disbursement#	6317	Disbursement	Total					1,213.14
3791 V	3129	Liza Howard		Services Management - Mil	41500	04022	413	62				140.04
3791 V	3129	Liza Howard		Services Management - Tel	41500	04022	414	62				50.00
3791 V	3129	Liza Howard		Services Management - Mil	41500	04222	413	62				135.92
3791 V	3129	Liza Howard		Services Management - Mil	41500	04322	413	62				135.92
				Disbursement#	6318	Disbursement	Total					461.88
3792 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				12562.75
3792 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04050	367	62				1390.80
3792 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				981.96
3792 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04250	367	62				842.90
3792 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				1432.86
3792 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04350	367	62				768.10
3792 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				926.76
3792 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				1566.08
				Disbursement#	6319	Disbursement	Total					20,472.21
3793 V	3230	Infomax Office Systems		Services Management - Off	41500	04022	636	62				181.73
				Disbursement#	6320	Disbursement	Total					181.73
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17

Disbursement Date 11/29/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				826.32
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				702.15
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				950.49
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				512.07
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				413.16
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
3794 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
				Disbursement#	6321	Disbursement		Total				6,212.79
3795 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				445.63
3795 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				451.88
3795 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				98.75
3795 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				183.13
3795 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				228.75
3795 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				137.50
				Disbursement#	6322	Disbursement		Total				1,545.64
3777 V	1279	LifeWorks Community Services		Day Habilitation	41500	04250	367	62				879.64
3777 V	1279	LifeWorks Community Services		Voc/Day - Individual Supp	41500	04250	368	62				779.57
3777 V	1279	LifeWorks Community Services		Support Services - Suppor	41500	04332	329	62				322.03
3777 V	1279	LifeWorks Community Services		Day Habilitation	41500	04350	367	62				932.80
3777 V	1279	LifeWorks Community Services		Voc/Day - Individual Supp	41500	04350	368	62				390.33
3777 V	1279	LifeWorks Community Services		Voc/Day - Group Supported	41500	04350	369	62				538.56
3777 V	1279	LifeWorks Community Services		Day Habilitation	41500	04750	367	62				254.40
				Disbursement#	6323	Disbursement		Total				4,097.33
3796 V	4205	Linn County		Commitment - Sheriff Tran	41500	04074	353	62				35.00
				Disbursement#	6324	Disbursement		Total				35.00
3797 V	4400	Mainstream Living		Voc/Day - Group Supported	41500	04350	369	62				137.52
3797 V	4400	Mainstream Living		Day Habilitation	41500	04350	367	62				537.67
				Disbursement#	6325	Disbursement		Total				675.19
3798 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				86.00
3798 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				1513.13
3798 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
3798 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
				Disbursement#	6326	Disbursement		Total				1,661.13
3799 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3200.00
3799 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3200.00
3799 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3250.00
3799 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				2400.00
3799 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3600.00
3799 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				800.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
3799 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4000.00
				Disbursement# 6327		Disbursement	Total					20,450.00
3801 V	4729	Medical Associates Pharmacy		Physiological Treatment -	41500	04041	306	62				42.51
				Disbursement# 6328		Disbursement	Total					42.51
3803 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				1046.82
				Disbursement# 6329		Disbursement	Total					1,046.82
3800 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				62.92
3800 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				143.75
3800 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	414	62				11.67
				Disbursement# 6330		Disbursement	Total					218.34
3802 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				6661.00
				Disbursement# 6331		Disbursement	Total					6,661.00
3804 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04250	362	62				475.20
3804 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				421.20
				Disbursement# 6332		Disbursement	Total					896.40
3776 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				3767.00
3776 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4659.38
3776 V	1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				4591.00
3776 V	1226	NAMI Central Iowa		Peer Family Support - Pee	41500	04045	366	62				400.00
3776 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04342	366	62				310.62
3776 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				3767.00
3776 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4970.00
3776 V	1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				4591.00
3776 V	1226	NAMI Central Iowa		Peer Family Support - Pee	41500	04045	366	62				425.00
3776 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				8358.00
3776 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4446.84
3776 V	1226	NAMI Central Iowa		Peer Family Support - Pee	41500	04045	366	62				500.00
3776 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04242	366	62				261.58
3776 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04342	366	62				261.58
3776 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				3767.00
3776 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4105.63
3776 V	1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				4591.00
3776 V	1226	NAMI Central Iowa		Peer Family Support - Pee	41500	04045	366	62				1050.00
3776 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04242	366	62				432.21
3776 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04342	366	62				432.16
				Disbursement# 6333		Disbursement	Total					55,687.00
3806 V	5220	Nite Owl Print & Copy		Public Education Services	41500	04005	373	62				15600.00
				Disbursement# 6334		Disbursement	Total					15,600.00
3807 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04032	329	62				947.35
3807 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04050	368	62				234.20
3807 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				19452.00
3807 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04232	329	62				563.90

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
3807 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04250	367	62				275.88
3807 V	5283	North Iowa Vocational Center		Voc/Day - Prevocational S	41500	04350	362	62				367.20
3807 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04350	367	62				220.65
3807 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04350	368	62				142.78
3807 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04350	368	62				1317.09
3807 V	5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04350	369	62				1493.28
				Disbursement#	6335							25,014.33
												Disbursement Total
3808 V	5448	One Vision-Opportunity Village		Voc/Day - Individual Supp	41500	04250	368	62				390.33
3808 V	5448	One Vision-Opportunity Village		Support Services - Suppor	41500	04332	329	62				360.72
				Disbursement#	6336							751.05
												Disbursement Total
3788 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				1070.53
3788 V	2872	Optimae LifeServices, Inc.		Day Habilitation	41500	04050	367	62				68.22
3788 V	2872	Optimae LifeServices, Inc.		Comm Based Settings (6+ B	41500	04064	329	62				22416.42
3788 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				1085.45
3788 V	2872	Optimae LifeServices, Inc.		Day Habilitation	41500	04250	367	62				280.46
3788 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				702.35
3788 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				404.18
3788 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				1966.58
3788 V	2872	Optimae LifeServices, Inc.		Day Habilitation	41500	04350	367	62				538.18
3788 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				1828.38
				Disbursement#	6337							30,360.75
												Disbursement Total
3811 V	5756	Polk County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				32.50
				Disbursement#	6338							32.50
												Disbursement Total
3812 V	5770	Postmaster		Services Management - Pos	41500	04022	412	62				36.00
				Disbursement#	6339							36.00
												Disbursement Total
3813 V	5788	Pottawattamie Co Sheriff's Off		Commitment - Sheriff Tran	41500	04074	353	62				35.00
				Disbursement#	6340							35.00
												Disbursement Total
3814 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				101.50
3814 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				58.50
3814 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				88.25
3814 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				279.25
3814 V	5815	Poweshiek Co Sherriff's Dept		Prescription Medication (	41500	04046	306	62				161.34
				Disbursement#	6341							688.84
												Disbursement Total
3824 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	366	62				4155.56
3824 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04242	366	62				1358.20
3824 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04342	366	62				248.34
3824 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04742	366	62				562.90
				Disbursement#	6342							6,325.00
												Disbursement Total
3769 V	281	Premier		Services Management - Sta	41500	04022	260	62				25.66
3769 V	281	Premier		Direct Admin - Stationary	41500	04411	260	62				25.66
				Disbursement#	6343							51.32
												Disbursement Total



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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
3772 V	745	Visual Edge IT, Inc		Direct Admin - Office Equ	41500	04411	636	62				10.00
3772 V	745	Visual Edge IT, Inc		Services Management - Off	41500	04022	444	62				27.08
3772 V	745	Visual Edge IT, Inc		Direct Admin - Office Equ	41500	04411	444	62				26.95
3772 V	745	Visual Edge IT, Inc		Services Management - Off	41500	04022	444	62				11.07
3772 V	745	Visual Edge IT, Inc		Direct Admin - Office Equ	41500	04411	444	62				11.07
				Disbursement#	6350						Disbursement Total	5,091.17
3820 V	7680	Warren County Sheriff		Justice System - Involved	41500	04046	399	62				42.98
3820 V	7680	Warren County Sheriff		Justice System - Involved	41500	04046	399	62				369.45
3820 V	7680	Warren County Sheriff		Justice System - Involved	41500	04046	399	62				16.78
3820 V	7680	Warren County Sheriff		Justice System - Involved	41500	04046	399	62				320.03
				Disbursement#	6351						Disbursement Total	749.24
3821 V	7696	Webster County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				9.00
3821 V	7696	Webster County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				6.00
				Disbursement#	6352						Disbursement Total	15.00
3822 V	7835	Workspace Inc.		Direct Admin - Office Equ	41500	04411	636	62				564.31
				Disbursement#	6353						Disbursement Total	564.31
					59	Total Disbursements						421,986.71
					0	Total ACH						.00
					0	Total EFT						.00
					59	Grand Total						421,986.71
						Credits/Refunds Included						.00

Totals by Fund	
41500 Central Iowa Community Service	421,986.71
Final Total	421,986.71

End of report

Disbursement Date 12/13/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4024 V	15	Abbe Center for Community		Comm Based Settings (6+ B Disbursement#	41500 6354	04064 Disbursement	314	62				85.40 85.40
4028 V	291	Access Systems Leasing		Services Management - Off	41500	04022	453	62				256.22
4028 V	291	Access Systems Leasing		Direct Admin - Office Equ Disbursement#	41500 6355	04411 Disbursement	453	62				126.20 382.42
4025 V	60	Linn Adams		Services Management - Mil	41500	04022	413	62				116.03
4025 V	60	Linn Adams		Services Management - Tel	41500	04022	414	62				50.00
4025 V	60	Linn Adams		Services Management - Mil	41500	04222	413	62				112.61
4025 V	60	Linn Adams		Services Management - Mil Disbursement#	41500 6356	04322 Disbursement	413	62				112.61 391.25
4031 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04042	366	62				23.26
4031 V	445	Arc of Marshall County		Psychotherapeutic Treatme Disbursement#	41500 6357	04242 Disbursement	366	62				604.74 628.00
4033 V	588	Brittany Baker		Justice System Involved C Disbursement#	41500 6358	04025 Disbursement	413	62				515.00 515.00
4036 V	876	Boone County Auditor		Mental Health Advocate - Disbursement#	41500 6359	04075 Disbursement	395	62				5445.58 5,445.58
4037 V	973	Buchanan County Sheriff		Commitment - Sheriff Tran Disbursement#	41500 6360	04074 Disbursement	353	62				33.00 33.00
4027 V	198	Carr Law Firm PLC		Commitment - Legal Repres Disbursement#	41500 6361	04074 Disbursement	393	62				559.36 559.36
4097 V	72147	CDW Government Inc.		Services Management - Off	41500	04022	636	62				436.99
4097 V	72147	CDW Government Inc.		Services Management - Off	41500	04022	636	62				1254.05
4097 V	72147	CDW Government Inc.		Services Management - Off Disbursement#	41500 6362	04022 Disbursement	636	62				95.03 1,786.07
4045 V	2097	Cedar Valley Ranch, Inc.		Comm Based Settings (6+ B Disbursement#	41500 6363	04064 Disbursement	314	62				5616.90 5,616.90
4039 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
4039 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
4039 V	1327	Center Associates		Mental Health Services in Disbursement#	41500 6364	04046 Disbursement	305	62				72.45 217.35
4083 V	6534	Central Iowa Broadband		Services Management - Tel	41500	04022	414	62				50.00
4083 V	6534	Central Iowa Broadband		Direct Admin - Telecommun Disbursement#	41500 6365	04411 Disbursement	414	62				50.00 100.00
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				681.03
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				420.21
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				420.21
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				231.84

Disbursement Date 12/13/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4040 V	1349	Central Iowa Detention		Prescription Medication (	41500	04046	306	62				173.88
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				507.15
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				405.72
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				376.74
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				246.33
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				347.76
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				391.23
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				202.86
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				376.74
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				289.80
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				405.72
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				507.15
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				550.62
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				333.27
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				362.25
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				666.54
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				173.88
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				449.19
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				376.74
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				579.60
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				565.11
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				521.64
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				449.19
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				507.15
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				202.86
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				463.68
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				347.76
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				202.86
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				1043.28
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				260.82
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				492.66
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				478.17
				Disbursement#	6366	Disbursement	Total					15,011.64
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				463.68
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				492.66
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				405.72
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				391.23
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				449.19
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				188.37
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				753.48
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				434.70
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				623.07
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				565.11
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				304.29
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				405.72
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				550.62
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				362.25
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				405.72
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				420.21

Disbursement Date 12/13/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4040 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				521.64
4040 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				608.58
				Disbursement# 6367		Disbursement		Total				8,346.24
4088 V	7474	Century Link		Services Management - Tel	41500	04022	414	62				51.83
4088 V	7474	Century Link		Direct Admin - Telecommun	41500	04411	414	62				155.48
				Disbursement# 6368		Disbursement		Total				207.31
4041 V	1370	Cerro Gordo Co. Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.75
				Disbursement# 6369		Disbursement		Total				99.75
4098 V	72467	Cherokee County Sheriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				38.50
				Disbursement# 6370		Disbursement		Total				38.50
4043 V	1751	Jessica Crawford		Services Management - Mil	41500	04022	413	62				133.56
4043 V	1751	Jessica Crawford		Services Management - Mil	41500	04222	413	62				129.62
4043 V	1751	Jessica Crawford		Services Management - Mil	41500	04322	413	62				129.63
				Disbursement# 6371		Disbursement		Total				392.81
4044 V	1809	Brenda Daily		Services Management - Mil	41500	04022	413	62				319.52
4044 V	1809	Brenda Daily		Services Management - Edu	41500	04022	422	62				16.15
4044 V	1809	Brenda Daily		Services Management - Mil	41500	04222	413	62				48.05
4044 V	1809	Brenda Daily		Services Management - Edu	41500	04222	422	62				15.68
4044 V	1809	Brenda Daily		Services Management - Mil	41500	04322	413	62				48.05
4044 V	1809	Brenda Daily		Services Management - Edu	41500	04322	422	62				15.68
4044 V	1809	Brenda Daily		Services Management - Mil	41500	04022	413	62				121.25
				Disbursement# 6372		Disbursement		Total				584.38
4085 V	6709	Duncan Heights, Inc.		Services Management - Tel	41500	04022	414	62				38.37
				Disbursement# 6373		Disbursement		Total				38.37
4048 V	2243	Kathy Erickson		Mental Health Advocate -	41500	04075	413	62				395.00
				Disbursement# 6374		Disbursement		Total				395.00
4046 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
4046 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
4046 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
4046 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4047 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
4047 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4047 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4047 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4047 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4047 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
				Disbursement# 6375		Disbursement		Total				2,120.00
4076 V	5696	Eyerly Ball CMHS		Justice System Involved C	41500	04025	376	62				7495.00
				Disbursement# 6376		Disbursement		Total				7,495.00
4049 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				2651.54

Disbursement Date 12/13/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4049 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04242	366	62				3313.70
4049 V	2326	FIA Friendship Club, Inc.		Psychotherapeutic Treatme	41500	04342	366	62				611.76
				Disbursement# 6377								6,577.00
4050 V	2438	Foundation 2, Inc.		Mobile Response	41500	04044	307	62				9153.00
				Disbursement# 6378								9,153.00
4096 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				106.23
4096 V	72119	Franklin County Sheriff's Off.		Commitment - Sheriff Tran	41500	04074	353	62				168.12
				Disbursement# 6379								274.35
4051 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				149.50
4051 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				117.00
				Disbursement# 6380								266.50
4052 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				2.00
				Disbursement# 6381								2.00
4053 V	2725	Hamilton County Auditor		Mental Health Advocate -	41500	04075	395	62				269.86
				Disbursement# 6382								269.86
4055 V	2782	Jodi Hamilton		Services Management - Mil	41500	04022	413	62				165.71
4055 V	2782	Jodi Hamilton		Services Management - Mil	41500	04222	413	62				160.84
4055 V	2782	Jodi Hamilton		Services Management - Mil	41500	04322	413	62				160.83
				Disbursement# 6383								487.38
4054 V	2738	Hancock County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				70.00
				Disbursement# 6384								70.00
4057 V	2915	Heartland Business System, LLC		Purchased Admin - Data Pr	41500	04412	421	62				666.40
4057 V	2915	Heartland Business System, LLC		Purchased Admin - Data Pr	41500	04412	421	62				5146.78
				Disbursement# 6385								5,813.18
4099 V	83215	Carrie Hisler		Services Management - Mil	41500	04022	413	62				72.89
4099 V	83215	Carrie Hisler		Services Management - Mil	41500	04222	413	62				70.74
4099 V	83215	Carrie Hisler		Services Management - Mil	41500	04322	413	62				73.81
				Disbursement# 6386								217.44
4059 V	3235	IMU		Services Management - Tel	41500	04022	414	62				187.52
4059 V	3235	IMU		Services Management - Ele	41500	04022	431	62				185.92
4059 V	3235	IMU		Services Management - Wat	41500	04022	432	62				23.67
4059 V	3235	IMU		Direct Admin - Telecommun	41500	04411	414	62				96.60
4059 V	3235	IMU		Direct Admin - Electric P	41500	04411	431	62				95.78
4059 V	3235	IMU		Direct Admin - Water & Se	41500	04411	432	62				12.19
				Disbursement# 6387								601.68
4060 V	3261	Integrated Treatment Services		Mental Health Services in	41500	04046	305	62				311.22
				Disbursement# 6388								311.22
4061 V	3620	Jasper County Sheriff		Crisis Prevention Trainin	41500	04046	422	62				1017.43

Disbursement Date 12/13/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4061 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				118.75
4061 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				336.25
4061 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				336.25
				Disbursement#	6389	Disbursement	Total					1,808.68
4062 V	3849	Kaplan & Frese LLP		Commitment - Legal Repres	41500	04074	393	62				245.99
				Disbursement#	6390	Disbursement	Total					245.99
4063 V	4205	Linn County		Commitment - Sheriff Tran	41500	04074	353	62				30.00
				Disbursement#	6391	Disbursement	Total					30.00
4095 V	8100	Marco		Services Management - Off	41500	04022	444	62				73.16
4095 V	8100	Marco		Direct Admin - Office Equ	41500	04411	444	62				146.32
				Disbursement#	6392	Disbursement	Total					219.48
4065 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				135.00
4065 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				83.00
4065 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				246.00
4065 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				46.00
				Disbursement#	6393	Disbursement	Total					510.00
4066 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				72.45
4066 V	4500	Mary Greeley Medical Center		Commitment - Sheriff Tran	41500	04074	353	62				347.76
				Disbursement#	6394	Disbursement	Total					420.21
4067 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00
4067 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00
4067 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00
4067 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				180.00
4067 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00
4067 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00
4067 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				120.00
				Disbursement#	6395	Disbursement	Total					600.00
4094 V	7953	Robin McKee		Services Management - Mil	41500	04022	413	62				121.13
4094 V	7953	Robin McKee		Services Management - Mil	41500	04222	413	62				117.56
4094 V	7953	Robin McKee		Services Management - Mil	41500	04322	413	62				117.56
				Disbursement#	6396	Disbursement	Total					356.25
4068 V	4756	Metronet		Services Management - Tel	41500	04022	414	62				65.23
4068 V	4756	Metronet		Direct Admin - Telecommun	41500	04411	414	62				65.23
				Disbursement#	6397	Disbursement	Total					130.46
4069 V	5026	NACBHDD		Direct Admin - Dues & Mem	41500	04411	480	62				1200.00
				Disbursement#	6398	Disbursement	Total					1,200.00
4070 V	5123	Nelson & Toenjes Attorney		Commitment - Legal Repres	41500	04074	393	62				129.20
4070 V	5123	Nelson & Toenjes Attorney		Commitment - Legal Repres	41500	04074	393	62				104.00
				Disbursement#	6399	Disbursement	Total					233.20

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4071 V	5220	Nite Owl Print & Copy		Direct Admin - Stationary	41500	04411	260	62				190.00
4071 V	5220	Nite Owl Print & Copy		Services Management - Sta	41500	04022	260	62				48.50
				Disbursement# 6400							Disbursement Total	238.50
4072 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04050	368	62				356.95
4072 V	5283	North Iowa Vocational Center		Basic Needs - Rent Paymen	41500	04033	340	62				450.00
				Disbursement# 6401							Disbursement Total	806.95
4056 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				1935.48
4056 V	2872	Optimae LifeServices, Inc.		Basic Needs - Other	41500	04033	399	62				470.00
4056 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				440.00
				Disbursement# 6402							Disbursement Total	2,845.48
4073 V	5476	Otto Law Office, PLLC		Commitment - Legal Repres	41500	04074	393	62				132.00
4073 V	5476	Otto Law Office, PLLC		Commitment - Legal Repres	41500	04074	393	62				74.80
				Disbursement# 6403							Disbursement Total	206.80
4074 V	5548	Bill Patten		Direct Admin - Mileage &	41500	04411	413	62				70.00
				Disbursement# 6404							Disbursement Total	70.00
4075 V	5674	Pillar of Cedar Valley		Comm Based Settings (6+ B	41500	04064	317	62				3339.24
4075 V	5674	Pillar of Cedar Valley		Comm Based Settings (6+ B	41500	04064	317	62				5008.86
				Disbursement# 6405							Disbursement Total	8,348.10
4077 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				78.25
4077 V	5815	Poweshiek Co Sherriff's Dept		Commitment - Sheriff Tran	41500	04074	353	62				63.25
				Disbursement# 6406							Disbursement Total	141.50
4078 V	6096	Respite Connection		Support Services - Respit	41500	04332	325	62				583.16
				Disbursement# 6407							Disbursement Total	583.16
4079 V	6281	Router12 Networks LLC		Services Management - Tel	41500	04022	414	62				130.00
				Disbursement# 6408							Disbursement Total	130.00
4082 V	6470	Kim Schomaker		Services Management - Mil	41500	04022	413	62				66.53
4082 V	6470	Kim Schomaker		Services Management - Mil	41500	04222	413	62				77.99
4082 V	6470	Kim Schomaker		Services Management - Mil	41500	04322	413	62				87.36
				Disbursement# 6409							Disbursement Total	231.88
4080 V	6455	Scott County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				170.12
4081 V	6455	Scott County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				68.75
				Disbursement# 6410							Disbursement Total	238.87
4084 V	6579	Jen Sheehan		Justice System Involved C	41500	04025	413	62				751.25
4084 V	6579	Jen Sheehan		Justice System Involved C	41500	04025	422	62				135.00
4084 V	6579	Jen Sheehan		Services Management - Mil	41500	04022	413	62				317.48
4084 V	6579	Jen Sheehan		Services Management - Mil	41500	04222	413	62				308.14
4084 V	6579	Jen Sheehan		Services Management - Mil	41500	04322	413	62				308.13
				Disbursement# 6411							Disbursement Total	1,820.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4038 V	1121	Shawn Smith		Commitment - Legal Repres	41500	04074	393	62				84.00
				Disbursement# 6412		Disbursement		Total				84.00
4042 E	1414	Nicole D Sprecher		Services Management - Mil	41500	04022	413	62				9.14
4042 E	1414	Nicole D Sprecher		Services Management - Mil	41500	04222	413	62				8.87
4042 E	1414	Nicole D Sprecher		Services Management - Mil	41500	04322	413	62				8.87
				Disbursement# 6413		Disbursement		Total				26.88
4030 V	367	Betsy Stursma		Direct Admin - Mileage &	41500	04411	413	62				628.13
4030 V	367	Betsy Stursma		Direct Admin - Telecommun	41500	04411	414	62				50.00
4030 V	367	Betsy Stursma		Direct Admin - Telecommun	41500	04411	414	62				50.00
				Disbursement# 6414		Disbursement		Total				728.13
4058 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				97.50
4058 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				104.00
4058 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				117.00
4058 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				201.50
				Disbursement# 6415		Disbursement		Total				520.00
4086 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				60.25
				Disbursement# 6416		Disbursement		Total				60.25
4087 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				6363.89
				Disbursement# 6417		Disbursement		Total				6,363.89
4064 V	4376	U.S. Bank Equipment Finance		Services Management - Off	41500	04022	453	62				95.54
4064 V	4376	U.S. Bank Equipment Finance		Direct Admin - Office Equ	41500	04411	453	62				95.55
				Disbursement# 6418		Disbursement		Total				191.09
4034 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				290.00
				Disbursement# 6419		Disbursement		Total				290.00
4089 V	7541	Starla Varrelman		Services Management - Mil	41500	04022	413	62				27.40
4089 V	7541	Starla Varrelman		Services Management - Mil	41500	04222	413	62				7.02
4089 V	7541	Starla Varrelman		Services Management - Mil	41500	04322	413	62				7.02
				Disbursement# 6420		Disbursement		Total				41.44
4026 V	77	Verizon Wireless		Services Management - Tel	41500	04022	414	62				40.01
4026 V	77	Verizon Wireless		Direct Admin - Telecommun	41500	04411	414	62				40.01
4026 V	77	Verizon Wireless		Services Management - Tel	41500	04022	414	62				40.01
				Disbursement# 6421		Disbursement		Total				120.03
4090 V	7601	VISA		Direct Admin - Stationary	41500	04411	260	62				303.60
				Disbursement# 6422		Disbursement		Total				303.60
4100 V	7601	VISA		Direct Admin-Stationary/F	41500	04411	260	62				403.71
4100 V	7601	VISA		Direct Admin-Stationary/F	41500	04411	414	62				161.86
				Disbursement# 6423		Disbursement		Total				565.57
4035 V	745	Visual Edge IT, Inc		Services Management - Off	41500	04022	636	62				17.81

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4035	V 745	Visual Edge IT, Inc		Direct Admin - Office Equ	41500	04411	636	62				17.80
				Disbursement# 6424								35.61
4091	V 7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				49.72
4091	V 7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				53.78
4091	V 7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				46.82
4091	V 7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				63.64
4091	V 7680	Warren County Sheriff		Justice System - Involved	41500	04046	399	62				376.45
				Disbursement# 6425								590.41
4032	E 573	Karla K Webb		Direct Admin - Mileage &	41500	04411	413	62				139.38
4032	E 573	Karla K Webb		Direct Admin - Telecommun	41500	04411	414	62				50.00
				Disbursement# 6426								189.38
4092	V 7806	Russell Wood		Direct Admin - Mileage &	41500	04411	413	62				653.75
				Disbursement# 6427								653.75
4029	V 350	Woolstock Mutal Telephone Assn		Direct Admin - Telecommun	41500	04411	414	62				55.00
				Disbursement# 6428								55.00
4093	V 7870	Youth & Shelter Services, Inc		Public Education Services	41500	04005	373	62				1117.25
				Disbursement# 6429								1,117.25
					76	Total Disbursements						107,884.73
					0	Total ACH						.00
					0	Total EFT						.00
					76	Grand Total						107,884.73
						Credits/Refunds Included						.00

Totals by Fund	
41500 Central Iowa Community Service	107,884.73
Final Total	107,884.73

End of report

Disbursement Date 12/27/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4367 V	15	Abbe Center for Community		Comm Based Settings (6+ B	41500	04064	314	62				8967.00
4367 V	15	Abbe Center for Community		Crisis Stabilization Resi	41500	04044	313	62				1080.57
				Disbursement# 6437								Disbursement Total 10,047.57
4371 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04042	366	62				393.40
4371 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04242	366	62				3063.10
4371 V	508	ARC of Story County		Psychotherapeutic Treatme	41500	04342	366	62				505.80
				Disbursement# 6438								Disbursement Total 3,962.30
4374 V	790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				35.85
4374 V	790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				35.85
4374 V	790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				35.85
				Disbursement# 6439								Disbursement Total 107.55
4376 V	877	Boone Co Sheriff		Prescription Medication (	41500	04046	306	62				108.25
				Disbursement# 6440								Disbursement Total 108.25
4375 V	876	Boone County Auditor		Services Management - Ren	41500	04022	450	62				346.50
4375 V	876	Boone County Auditor		Direct Admin - Building (	41500	04411	450	62				441.00
4375 V	876	Boone County Auditor		Purchased Admin - Account	41500	04412	420	62				1226.75
4375 V	876	Boone County Auditor		Mental Health Advocate -	41500	04075	395	62				7349.72
				Disbursement# 6441								Disbursement Total 9,363.97
4377 V	928	Brick and Tile LLC		Services Management - Ren	41500	04022	450	62				2000.00
				Disbursement# 6442								Disbursement Total 2,000.00
4379 V	1230	Capstone Behavioral Healthcare		Justice System Involved C	41500	04025	376	62				6608.00
				Disbursement# 6443								Disbursement Total 6,608.00
4433 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				2823.48
4433 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				2980.34
4433 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				2823.51
				Disbursement# 6444								Disbursement Total 8,627.33
4368 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				226.28
				Disbursement# 6445								Disbursement Total 226.28
4381 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				57.83-
4382 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				114.17
4382 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				232.09
4382 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				217.35
4382 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
4382 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
4382 V	1327	Center Associates		Crisis Evaluation	41500	04044	301	62				806.69
4382 V	1327	Center Associates		Justice System Involved C	41500	04025	376	62				7260.00
				Disbursement# 6446								Disbursement Total 8,789.82
4384 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				260.82
4384 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				724.50
4384 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				927.36

Disbursement Date 12/27/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			173.88
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			275.31
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1028.79
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			202.86
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			753.48
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			173.88
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			246.33
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			318.78
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			318.78
4384	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			463.68
4384	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			405.72
4384	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			463.68
4384	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			144.90
4384	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			724.50
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			376.74
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			347.76
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			405.72
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			579.60
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			347.76
4384	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			420.21
4384	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			463.68
4384	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			115.92
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			507.15
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			188.37
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			260.82
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			405.72
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			202.86
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			304.29
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			347.76
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1231.65
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			130.41
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			565.11
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			275.31
					Disbursement#	6447		Disbursement	Total			15,084.09
4384	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			463.68
					Disbursement#	6448		Disbursement	Total			463.68
4386	V	1362	Central Iowa	Psychological	Mental Health Services in	41500	04046	305	62			478.07
4386	V	1362	Central Iowa	Psychological	Mental Health Services in	41500	04046	305	62			208.29
4386	V	1362	Central Iowa	Psychological	Mental Health Services in	41500	04046	305	62			322.46
4386	V	1362	Central Iowa	Psychological	Mental Health Services in	41500	04046	305	62			208.29
4386	V	1362	Central Iowa	Psychological	Mental Health Services in	41500	04046	305	62			539.56
4386	V	1362	Central Iowa	Psychological	Mental Health Services in	41500	04046	305	62			114.17
4386	V	1362	Central Iowa	Psychological	Mental Health Services in	41500	04046	305	62			228.34
4386	V	1362	Central Iowa	Psychological	Mental Health Services in	41500	04046	305	62			228.34
					Disbursement#	6449		Disbursement	Total			2,327.52
4385	V	1361	Central Iowa	Recovery Inc.	Psychotherapeutic Treatme	41500	04042	366	62			6326.02
4385	V	1361	Central Iowa	Recovery Inc.	Psychotherapeutic Treatme	41500	04242	366	62			1454.98

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4385 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				5872.00
4385 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				2549.04
4385 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				5231.96
4385 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				1093.68
4385 V	1361	Central Iowa Recovery Inc.		Transportation - General	41500	04031	354	62				124.25
4385 V	1361	Central Iowa Recovery Inc.		Transportation - General	41500	04031	354	62				124.25
4385 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04032	329	62				259.84
4385 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04050	367	62				393.68
4385 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04350	367	62				633.44
				Disbursement#	6450							24,063.14
4383 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04332	329	62				5311.88
4383 V	1346	Central Iowa Residential Serv.		Day Habilitation	41500	04250	367	62				951.60
4383 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04232	329	62				309.92
				Disbursement#	6451							6,573.40
4387 V	1372	Central Services 2-5-12		Services Management - Ren	41500	04022	450	62				500.00
4387 V	1372	Central Services 2-5-12		Direct Admin - Building (	41500	04411	450	62				250.00
				Disbursement#	6452							750.00
4438 V	7479	CenturyLink		Services Management - Tel	41500	04022	414	62				25.62
4438 V	7479	CenturyLink		Direct Admin - Telecommun	41500	04411	414	62				8.55
				Disbursement#	6453							34.17
4388 V	1473	ChildServe Community Options		Support Services - Respit	41500	04232	325	62				524.38
				Disbursement#	6454							524.38
4398 V	2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				383.95
4398 V	2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				850.78
4398 V	2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				767.90
4398 V	2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				622.44
4398 V	2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				425.39
4398 V	2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				383.95
4398 V	2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				653.73
				Disbursement#	6455							4,088.14
4444 V	82883	Christian Opportunity Center		Support Services - Suppor	41500	04232	329	62				285.70
4444 V	82883	Christian Opportunity Center		Day Habilitation	41500	04250	367	62				73.20
4444 V	82883	Christian Opportunity Center		Voc/Day - Individual Supp	41500	04250	368	62				624.53
4444 V	82883	Christian Opportunity Center		Day Habilitation	41500	04750	367	62				439.20
				Disbursement#	6456							1,422.63
4404 V	2881	Community Resource Center		Services Management - Ren	41500	04022	450	62				845.00
				Disbursement#	6457							845.00
4389 V	1762	Crossroads Mental Hlth Ctr		Crisis Evaluation	41500	04044	301	62				114.17
4389 V	1762	Crossroads Mental Hlth Ctr		Crisis Evaluation	41500	04044	301	62				150.00
				Disbursement#	6458							264.17
4391 V	2063	Dumont Telephone Co.		Services Management - Tel	41500	04022	414	62				50.00

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4391	V 2063	Dumont Telephone Co.		Direct Admin - Telecommun	41500	04411	414	62				150.00
				Disbursement# 6459								200.00
4432	V 6709	Duncan Heights, Inc.		Services Management - Ren	41500	04022	450	62				150.00
4432	V 6709	Duncan Heights, Inc.		Support Services - Suppor	41500	04032	329	62				846.18
				Disbursement# 6460								996.18
4392	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
4392	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3190.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1160.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2900.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				580.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				870.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Stabilization Comm	41500	04044	312	62				900.00
4393	V 2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
				Disbursement# 6461								52,520.00
4424	V 5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				1618.61
4424	V 5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				1618.61
4424	V 5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				1618.61
4424	V 5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				1618.61
4424	V 5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				1618.61
4424	V 5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				3237.22
4424	V 5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				3237.22

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4424	V	5696 Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				1618.61
4424	V	5696 Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				1618.61
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4027.65
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2416.59
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2416.59
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3222.12
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3222.12
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1611.06
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1611.06
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				805.53
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				805.53
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2416.59
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3222.12
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4833.22
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				805.54
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4833.24
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3222.16
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3222.16
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2416.62
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				6444.32
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1611.08
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4833.24
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2416.62
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2416.62
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1611.08
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2416.62
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2416.62
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				805.54
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2416.62
				Disbursement#	6462		Disbursement	Total				90,302.97
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				3222.16
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				4027.70
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				5638.78
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04244	307	62				805.53
4424	V	5696 Eyerly Ball CMHS		Mobile Response	41500	04244	307	62				805.54
				Disbursement#	6463		Disbursement	Total				14,499.71
4394	V	2420 Franklin County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				85859.91
4394	V	2420 Franklin County Auditor		Purchased Admin - Account	41500	04412	420	62				4178.46
4394	V	2420 Franklin County Auditor		Purchased Admin - Data Pr	41500	04412	421	62				516.95
4394	V	2420 Franklin County Auditor		Justice System Involved C	41500	04025	100	62				20854.89
4394	V	2420 Franklin County Auditor		Services Management - Sal	41500	04022	100	62				96314.56
4394	V	2420 Franklin County Auditor		Services Management - Sal	41500	04222	100	62				5331.00
4394	V	2420 Franklin County Auditor		Services Management - Sal	41500	04322	100	62				5864.10
4394	V	2420 Franklin County Auditor		Services Management - Sal	41500	04722	100	62				710.80
				Disbursement#	6464		Disbursement	Total				219,630.67
4395	V	2430 Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04042	366	62				7414.61
4395	V	2430 Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04242	366	62				242.19

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4395 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04342	366	62				124.20
				Disbursement# 6465		Disbursement		Total				7,781.00
4396 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				496.99
4396 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				5308.16
				Disbursement# 6466		Disbursement		Total				5,805.15
4406 V	2924	Frontier Communications		Services Management - Tel	41500	04022	414	62				129.42
4406 V	2924	Frontier Communications		Direct Admin - Telecommun	41500	04411	414	62				43.15
				Disbursement# 6467		Disbursement		Total				172.57
4390 V	1815	Gatehouse Media IA Holdings		Direct Admin - Publicatio	41500	04411	400	62				625.24
				Disbursement# 6468		Disbursement		Total				625.24
4397 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				149.50
4397 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				260.00
4397 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				351.00
4397 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				19.50
4397 V	2654	Kent L. Geffe		Support Services - Guardi	41500	04032	326	62				123.50
				Disbursement# 6469		Disbursement		Total				903.50
4401 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				242.50
				Disbursement# 6470		Disbursement		Total				242.50
4402 V	2725	Hamilton County Auditor		Services Management - Ren	41500	04022	450	62				450.00
4402 V	2725	Hamilton County Auditor		Direct Admin - Building (	41500	04411	450	62				450.00
4402 V	2725	Hamilton County Auditor		Purchased Admin - Account	41500	04412	420	62				1466.78
				Disbursement# 6471		Disbursement		Total				2,366.78
4429 V	5962	Hardin County Auditor		Mental Health Advocate -	41500	04075	395	62				5592.09
				Disbursement# 6472		Disbursement		Total				5,592.09
4405 V	2915	Heartland Business System, LLC		Purchased Admin - Data Pr	41500	04412	421	62				1044.00
				Disbursement# 6473		Disbursement		Total				1,044.00
4407 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				6078.75
4407 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04050	367	62				658.80
4407 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04232	329	62				1392.78
4407 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04250	367	62				816.72
4407 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				1452.90
4407 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04350	367	62				970.34
4407 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				926.76
4407 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				460.86
				Disbursement# 6474		Disbursement		Total				12,757.91
4408 V	3230	Infomax Office Systems		Services Management - Off	41500	04022	636	62				181.73
				Disbursement# 6475		Disbursement		Total				181.73
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				925.23
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99

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4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				702.15
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				347.25
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				248.34
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				702.15
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				577.98
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				288.99
4409 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				223.08
				Disbursement#	6476	Disbursement		Total				5,089.83
4414 V	4379	Iowa Community Services Assn.		Direct Admin - Dues & Mem	41500	04411	480	62				1500.00
				Disbursement#	6477	Disbursement		Total				1,500.00
4410 V	3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				108.73
4410 V	3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				80.62
4410 V	3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				172.62
				Disbursement#	6478	Disbursement		Total				361.97
4411 V	3720	Johnson County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				61.75
				Disbursement#	6479	Disbursement		Total				61.75
4380 V	1279	LifeWorks Community Services		Day Habilitation	41500	04250	367	62				1035.95
4380 V	1279	LifeWorks Community Services		Voc/Day - Individual Supp	41500	04250	368	62				779.57
4380 V	1279	LifeWorks Community Services		Support Services - Suppor	41500	04332	329	62				315.74
4380 V	1279	LifeWorks Community Services		Day Habilitation	41500	04350	367	62				848.00
4380 V	1279	LifeWorks Community Services		Voc/Day - Individual Supp	41500	04350	368	62				390.33
4380 V	1279	LifeWorks Community Services		Voc/Day - Group Supported	41500	04350	369	62				501.84
4380 V	1279	LifeWorks Community Services		Day Habilitation	41500	04750	367	62				445.20
				Disbursement#	6480	Disbursement		Total				4,316.63
4415 V	4400	Mainstream Living		Voc/Day - Group Supported	41500	04350	369	62				113.84
4415 V	4400	Mainstream Living		Day Habilitation	41500	04350	367	62				460.86
				Disbursement#	6481	Disbursement		Total				574.70
4416 V	4421	Marion County		Commitment - Sheriff Tran	41500	04074	353	62				138.75
				Disbursement#	6482	Disbursement		Total				138.75
4417 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				62.00
4417 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				44.00
4417 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
4417 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				805.47
4417 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				45.00
4417 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				60.00
4417 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
4417 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				125.00
4417 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00

Disbursement Date 12/27/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4417 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
				Disbursement# 6483		Disbursement		Total				1,265.47
4418 V	4444	Marshall County Treasurer		Services Management - Ren	41500	04022	450	62				387.50
4418 V	4444	Marshall County Treasurer		Direct Admin - Building (	41500	04411	450	62				387.50
				Disbursement# 6484		Disbursement		Total				775.00
4419 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				400.00
4419 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4000.00
4419 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3600.00
4419 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4000.00
4419 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				3200.00
4419 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4000.00
4419 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				5200.00
4419 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				1200.00
				Disbursement# 6485		Disbursement		Total				25,600.00
4420 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00
4420 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00
				Disbursement# 6486		Disbursement		Total				120.00
4421 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				436.26
4421 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				2537.35
				Disbursement# 6487		Disbursement		Total				2,973.61
4378 V	1226	NAMI Central Iowa		Public Education Services	41500	04005	373	62				3767.00
4378 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				4504.07
4378 V	1226	NAMI Central Iowa		Peer Family Support - Fam	41500	04045	323	62				4591.00
4378 V	1226	NAMI Central Iowa		Peer Family Support - Pee	41500	04045	366	62				450.00
4378 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04242	366	62				155.31
4378 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04342	366	62				310.62
				Disbursement# 6488		Disbursement		Total				13,778.00
4442 V	8103	Newton Police Department		Crisis Prevention Trainin	41500	04046	422	62				1278.23
				Disbursement# 6489		Disbursement		Total				1,278.23
4422 V	5283	North Iowa Vocational Center		Basic Needs - Other	41500	04033	399	62				1475.32
4422 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				1005.90
4422 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04032	329	62				4010.12
4422 V	5283	North Iowa Vocational Center		Basic Needs - Rent Paymen	41500	04033	340	62				450.00
				Disbursement# 6490		Disbursement		Total				6,941.34
4423 V	5448	One Vision-Opportunity Village		Support Services - Suppor	41500	04032	329	62				225.56
4423 V	5448	One Vision-Opportunity Village		Voc/Day - Individual Supp	41500	04250	368	62				390.33
4423 V	5448	One Vision-Opportunity Village		Support Services - Suppor	41500	04332	329	62				360.72
				Disbursement# 6491		Disbursement		Total				976.61
4403 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				304.84
4403 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04032	329	62				1174.84
4403 V	2872	Optimae LifeServices, Inc.		Day Habilitation	41500	04050	367	62				151.60

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4403 V	2872	Optimae LifeServices, Inc.		Comm Based Settings (6+ B	41500	04064	329	62				32537.41
4403 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04232	329	62				1302.54
4403 V	2872	Optimae LifeServices, Inc.		Day Habilitation	41500	04250	367	62				295.62
4403 V	2872	Optimae LifeServices, Inc.		Support Services - Suppor	41500	04332	329	62				2975.41
4403 V	2872	Optimae LifeServices, Inc.		Day Habilitation	41500	04350	367	62				454.80
4403 V	2872	Optimae LifeServices, Inc.		Voc/Day - Individual Supp	41500	04350	368	62				1682.13
				Disbursement# 6492								40,879.19
4413 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				13.80
4413 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				13.17
4413 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47
4413 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47
4413 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				99.93
4413 V	4316	Orchard Place CCR&R		Psychotherapeutic Treatme	41500	04042	305	62				72.47
				Disbursement# 6493								344.31
4425 V	5770	Postmaster		Direct Admin - Postage &	41500	04411	412	62				120.00
				Disbursement# 6494								120.00
4426 V	5815	Poweshiek Co Sheriff's Dept		Prescription Medication (	41500	04046	306	62				196.88
				Disbursement# 6495								196.88
4427 V	5816	Poweshiek County Auditor		Services Management - Ren	41500	04022	450	62				600.00
				Disbursement# 6496								600.00
4443 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	366	62				4522.05
4443 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04242	366	62				1197.05
4443 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04342	366	62				29.56
4443 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04742	366	62				576.34
				Disbursement# 6497								6,325.00
4369 V	281	Premier		Services Management - Sta	41500	04022	260	62				36.74
				Disbursement# 6498								36.74
4446 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				18571.08
4446 V	83117	The Pride Group		Comm Based Settings (6+ B	41500	04064	314	62				19190.12
				Disbursement# 6499								37,761.20
4428 V	5840	Progress Industries		Day Habilitation	41500	04250	367	62				582.29
4428 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				780.66
4428 V	5840	Progress Industries		Support Services - Suppor	41500	04332	329	62				167.85
4428 V	5840	Progress Industries		Day Habilitation	41500	04350	367	62				384.05
4428 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04350	368	62				853.71
4428 V	5840	Progress Industries		Day Habilitation	41500	04750	367	62				1305.77
				Disbursement# 6500								4,074.33
4430 V	6420	REM Ia Developmental Srv, Inc		Basic Needs - Ongoing Ren	41500	04033	345	62				316.23
4430 V	6420	REM Ia Developmental Srv, Inc		Basic Needs - Ongoing Ren	41500	04033	345	62				316.23
4430 V	6420	REM Ia Developmental Srv, Inc		Basic Needs - Ongoing Ren	41500	04033	345	62				316.23
4430 V	6420	REM Ia Developmental Srv, Inc		Basic Needs - Ongoing Ren	41500	04033	345	62				316.23

Disbursement Date 12/27/2022

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4430 V	6420	REM Ia Developmental Srv, Inc		Basic Needs - Ongoing Ren	41500	04033	345	62				316.23
4430 V	6420	REM Ia Developmental Srv, Inc		Basic Needs - Ongoing Ren	41500	04033	345	62				316.23
				Disbursement# 6501								1,897.38
4370 V	322	Salvation Army		Support Services - Repres	41500	04032	327	62				566.40
4370 V	322	Salvation Army		Support Services - Repres	41500	04232	327	62				96.00
				Disbursement# 6502								662.40
4445 V	82938	The Shredder		Services Management - Cus	41500	04022	471	62				32.00
4445 V	82938	The Shredder		Direct Admin - Custodial	41500	04411	471	62				16.00
				Disbursement# 6503								48.00
4431 V	6682	Lisa Soder		Services Management - Mil	41500	04022	413	62				17.85
4431 V	6682	Lisa Soder		Services Management - Mil	41500	04222	413	62				17.32
4431 V	6682	Lisa Soder		Services Management - Mil	41500	04322	413	62				17.33
				Disbursement# 6504								52.50
4434 V	7025	Story County Auditor		Services Management - Ren	41500	04022	450	62				250.00
4434 V	7025	Story County Auditor		Direct Admin - Building (	41500	04411	450	62				250.00
				Disbursement# 6505								500.00
4435 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				3.99
				Disbursement# 6506								3.99
4436 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				16743.75
4436 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				17372.75
4436 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1120.64-
4436 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				2041.46-
4436 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1444.89-
4436 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				18818.82
4437 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				4242.37
4437 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				5296.77
4437 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1097.88
				Disbursement# 6507								58,965.35
4412 V	4112	Patti Treibel-Leeds		Direct Admin - Mileage &	41500	04411	413	62				410.61
4412 V	4112	Patti Treibel-Leeds		Direct Admin - Telecommun	41500	04411	414	62				50.00
4412 V	4112	Patti Treibel-Leeds		Direct Admin - Educationa	41500	04411	422	62				176.89
				Disbursement# 6508								637.50
4439 V	7498	U.S. Cellular		Services Management - Tel	41500	04022	414	62				1505.18
				Disbursement# 6509								1,505.18
4372 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				6435.83
4372 V	700	UnityPoint Health		Psychotherapeutic Treatme	41500	04042	396	62				176.87
4372 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				580.00
4372 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
4372 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
4372 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83
4372 V	700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
4372	V 700	UnityPoint Health		Assertive Community Treat	41500	04042	398	62				55.83	
				Disbursement#	6510							8,309.30	
4373	V 745	Visual Edge IT, Inc		Services Management - Off	41500	04022	444	62				19.36	
4373	V 745	Visual Edge IT, Inc		Direct Admin - Office Equ	41500	04411	444	62				19.36	
4373	V 745	Visual Edge IT, Inc		Services Management - Off	41500	04022	636	62				11.61	
4373	V 745	Visual Edge IT, Inc		Direct Admin - Office Equ	41500	04411	636	62				11.61	
				Disbursement#	6511							61.94	
4440	V 7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				41.60	
				Disbursement#	6512							41.60	
4447	V 7680	Warren County Sheriff		Justice System-Involved S	41500	04046	399	62				187.88	
				Disbursement#	6513							187.88	
4441	V 7696	Webster County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				12.00	
				Disbursement#	6514							12.00	
4448	V 7696	Webster County Sheriff		Prescription Medication (	41500	04046	306	62				49.67	
				Disbursement#	6515							49.67	
4400	V 2688	Windstream Communications		Services Management - Tel	41500	04022	414	62				325.66	
				Disbursement#	6516							325.66	
					80							Total Disbursements	751,253.28
					0							Total ACH	.00
					0							Total EFT	.00
					80							Grand Total	751,253.28
												Credits/Refunds Included	4,664.82

Date - 12/22/22  
Time - 10:31:26

Story County - Accounting  
Final Disbursement Register

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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	751,253.28
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Final Total	751,253.28
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End of report

Disbursement Date 01/10/2023

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4596	V 169	Amazon Capital Services		Direct Admin - Informatio	41500	04411	262	62				28.76
				Disbursement# 6517								28.76
4600	V 508	ARC of Story County		Psychotherapeutic Treatme	41500	04242	366	62				3493.39
4600	V 508	ARC of Story County		Psychotherapeutic Treatme	41500	04342	366	62				553.09
				Disbursement# 6518								4,046.48
4601	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				114.17
4601	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				114.17
4601	V 1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				114.17
4601	V 1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				114.17
4601	V 1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				14873.07
4601	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				7609.26
4601	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04342	366	62				147.74
4601	V 1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				114.17
4601	V 1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				114.17
4601	V 1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				59.43
4601	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				114.17
4601	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				72.45
4601	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				61.58
4601	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				155.61
4601	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				232.09
4601	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				59.43
4601	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				114.17
4601	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				232.09
4601	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				232.09
4601	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				114.17
4601	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				4413.63
4601	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04242	366	62				2402.41
4601	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04342	366	62				446.96
4601	V 1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				25675.00
4601	V 1230	Capstone Behavioral Healthcare		Basic Needs - Rent Paymen	41500	04033	340	62				564.50
				Disbursement# 6519								58,264.87
4597	V 198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				248.80
4597	V 198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				185.08
4597	V 198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				236.30
4597	V 198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				339.00
4597	V 198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				946.95
				Disbursement# 6520								1,956.13
4602	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
4602	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				173.60
4602	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
4602	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
4602	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
4602	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				208.88
4602	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
4602	V 1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				65.21
4602	V 1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90

Disbursement Date 01/10/2023

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4602 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09
4602 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
4602 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
4602 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
4602 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				80.75
4602 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				114.17
4602 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
4602 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				155.61
4602 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
4602 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				232.09
4602 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
4602 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
4602 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				144.90
				Disbursement#	6521							2,815.98
4627 V	6534	Central Iowa Broadband		Services Management - Tel	41500	04022	414	62				50.00
4627 V	6534	Central Iowa Broadband		Direct Admin - Telecommun	41500	04411	414	62				50.00
				Disbursement#	6522							100.00
4603 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				246.33
				Disbursement#	6523							246.33
4604 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
4604 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				342.51
4604 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				297.77
4604 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				322.46
4604 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
4604 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				311.22
4604 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				322.46
4604 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				114.17
4604 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				155.61
4604 V	1362	Central Iowa Psychological		Mental Health Services in	41500	04046	305	62				277.72
				Disbursement#	6524							2,455.14
4605 V	1370	Cerro Gordo Co. Sheriff		Prescription Medication (	41500	04046	306	62				661.80
				Disbursement#	6525							661.80
4606 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				91.34
				Disbursement#	6526							91.34
4607 V	1955	Des Moines Stamp Mfg. Co.		Services Management - Sta	41500	04022	260	62				66.50
4607 V	1955	Des Moines Stamp Mfg. Co.		Direct Admin - Stationary	41500	04411	260	62				66.50
				Disbursement#	6527							133.00
4628 V	6709	Duncan Heights, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				174.19
				Disbursement#	6528							174.19
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4608 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
4609 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
4609 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
4609 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
				Disbursement#	6529							3,020.00
4622 V	5696	Eyerly Ball CMHS		Assertive Community Treat	41500	04042	398	62				4640.00
				Disbursement#	6530							4,640.00
4598 V	297	GPA Legal LLC		Commitment - Legal Repres	41500	04074	393	62				88.40
				Disbursement#	6531							88.40
4610 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				36.00
4610 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				30.00
4610 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				30.00
				Disbursement#	6532							96.00
4611 V	2725	Hamilton County Auditor		Mental Health Advocate -	41500	04075	395	62				653.28
				Disbursement#	6533							653.28
4612 V	2915	Heartland Business System, LLC		Purchased Admin - Data Pr	41500	04412	421	62				655.65
				Disbursement#	6534							655.65
4618 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				442.00
4618 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				110.50
4618 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				561.51
4618 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				286.26
4618 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				311.78
				Disbursement#	6535							1,712.05
4638 V	83215	Carrie Hisler		Services Management - Mil	41500	04022	413	62				83.30
4638 V	83215	Carrie Hisler		Services Management - Mil	41500	04222	413	62				80.85
4638 V	83215	Carrie Hisler		Services Management - Mil	41500	04322	413	62				80.85
				Disbursement#	6536							245.00
4614 V	3129	Liza Howard		Services Management - Mil	41500	04022	413	62				185.73
4614 V	3129	Liza Howard		Services Management - Tel	41500	04022	414	62				50.00
4614 V	3129	Liza Howard		Services Management - Mil	41500	04222	413	62				180.26
4614 V	3129	Liza Howard		Services Management - Mil	41500	04322	413	62				180.26
4614 V	3129	Liza Howard		Services Management - Mil	41500	04022	413	62				126.65
4614 V	3129	Liza Howard		Services Management - Tel	41500	04022	414	62				50.00
4614 V	3129	Liza Howard		Services Management - Mil	41500	04222	413	62				122.92
4614 V	3129	Liza Howard		Services Management - Mil	41500	04322	413	62				122.93

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4614 V	3129	Liza Howard		Services Management - Mil	41500	04022	413	62				146.20
4614 V	3129	Liza Howard		Services Management - Tel	41500	04022	414	62				50.00
4614 V	3129	Liza Howard		Services Management - Mil	41500	04222	413	62				141.90
4614 V	3129	Liza Howard		Services Management - Mil	41500	04322	413	62				141.90
				Disbursement#	6537						Disbursement Total	1,498.75
4637 V	82967	HPC, LLC		Direct Admin - Buildings	41500	04411	441	62				13875.00
				Disbursement#	6538						Disbursement Total	13,875.00
4615 V	3720	Johnson County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				61.75
				Disbursement#	6539						Disbursement Total	61.75
4616 V	4205	Linn County		Commitment - Sheriff Tran	41500	04074	353	62				118.75
				Disbursement#	6540						Disbursement Total	118.75
4635 V	8100	Marco		Services Management - Off	41500	04022	444	62				147.05
4635 V	8100	Marco		Direct Admin - Office Equ	41500	04411	444	62				72.43
				Disbursement#	6541						Disbursement Total	219.48
4617 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
4617 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				61.00
4617 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
4617 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				15.00
				Disbursement#	6542						Disbursement Total	138.00
4636 V	71966	MHDS of the ECR		Crisis Evaluation	41500	04044	301	62				200.00
4636 V	71966	MHDS of the ECR		Crisis Evaluation	41500	04044	301	62				200.00
				Disbursement#	6543						Disbursement Total	400.00
4619 V	5240	Norse Ventures DBA Thrive		Voc/Day - Individual Supp	41500	04050	368	62				779.57
4619 V	5240	Norse Ventures DBA Thrive		Voc/Day - Individual Supp	41500	04250	368	62				779.57
4619 V	5240	Norse Ventures DBA Thrive		Voc/Day - Individual Supp	41500	04350	368	62				1169.27
				Disbursement#	6544						Disbursement Total	2,728.41
4620 V	5283	North Iowa Vocational Center		Basic Needs - Rent Paymen	41500	04033	340	62				450.00
4620 V	5283	North Iowa Vocational Center		Basic Needs - Rent Paymen	41500	04033	340	62				450.00
4620 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04032	329	62				676.68
4620 V	5283	North Iowa Vocational Center		Voc/Day - Prevocational S	41500	04050	362	62				10.80
4620 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04050	368	62				1014.86
4620 V	5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04050	369	62				220.32
4620 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				7294.50
4620 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				18979.84
4620 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04232	329	62				541.34
4620 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04250	367	62				279.25
4620 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04250	368	62				390.33
4620 V	5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04250	369	62				722.16
4620 V	5283	North Iowa Vocational Center		Voc/Day - Prevocational S	41500	04350	362	62				334.80
4620 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04350	367	62				300.77
4620 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04350	368	62				146.10
4620 V	5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04350	369	62				440.64

Disbursement Date 01/10/2023

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	6545	Disbursement	Total					32,252.39
4621	V 5476	Otto Law Office, PLLC		Commitment - Legal Repres	41500	04074	393	62				158.40
				Disbursement#	6546	Disbursement	Total					158.40
4623	V 5825	Premier Payee, Inc		Support Services - Repres	41500	04032	327	62				48.00
				Disbursement#	6547	Disbursement	Total					48.00
4624	V 5910	Quill Corporation		Services Management - Off	41500	04022	636	62				137.49
4624	V 5910	Quill Corporation		Direct Admin - Office Equ	41500	04411	636	62				137.50
				Disbursement#	6548	Disbursement	Total					274.99
4625	V 6096	Respite Connection		Support Services - Respit	41500	04332	325	62				1701.68
				Disbursement#	6549	Disbursement	Total					1,701.68
4626	V 6455	Scott County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				63.63
				Disbursement#	6550	Disbursement	Total					63.63
4629	V 7025	Story County Auditor		Purchased Admin - Account	41500	04412	420	62				3926.67
				Disbursement#	6551	Disbursement	Total					3,926.67
4630	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				100.00
4630	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				205.00
4630	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				72.50
4630	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				265.00
4630	V 7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				170.00
				Disbursement#	6552	Disbursement	Total					812.50
4631	V 7125	Story County Treasurer		Prescription Medication (	41500	04046	306	62				43.47-
4631	V 7125	Story County Treasurer		Prescription Medication (	41500	04046	306	62				541.87
				Disbursement#	6553	Disbursement	Total					498.40
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				97.50
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				104.00
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				97.50
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				91.00
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				65.00
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				123.50
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				110.50
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				78.00
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				156.00
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				97.50
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				364.00
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				97.50
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				130.00
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				39.00
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				110.50
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				201.50
4613	V 3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				91.00

Disbursement Date 01/10/2023

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4613 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50
				Disbursement# 6554								2,223.00
4632 V	7421	Trilix Marketing Group		Public Education Services	41500	04005	373	62				2155.15
				Disbursement# 6555								2,155.15
4595 V	77	Verizon Wireless		Services Management - Tel	41500	04022	414	62				40.01
4595 V	77	Verizon Wireless		Direct Admin - Telecommun	41500	04411	414	62				40.01
				Disbursement# 6556								80.02
4633 V	7696	Webster County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				3.00
				Disbursement# 6557								3.00
4599 V	350	Woolstock Mutal Telephone Assn		Direct Admin - Telecommun	41500	04411	414	62				55.00
				Disbursement# 6558								55.00
4634 V	7840	Wright County Auditor		Services Management - Ren	41500	04022	450	62				300.00
4634 V	7840	Wright County Auditor		Direct Admin - Building (	41500	04411	450	62				300.00
4634 V	7840	Wright County Auditor		Services Management - Ren	41500	04022	450	62				300.00
4634 V	7840	Wright County Auditor		Direct Admin - Building (	41500	04411	450	62				300.00
4634 V	7840	Wright County Auditor		Services Management - Ren	41500	04022	450	62				300.00
4634 V	7840	Wright County Auditor		Direct Admin - Building (	41500	04411	450	62				300.00
4634 V	7840	Wright County Auditor		Services Management - Ren	41500	04022	450	62				300.00
4634 V	7840	Wright County Auditor		Direct Admin - Building (	41500	04411	450	62				300.00
4634 V	7840	Wright County Auditor		Services Management - Ren	41500	04022	450	62				300.00
4634 V	7840	Wright County Auditor		Direct Admin - Building (	41500	04411	450	62				300.00
4634 V	7840	Wright County Auditor		Services Management - Ren	41500	04022	450	62				300.00
4634 V	7840	Wright County Auditor		Direct Admin - Building (	41500	04411	450	62				300.00
				Disbursement# 6559								4,200.00
					43	Total Disbursements						149,577.37
					0	Total ACH						.00
					0	Total EFT						.00
					43	Grand Total						149,577.37
						Credits/Refunds Included						43.47

Totals by Fund	
41500 Central Iowa Community Service	149,577.37
Final Total	149,577.37

End of report

Disbursement Date 01/24/2023

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4894 V	15	Abbe Center for Community		Comm Based Settings (6+ B Disbursement#	41500 6560	04064 Disbursement	314	62				9265.90 9,265.90
4898 V	291	Access Systems Leasing		Services Management - Off	41500	04022	453	62				256.22
4898 V	291	Access Systems Leasing		Direct Admin - Office Equ Disbursement#	41500 6561	04411 Disbursement	453	62				126.20 382.42
4895 V	60	Linn Adams		Services Management - Mil	41500	04022	413	62				71.83
4895 V	60	Linn Adams		Services Management - Tel	41500	04022	414	62				50.00
4895 V	60	Linn Adams		Services Management - Mil	41500	04222	413	62				69.71
4895 V	60	Linn Adams		Services Management - Mil Disbursement#	41500 6562	04322 Disbursement	413	62				69.71 261.25
4900 V	445	Arc of Marshall County		Psychotherapeutic Treatme	41500	04242	366	62				617.70
4900 V	445	Arc of Marshall County		Psychotherapeutic Treatme Disbursement#	41500 6563	04342 Disbursement	366	62				10.30 628.00
4902 V	588	Brittany Baker		Justice System Involved C Disbursement#	41500 6564	04025 Disbursement	413	62				579.38 579.38
4906 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				36.75
4906 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				36.75
4906 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				120.50
4906 V	877	Boone Co Sheriff		Prescription Medication ( Disbursement#	41500 6565	04046 Disbursement	306	62				227.85 421.85
4905 V	876	Boone County Auditor		Services Management - Ren	41500	04022	450	62				346.50
4905 V	876	Boone County Auditor		Direct Admin - Building (	41500	04411	450	62				441.00
4905 V	876	Boone County Auditor		Purchased Admin - Account	41500	04412	420	62				1226.75
4905 V	876	Boone County Auditor		Mental Health Advocate - Disbursement#	41500 6566	04075 Disbursement	395	62				8008.45 10,022.70
4907 V	928	Brick and Tile LLC		Services Management - Ren Disbursement#	41500 6567	04022 Disbursement	450	62				2000.00 2,000.00
4909 V	1230	Capstone Behavioral Healthcare		Basic Needs - Rent Paymen Disbursement#	41500 6568	04033 Disbursement	340	62				350.00 350.00
4972 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				2040.48
4972 V	6863	Care Connections of No. Iowa		Mental Health Advocate -	41500	04075	395	62				2040.48
4972 V	6863	Care Connections of No. Iowa		Mental Health Advocate - Disbursement#	41500 6569	04075 Disbursement	395	62				2153.89 6,234.85
4897 V	198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				130.10
4897 V	198	Carr Law Firm PLC		Commitment - Legal Repres Disbursement#	41500 6570	04074 Disbursement	393	62				300.38 430.48
4922 V	2097	Cedar Valley Ranch, Inc.		Comm Based Settings (6+ B Disbursement#	41500 6571	04064 Disbursement	314	62				5804.13 5,804.13

Disbursement Date 01/24/2023

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4910 V	1327	Center Associates		Crisis Evaluation	41500	04044	301	62				460.43
4910 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				80.75
4910 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				72.45
4910 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				232.09
4910 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				232.09
4910 V	1327	Center Associates		Mental Health Services in	41500	04046	305	62				72.45
					Disbursement# 6572	Disbursement	Total					1,150.26
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				202.86
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				405.72
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				289.80
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				391.23
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				202.86
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				188.37
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				289.80
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				825.93
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				941.85
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				173.88
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				492.66
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				376.74
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				115.92
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				246.33
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				275.31
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				391.23
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				420.21
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				507.15
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				507.15
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				825.93
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				289.80
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				376.74
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				492.66
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				333.27
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				420.21
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				289.80
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				115.92
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				463.68
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				463.68
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				405.72
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				521.64
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				289.80
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				347.76
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				434.70
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				391.23
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				767.97
					Disbursement# 6573	Disbursement	Total					14,475.51
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				362.25
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				318.78
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				405.72
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				173.88

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				492.66	
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				405.72	
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				492.66	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				463.68	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				434.70	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				420.21	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				637.56	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				652.05	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				492.66	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				695.52	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				420.21	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				796.95	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				405.72	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				304.29	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				144.90	
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				608.58	
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				260.82	
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				231.84	
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				449.19	
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				1159.20	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				362.25	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				579.60	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				594.09	
4912 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				492.66	
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				463.68	
4912 V	1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				463.68	
				Disbursement#	6574							Disbursement Total	14,185.71
4913 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				1321.53	
4913 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	397	62				546.84	
4913 V	1361	Central Iowa Recovery Inc.		Support Services - Suppor	41500	04332	329	62				222.72	
4913 V	1361	Central Iowa Recovery Inc.		Day Habilitation	41500	04350	367	62				899.84	
4913 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				3112.40	
4913 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				4668.60	
4913 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				6064.09	
4913 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				1716.91	
4913 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04042	366	62				5694.06	
4913 V	1361	Central Iowa Recovery Inc.		Psychotherapeutic Treatme	41500	04242	366	62				177.94	
				Disbursement#	6575							Disbursement Total	24,424.93
4911 V	1346	Central Iowa Residential Serv.		Day Habilitation	41500	04250	367	62				878.40	
4911 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04232	329	62				5114.67	
4911 V	1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04232	329	62				202.64	
				Disbursement#	6576							Disbursement Total	6,195.71
4915 V	1372	Central Services 2-5-12		Services Management - Ren	41500	04022	450	62				500.00	
4915 V	1372	Central Services 2-5-12		Direct Admin - Building (	41500	04411	450	62				250.00	
				Disbursement#	6577							Disbursement Total	750.00
4977 V	7474	Century Link		Services Management - Tel	41500	04022	414	62				51.83	

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4977 V	7474	Century Link		Direct Admin - Telecommun	41500	04411	414	62				155.48
				Disbursement# 6578								207.31
4978 V	7479	CenturyLink		Services Management - Tel	41500	04022	414	62				2.59
4978 V	7479	CenturyLink		Direct Admin - Telecommun	41500	04411	414	62				7.75
				Disbursement# 6579								10.34
4914 V	1370	Cerro Gordo Co. Sheriff		Prescription Medication (	41500	04046	306	62				611.88
				Disbursement# 6580								611.88
4916 V	1473	ChildServe Community Options		Support Services - Respit	41500	04232	325	62				641.28
				Disbursement# 6581								641.28
4917 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				224.40
4917 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				197.20
4917 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				108.80
4917 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				140.05
4917 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				95.20
4917 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				234.80
4917 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				150.70
4917 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				196.15
4917 V	1501	Clements Law & Mediation		Commitment - Legal Repres	41500	04074	393	62				88.40
				Disbursement# 6582								1,435.70
4918 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				140.05
4918 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				102.75
4918 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				102.75
4918 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				102.75
4918 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				102.75
4918 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				102.75
4918 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				102.75
4918 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	305	62				102.75
4918 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	306	62				232.09
				Disbursement# 6583								1,091.39
4936 V	2881	Community Resource Center		Services Management - Ren	41500	04022	450	62				211.25
4936 V	2881	Community Resource Center		Direct Admin - Building (	41500	04411	450	62				633.75
				Disbursement# 6584								845.00
4919 V	1751	Jessica Crawford		Services Management - Mil	41500	04022	413	62				123.58
4919 V	1751	Jessica Crawford		Services Management - Mil	41500	04222	413	62				119.93
4919 V	1751	Jessica Crawford		Services Management - Mil	41500	04322	413	62				119.93
				Disbursement# 6585								363.44
4920 V	1762	Crossroads Mental Hlth Ctr		Crisis Evaluation	41500	04044	301	62				300.00
				Disbursement# 6586								300.00
4971 V	6709	Duncan Heights, Inc.		Services Management - Tel	41500	04022	414	62				38.37
4971 V	6709	Duncan Heights, Inc.		Services Management - Tel	41500	04022	414	62				38.37
4971 V	6709	Duncan Heights, Inc.		Services Management - Ren	41500	04022	450	62				150.00



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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
4924 V	2420	Franklin County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				91135.71
4924 V	2420	Franklin County Auditor		Purchased Admin - Account	41500	04412	420	62				4111.91
4924 V	2420	Franklin County Auditor		Services Management - Sal	41500	04022	100	62				91911.53
4924 V	2420	Franklin County Auditor		Services Management - Sal	41500	04222	100	62				4133.20
4924 V	2420	Franklin County Auditor		Services Management - Sal	41500	04322	100	62				5904.49
4924 V	2420	Franklin County Auditor		Services Management - Sal	41500	04722	100	62				1180.86
4924 V	2420	Franklin County Auditor		Justice System Involved C	41500	04025	100	62				13242.11
				Disbursement# 6591								Disbursement Total 212,670.67
4925 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04042	366	62				7397.63
4925 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04242	366	62				245.75
4925 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04342	366	62				137.62
				Disbursement# 6592								Disbursement Total 7,781.00
4926 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04032	329	62				529.06
4926 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				5674.24
				Disbursement# 6593								Disbursement Total 6,203.30
4929 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				97.50
4929 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				65.00
4929 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				104.00
4929 V	2654	Kent L. Geffe		Commitment - Legal Repres	41500	04074	393	62				123.50
				Disbursement# 6594								Disbursement Total 390.00
4928 V	2605	Gregory F. Greiner		Commitment - Legal Repres	41500	04074	393	62				130.00
				Disbursement# 6595								Disbursement Total 130.00
4931 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				63.25
4931 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				30.00
				Disbursement# 6596								Disbursement Total 93.25
4932 V	2725	Hamilton County Auditor		Services Management - Ren	41500	04022	450	62				450.00
4932 V	2725	Hamilton County Auditor		Direct Admin - Building (	41500	04411	450	62				450.00
4932 V	2725	Hamilton County Auditor		Purchased Admin - Account	41500	04412	420	62				1466.78
				Disbursement# 6597								Disbursement Total 2,366.78
4933 V	2726	Hamilton County Jail		Prescription Medication (	41500	04046	306	62				18.60
				Disbursement# 6598								Disbursement Total 18.60
4934 V	2738	Hancock County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				55.00
				Disbursement# 6599								Disbursement Total 55.00
4967 V	5962	Hardin County Auditor		Mental Health Advocate -	41500	04075	395	62				5387.71
				Disbursement# 6600								Disbursement Total 5,387.71
4938 V	2917	Heart of Ia Communications Co		Services Management - Tel	41500	04022	414	62				171.54
4938 V	2917	Heart of Ia Communications Co		Direct Admin - Telecommun	41500	04411	414	62				171.54
				Disbursement# 6601								Disbursement Total 343.08
4937 V	2915	Heartland Business System, LLC		Purchased Admin - Data Pr	41500	04412	421	62				1044.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	6602	Disbursement	Total					1,044.00
4956	V 5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				386.75
4956	V 5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				66.30
4956	V 5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				220.08
4956	V 5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				341.31
4956	V 5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				286.26
				Disbursement#	6603	Disbursement	Total					1,300.70
4941	V 3235	IMU		Services Management - Tel	41500	04022	414	62				188.94
4941	V 3235	IMU		Services Management - Ele	41500	04022	431	62				182.35
4941	V 3235	IMU		Services Management - Wat	41500	04022	432	62				26.24
4941	V 3235	IMU		Direct Admin - Telecommun	41500	04411	414	62				94.47
4941	V 3235	IMU		Direct Admin - Electric P	41500	04411	431	62				91.17
4941	V 3235	IMU		Direct Admin - Water & Se	41500	04411	432	62				13.12
				Disbursement#	6604	Disbursement	Total					596.29
4940	V 3230	Infomax Office Systems		Services Management - Off	41500	04022	636	62				207.73
				Disbursement#	6605	Disbursement	Total					207.73
4942	V 3430	Iowa State Assoc. of Counties		Direct Admin - Educationa	41500	04411	422	62				210.00
4942	V 3430	Iowa State Assoc. of Counties		Direct Admin - Educationa	41500	04411	422	62				210.00
4942	V 3430	Iowa State Assoc. of Counties		Direct Admin - Educationa	41500	04411	422	62				210.00
4942	V 3430	Iowa State Assoc. of Counties		Direct Admin - Educationa	41500	04411	422	62				210.00
4942	V 3430	Iowa State Assoc. of Counties		Direct Admin - Educationa	41500	04411	422	62				210.00
				Disbursement#	6606	Disbursement	Total					1,050.00
4943	V 3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				187.50
4943	V 3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				417.33
				Disbursement#	6607	Disbursement	Total					604.83
4921	V 1884	Mary M. Lauver		Commitment - Legal Repres	41500	04074	393	62				74.80
				Disbursement#	6608	Disbursement	Total					74.80
4947	V 4400	Mainstream Living		Voc/Day - Group Supported	41500	04350	369	62				152.80
4947	V 4400	Mainstream Living		Day Habilitation	41500	04350	367	62				307.24
				Disbursement#	6609	Disbursement	Total					460.04
4948	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00
4948	V 4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				156.00
				Disbursement#	6610	Disbursement	Total					187.00
4988	V 4443	Marshall County		Prescription Medication (	41500	04046	306	62				596.80
				Disbursement#	6611	Disbursement	Total					596.80
4949	V 4444	Marshall County Treasurer		Services Management - Ren	41500	04022	450	62				387.50
4949	V 4444	Marshall County Treasurer		Direct Admin - Building (	41500	04411	450	62				387.50
				Disbursement#	6612	Disbursement	Total					775.00
4950	V 4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				2800.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
4950 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				800.00	
4950 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				2800.00	
4950 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				800.00	
4950 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				400.00	
4950 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				1600.00	
				Disbursement#	6613							Disbursement Total	9,200.00
4951 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00	
4951 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				120.00	
4951 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				120.00	
4951 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00	
4951 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				120.00	
4951 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00	
4951 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00	
4952 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				60.00	
				Disbursement#	6614							Disbursement Total	660.00
4954 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				49.38	
4954 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				684.91	
4954 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				895.23	
				Disbursement#	6615							Disbursement Total	1,629.52
4953 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				6661.00	
4953 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				6661.00	
				Disbursement#	6616							Disbursement Total	13,322.00
4955 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04250	362	62				486.00	
4955 V	4919	MIW Inc.		Voc/Day - Prevocational S	41500	04350	362	62				378.00	
				Disbursement#	6617							Disbursement Total	864.00
4957 V	5220	Nite Owl Print & Copy		Services Management - Sta	41500	04022	260	62				145.50	
				Disbursement#	6618							Disbursement Total	145.50
4958 V	5240	Norse Ventures DBA Thrive		Voc/Day - Individual Supp	41500	04050	368	62				390.33	
4958 V	5240	Norse Ventures DBA Thrive		Voc/Day - Individual Supp	41500	04250	368	62				780.66	
				Disbursement#	6619							Disbursement Total	1,170.99
4959 V	5283	North Iowa Vocational Center		Basic Needs - Other	41500	04033	399	62				1039.43	
4959 V	5283	North Iowa Vocational Center		Basic Needs - Other	41500	04033	399	62				1039.43	
4959 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				1039.43	
				Disbursement#	6620							Disbursement Total	3,118.29
4960 V	5317	Nyemaster Goode, PC		Purchased Admin - Legal &	41500	04412	425	62				1012.50	
				Disbursement#	6621							Disbursement Total	1,012.50
4961 V	5448	One Vision-Opportunity Village		Support Services - Suppor	41500	04032	329	62				169.17	
4961 V	5448	One Vision-Opportunity Village		Voc/Day - Individual Supp	41500	04250	368	62				390.33	
4961 V	5448	One Vision-Opportunity Village		Support Services - Suppor	41500	04332	329	62				120.24	
				Disbursement#	6622							Disbursement Total	679.74



Disbursement Date 01/24/2023

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
4986 V	82938	The Shredder		Services Management - Cus	41500	04022	471	62				32.00	
4986 V	82938	The Shredder		Direct Admin - Custodial	41500	04411	471	62				16.00	
				Disbursement# 6635								Disbursement Total	48.00
4973 V	7025	Story County Auditor		Services Management - Ren	41500	04022	450	62				250.00	
4973 V	7025	Story County Auditor		Direct Admin - Building (	41500	04411	450	62				250.00	
				Disbursement# 6636								Disbursement Total	500.00
4974 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				132.50	
4974 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				72.50	
4974 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				145.00	
4974 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				127.50	
4974 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				42.50	
4974 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				62.50	
4974 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				271.25	
4974 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				252.50	
4974 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				30.00	
4974 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				97.50	
4975 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				136.05	
4975 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				101.70	
4975 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				88.50	
4975 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.70	
4975 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				185.85	
4975 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				71.70	
				Disbursement# 6637								Disbursement Total	1,889.25
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				91.00	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				84.50	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				136.50	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				221.00	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				136.50	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				65.00	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				175.50	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				110.50	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				104.00	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				104.00	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				104.00	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				65.00	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				104.00	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				97.50	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				91.00	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				110.50	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				123.50	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				136.50	
4939 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				52.00	
				Disbursement# 6638								Disbursement Total	2,112.50
4908 V	1063	Deborah Thompson		Purchased Admin - Plannin	41500	04412	429	62				3680.00	
				Disbursement# 6639								Disbursement Total	3,680.00



Disbursement Date 01/24/2023

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
				Disbursement#	6647							62.46
				Disbursement Total								
4981 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				52.04
4981 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				93.64
4981 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				111.04
4981 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				49.72
4981 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				53.20
4981 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				53.20
				Disbursement#	6648							412.84
				Disbursement Total								
4989 V	7680	Warren County Sheriff		Prescription Medication (	41500	04046	306	62				79.54
				Disbursement#	6649							79.54
				Disbursement Total								
4901 E	573	Karla K Webb		Direct Admin - Mileage &	41500	04411	413	62				155.63
4901 E	573	Karla K Webb		Direct Admin - Telecommun	41500	04411	414	62				50.00
				Disbursement#	6650							205.63
				Disbursement Total								
4930 V	2688	Windstream Communications		Services Management - Tel	41500	04022	414	62				325.66
				Disbursement#	6651							325.66
				Disbursement Total								
4982 V	7806	Russell Wood		Direct Admin - Mileage &	41500	04411	413	62				610.00
				Disbursement#	6652							610.00
				Disbursement Total								
4983 V	7835	Workspace Inc.		Direct Admin - Office Equ	41500	04411	636	62				1240.62
				Disbursement#	6653							1,240.62
				Disbursement Total								
4984 V	7840	Wright County Auditor		Services Management - Ren	41500	04022	450	62				300.00
4984 V	7840	Wright County Auditor		Direct Admin - Building (	41500	04411	450	62				300.00
				Disbursement#	6654							600.00
				Disbursement Total								
					95	Total Disbursements						584,501.70
					0	Total ACH						.00
					0	Total EFT						.00
					95	Grand Total						584,501.70
						Credits/Refunds Included						.00

Totals by Fund  
 41500 Central Iowa Community Service 584,501.70  
 Final Total 584,501.70

End of report

## November 2022 Expenditure Report

FY 2023	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY23 Budget	Budget Remaining	% of Budget Used
<b>Core Domains</b>						
<b>COA</b>	<b>Treatment</b>					
42305	Mental health outpatient therapy	\$ 1,946	\$ 8,408	\$ 150,000	\$ 141,592	6%
42306	Medication prescribing & management	\$ 1,238	\$ 2,306	\$ 20,000	\$ 17,694	12%
43301	Assessment & evaluation	\$ 290	\$ 1,733	\$ 20,000	\$ 18,267	9%
71319	Mental health inpatient therapy-MHI	\$ -	\$ 41,042	\$ 200,000	\$ 158,958	21%
73319	Mental health inpatient therapy	\$ -	\$ 531	\$ 25,000	\$ 24,469	2%
	<b>Crisis Services</b>					
32322	Personal emergency response system	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
44301	Crisis evaluation	\$ 122,527	\$ 356,442	\$ 625,000	\$ 268,558	57%
44302	23 hour crisis observation & holding	\$ -	\$ -	\$ 40,000	\$ 40,000	0%
44305	24 hour access to crisis response	\$ 1,354	\$ 2,641	\$ -	\$ (2,641)	
44307	Mobile response	\$ 173,992	\$ 421,441	\$ 1,200,000	\$ 778,559	35%
44312	Crisis Stabilization community-based services	\$ 36,087	\$ 87,360	\$ 250,000	\$ 162,640	35%
44313	Crisis Stabilization residential services	\$ 5,596	\$ 2,047,937	\$ 7,850,000	\$ 5,802,063	26%
44396	Access Centers: start-up / sustainability	\$ -	\$ -	\$ 200,000	\$ 200,000	0%
	<b>Support for Community Living</b>					
32320	Home health aide	\$ -	\$ -	\$ -	\$ -	
32325	Respite	\$ 1,762	\$ 8,712	\$ 5,000	\$ (3,712)	174%
32328	Home & vehicle modifications		\$ -	\$ -	\$ -	
32329	Supported community living	\$ 99,062	\$ 248,363	\$ 900,000	\$ 651,637	28%
42329	Intensive residential services	\$ -	\$ 180,550	\$ 300,000	\$ 119,450	60%
	<b>Support for Employment</b>					
50362	Prevocational services	\$ 2,182	\$ 5,983	\$ 25,000	\$ 19,017	24%
50364	Job development		\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 24,776	\$ 69,206	\$ 225,000	\$ 155,794	31%
50368	Supported employment	\$ 20,191	\$ 55,893	\$ 120,000	\$ 64,107	47%
50369	Group Supported employment-enclave	\$ 4,784	\$ 9,235	\$ 20,000	\$ 10,765	46%
	<b>Recovery Services</b>					
45323	Family support	\$ 13,773	\$ 18,146	\$ 50,000	\$ 31,855	36%
45366	Peer support	\$ 2,375	\$ 2,375	\$ 20,000	\$ 17,625	12%
	<b>Service Coordination</b>					
21375	Case management		\$ -	\$ -	\$ -	
24376	Health homes	\$ -	\$ -	\$ -	\$ -	
	<b>Sub-Acute Services</b>					
63309	Subacute services-1-5 beds		\$ -	\$ 50,000	\$ 50,000	0%
64309	Subacute services-6 and over beds	\$ 45,900	\$ 144,900	\$ 450,000	\$ 305,100	32%
	<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)	\$ 25,601	\$ 70,255	\$ 125,000	\$ 54,745	56%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
	<b>Core Domains Total</b>	<b>\$ 583,436</b>	<b>\$ 3,783,459</b>	<b>\$ 12,900,000</b>	<b>\$ 9,116,541</b>	<b>29%</b>
<b>Mandated Services</b>						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers		\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 40,727	\$ 134,131	\$ 325,000	\$ 190,869	41%
75XXX	Mental health advocate	\$ 12,541	\$ 86,071	\$ 250,000	\$ 163,929	34%
	<b>Mandated Services Total</b>	<b>\$ 53,268</b>	<b>\$ 220,202</b>	<b>\$ 625,000</b>	<b>\$ 404,798</b>	<b>35%</b>
<b>Additional Core Domains</b>						
	<b>Justice system-involved services</b>					
25xxx	Coordination services	\$ 24,522	\$ 107,561	\$ 500,000	\$ 392,439	22%
44346	24 hour crisis line**	\$ -	\$ -	\$ -	\$ -	
44366	Warm line**	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
46305	Mental health services in jails	\$ 28,856	\$ 68,701	\$ 250,000	\$ 181,299	27%
46399	Justice system-involved services-other	\$ 749	\$ 749	\$ -	\$ (749)	
46422	Crisis prevention training	\$ 3,941	\$ 84,541	\$ 300,000	\$ 215,459	28%
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	\$ 109,523	\$ 375,383	\$ 850,000	\$ 474,617	44%
42397	Psychiatric rehabilitation (IPR)	\$ 729	\$ 9,342	\$ 20,000	\$ 10,658	47%
	<b>Additional Core Domains Total</b>	<b>\$ 168,321</b>	<b>\$ 646,276</b>	<b>\$ 1,935,000</b>	<b>\$ 1,288,724</b>	<b>33%</b>
<b>Other Informational Services</b>						
03371	Information & referral	\$ 112	\$ 253	\$ -	\$ (253)	
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	\$ 109,762	\$ 234,324	\$ 400,000	\$ 165,676	59%
	<b>Other Informational Services Total</b>	<b>\$ 109,874</b>	<b>\$ 234,577</b>	<b>\$ 425,000</b>	<b>\$ 190,423</b>	<b>55%</b>
<b>Essential Community Living Support Services</b>						

## November 2022 Expenditure Report

FY 2023	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY23 Budget	Budget Remaining	% of Budget Used
06399	Academic services		\$ -	\$ -	\$ -	
22XXX	Services management	\$ 138,782	\$ 767,740	\$ 2,050,000	\$ 1,282,260	37%
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 26,948	\$ 132,495	\$ 250,000	\$ 117,505	53%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
32327	Representative payee	\$ 854	\$ 4,061	\$ 20,000	\$ 15,939	20%
32335	CDAC		\$ -	\$ -	\$ -	
32399	Other support		\$ -	\$ -	\$ -	
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 5,502	\$ 18,553	\$ 100,000	\$ 81,447	19%
33345	Ongoing rent subsidy	\$ -	\$ 1,593	\$ -	\$ (1,593)	
33399	Other basic needs	\$ 1,509	\$ 8,084	\$ 80,000	\$ 71,916	10%
41305	Physiological outpatient treatment	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
41306	Prescription meds	\$ 43	\$ 179	\$ 15,000	\$ 14,821	1%
41307	In-home nursing		\$ -	\$ -	\$ -	
41308	Health supplies		\$ -	\$ -	\$ -	
41399	Other physiological treatment		\$ -	\$ -	\$ -	
42309	Partial hospitalization		\$ -	\$ -	\$ -	
42310	Transitional living program	\$ -	\$ -	\$ -	\$ -	
42363	Day treatment		\$ -	\$ -	\$ -	
42396	Community support programs	\$ 354	\$ 354	\$ 10,000	\$ 9,646	4%
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	\$ 8,354	\$ 21,256	\$ 50,000	\$ 28,744	43%
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>\$ 182,345</b>	<b>\$ 954,314</b>	<b>\$ 2,585,000</b>	<b>\$ 1,630,686</b>	<b>37%</b>
<b>Other Congregate Services</b>						
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 35,967	\$ 203,932	\$ 750,000	\$ 546,068	27%
64XXX	ICF 6 and over beds (64317 & 64318)	\$ -	\$ 64,837	\$ 90,000	\$ 25,163	72%
64329	SCL 6 and over beds	\$ 59,923	\$ 85,794	\$ 150,000	\$ 64,206	57%
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
<b>Other Congregate Services Total</b>		<b>\$ 95,891</b>	<b>\$ 354,563</b>	<b>\$ 990,000</b>	<b>\$ 635,437</b>	<b>36%</b>
<b>Administration</b>						
11XXX	Direct Administration	\$ 101,403	\$ 532,413	\$ 2,250,000	\$ 1,717,587	24%
12XXX	Purchased Administration	\$ (50,182)	\$ 107,009	\$ 225,000	\$ 117,991	48%
<b>Administration Total</b>		<b>\$ 51,221</b>	<b>\$ 639,422</b>	<b>\$ 2,475,000</b>	<b>\$ 1,835,578</b>	<b>26%</b>
<b>Regional Totals</b>		<b>\$ 1,244,356.72</b>	<b>\$ 6,832,813.71</b>	<b>\$ 21,935,000</b>	<b>\$ 15,102,186</b>	<b>31%</b>
42%						
<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	\$ -	\$ -			
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$ 200,000.00	\$ -			

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

22422 & 11422	Education & Training Expenditures	\$ 1,843.13	\$ 2,989.77			
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## December 2022 Expenditure Report

FY 2023	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY23 Budget	Budget Remaining	% of Budget Used
<b>Core Domains</b>						
<b>COA</b>	<b>Treatment</b>					
42305	Mental health outpatient therapy	\$ 458	\$ 8,867	\$ 150,000	\$ 141,133	6%
42306	Medication prescribing & management	\$ 232	\$ 2,539	\$ 20,000	\$ 17,461	13%
43301	Assessment & evaluation	\$ -	\$ 573	\$ 20,000	\$ 19,427	3%
71319	Mental health inpatient therapy-MHI	\$ 58,965	\$ 100,007	\$ 200,000	\$ 99,993	50%
73319	Mental health inpatient therapy	\$ -	\$ 531	\$ 25,000	\$ 24,469	2%
<b>Crisis Services</b>						
32322	Personal emergency response system	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
44301	Crisis evaluation	\$ 54,811	\$ 412,413	\$ 625,000	\$ 212,587	66%
44302	23 hour crisis observation & holding	\$ -	\$ -	\$ 40,000	\$ 40,000	0%
44305	24 hour access to crisis response	\$ -	\$ 2,641	\$ -	\$ (2,641)	
44307	Mobile response	\$ 96,151	\$ 517,592	\$ 1,200,000	\$ 682,408	43%
44312	Crisis Stabilization community-based services	\$ 18,705	\$ 106,064	\$ 250,000	\$ 143,936	42%
44313	Crisis Stabilization residential services	\$ 1,081	\$ 2,049,018	\$ 7,850,000	\$ 5,800,982	26%
44396	Access Centers: start-up / sustainability	\$ -	\$ -	\$ 200,000	\$ 200,000	0%
<b>Support for Community Living</b>						
32320	Home health aide	\$ -	\$ -	\$ -	\$ -	
32325	Respite	\$ 1,108	\$ 9,820	\$ 5,000	\$ (4,820)	196%
32328	Home & vehicle modifications	\$ -	\$ -	\$ -	\$ -	
32329	Supported community living	\$ 32,276	\$ 280,639	\$ 900,000	\$ 619,361	31%
42329	Intensive residential services	\$ -	\$ 180,550	\$ 300,000	\$ 119,450	60%
<b>Support for Employment</b>						
50362	Prevocational services	\$ -	\$ 5,983	\$ 25,000	\$ 19,017	24%
50364	Job development	\$ -	\$ -	\$ -	\$ -	
50367	Day habilitation	\$ 11,362	\$ 80,568	\$ 225,000	\$ 144,432	36%
50368	Supported employment	\$ 6,785	\$ 62,678	\$ 120,000	\$ 57,322	52%
50369	Group Supported employment-enclave	\$ 616	\$ 9,851	\$ 20,000	\$ 10,149	49%
<b>Recovery Services</b>						
45323	Family support	\$ 4,591	\$ 22,737	\$ 50,000	\$ 27,264	45%
45366	Peer support	\$ 450	\$ 2,825	\$ 20,000	\$ 17,175	14%
<b>Service Coordination</b>						
21375	Case management	\$ -	\$ -	\$ -	\$ -	
24376	Health homes	\$ -	\$ -	\$ -	\$ -	
<b>Sub-Acute Services</b>						
63309	Subacute services-1-5 beds	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
64309	Subacute services-6 and over beds	\$ 25,600	\$ 170,500	\$ 450,000	\$ 279,500	38%
<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)	\$ 8,422	\$ 78,677	\$ 125,000	\$ 46,323	63%
45373	Family psychoeducation	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
<b>Core Domains Total</b>		<b>\$ 321,613</b>	<b>\$ 4,105,071</b>	<b>\$ 12,900,000</b>	<b>\$ 8,794,929</b>	<b>32%</b>
<b>Mandated Services</b>						
46319	Oakdale	\$ -	\$ -	\$ 50,000	\$ 50,000	0%
72319	State resource centers	\$ -	\$ -	\$ -	\$ -	
74XXX	Commitment related (except 301)	\$ 18,980	\$ 153,110	\$ 325,000	\$ 171,890	47%
75XXX	Mental health advocate	\$ 27,680	\$ 113,751	\$ 250,000	\$ 136,249	46%
<b>Mandated Services Total</b>		<b>\$ 46,659</b>	<b>\$ 266,861</b>	<b>\$ 625,000</b>	<b>\$ 358,139</b>	<b>43%</b>
<b>Additional Core Domains</b>						
<b>Justice system-involved services</b>						
25xxx	Coordination services	\$ 43,484	\$ 151,045	\$ 500,000	\$ 348,955	30%
44346	24 hour crisis line**	\$ -	\$ -	\$ -	\$ -	
44366	Warm line**	\$ -	\$ -	\$ 10,000	\$ 10,000	0%
46305	Mental health services in jails	\$ 12,411	\$ 81,112	\$ 250,000	\$ 168,888	32%
46399	Justice system-involved services-other	\$ 188	\$ 937	\$ -	\$ (937)	
46422	Crisis prevention training	\$ 1,278	\$ 85,819	\$ 300,000	\$ 214,181	29%
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	\$ 51,677	\$ 427,060	\$ 850,000	\$ 422,940	50%
42397	Psychiatric rehabilitation (IPR)	\$ 1,094	\$ 10,436	\$ 20,000	\$ 9,564	52%
<b>Additional Core Domains Total</b>		<b>\$ 110,132</b>	<b>\$ 756,409</b>	<b>\$ 1,935,000</b>	<b>\$ 1,178,591</b>	<b>39%</b>
<b>Other Informational Services</b>						
03371	Information & referral	\$ -	\$ 253	\$ -	\$ (253)	
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	\$ 11,248	\$ 245,572	\$ 400,000	\$ 154,428	61%
<b>Other Informational Services Total</b>		<b>\$ 11,248</b>	<b>\$ 245,825</b>	<b>\$ 425,000</b>	<b>\$ 179,175</b>	<b>58%</b>
<b>Essential Community Living Support Services</b>						

## December 2022 Expenditure Report

FY 2023	CICS MHDS Region	Monthly Expenditures	YTD Expenditures	FY23 Budget	Budget Remaining	% of Budget Used
06399	Academic services		\$ -	\$ -	\$ -	
22XXX	Services management	\$ 123,008	\$ 890,747	\$ 2,050,000	\$ 1,159,253	43%
23376	Crisis care coordination	\$ -	\$ -	\$ -	\$ -	
23399	Crisis care coordination other		\$ -	\$ -	\$ -	
24399	Health home other		\$ -	\$ -	\$ -	
31XXX	Transportation	\$ 26,765	\$ 159,260	\$ 250,000	\$ 90,740	64%
32321	Chore services		\$ -	\$ -	\$ -	
32326	Guardian/conservator	\$ 124	\$ 124	\$ 5,000	\$ 4,877	2%
32327	Representative payee	\$ 662	\$ 4,723	\$ 20,000	\$ 15,277	24%
32335	CDAC		\$ -	\$ -	\$ -	
32399	Other support		\$ -	\$ -	\$ -	
33330	Mobile meals		\$ -	\$ -	\$ -	
33340	Rent payments (time limited)	\$ 3,580	\$ 22,134	\$ 100,000	\$ 77,866	22%
33345	Ongoing rent subsidy	\$ 1,897	\$ 3,491	\$ -	\$ (3,491)	
33399	Other basic needs	\$ 1,945	\$ 10,029	\$ 80,000	\$ 69,971	13%
41305	Physiological outpatient treatment	\$ -	\$ -	\$ 5,000	\$ 5,000	0%
41306	Prescription meds	\$ -	\$ 179	\$ 15,000	\$ 14,821	1%
41307	In-home nursing		\$ -	\$ -	\$ -	
41308	Health supplies		\$ -	\$ -	\$ -	
41399	Other physiological treatment		\$ -	\$ -	\$ -	
42309	Partial hospitalization		\$ -	\$ -	\$ -	
42310	Transitional living program	\$ -	\$ -	\$ -	\$ -	
42363	Day treatment		\$ -	\$ -	\$ -	
42396	Community support programs	\$ 177	\$ 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	\$ 4,734	\$ 25,990	\$ 50,000	\$ 24,010	52%
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>\$ 162,893</b>	<b>\$ 1,117,207</b>	<b>\$ 2,585,000</b>	<b>\$ 1,467,793</b>	<b>43%</b>
	<b>Other Congregate Services</b>					
50360	Work services (work activity/sheltered work)	\$ -	\$ -	\$ -	\$ -	
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 52,431	\$ 256,363	\$ 750,000	\$ 493,637	34%
64XXX	ICF 6 and over beds (64317 & 64318)	\$ 8,348	\$ 73,185	\$ 90,000	\$ 16,815	81%
64329	SCL 6 and over beds	\$ 33,543	\$ 119,337	\$ 150,000	\$ 30,663	80%
64399	Other 6 and over beds	\$ -	\$ -	\$ -	\$ -	
	<b>Other Congregate Services Total</b>	<b>\$ 94,322</b>	<b>\$ 448,885</b>	<b>\$ 990,000</b>	<b>\$ 541,115</b>	<b>45%</b>
	<b>Administration</b>					
11XXX	Direct Administration	\$ 95,626	\$ 628,039	\$ 2,250,000	\$ 1,621,961	28%
12XXX	Purchased Administration	\$ 14,246	\$ 121,256	\$ 225,000	\$ 103,744	54%
	<b>Administration Total</b>	<b>\$ 109,873</b>	<b>\$ 749,295</b>	<b>\$ 2,475,000</b>	<b>\$ 1,725,705</b>	<b>30%</b>
	<b>Regional Totals</b>	<b>\$ 856,738.92</b>	<b>\$ 7,689,552.63</b>	<b>\$ 21,935,000</b>	<b>\$ 14,245,447</b>	<b>35%</b>

50%

(45XX-XXX)County Provided Case Management						
(46XX-XXX)County Provided Services						

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

13951	Distribution to MHDS regional fiscal agent from member county	\$ -	\$ -			
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$ 200,000.00	\$ -			

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

22422 & 114	Education & Training Expenditures	\$ 343.72	\$ 3,333.49			
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# CICS

Supporting Individuals. Strengthening Communities.

## **REQUEST FOR PROPOSALS (RFP)** **Permanent Supportive Housing Planning Grant**

**PROPOSALS AND QUESTIONS SHALL BE DIRECTED TO:**

Meghan Freie: Program Manager, CICS REGION

[meghan.freie@cicsmhds.org](mailto:meghan.freie@cicsmhds.org)

## **I. Purpose**

The CICS Mental Health and Disability Services Region (hereinafter referred to as REGION) is a 28E-organized governmental agency comprised of 15 counties in Iowa. These counties are: Boone, Cerro Gordo, Franklin, Greene, Hamilton, Hancock, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, Warren, Webster, and Wright.

As a social determinant of health, housing is a critical factor to the success of CICS clients. To meet the housing needs of CICS clients in a manner supported by research, CICS began to explore the implementation of SAMHSA’S Permanent Supportive Housing (PSH) model in 2016. That process highlighted the extensive planning necessary to successfully implement a concerted, systematic approach to provide housing for people experiencing a serious mental illness. To fund the staff time needed to effectively implement the planning process to develop PSH, the CICS MHDS Region is accepting applications for fiscal year (FY) 2023 for Planning Grants for Expansion or Development of Permanent Supportive Housing. These proposals will be aimed at developing a comprehensive strategic plan that builds upon the framework provided by SAMHSA in their Evidence-Based Practices Kit for Permanent Supportive Housing. In accordance with Iowa Code 25.5(3), and MHDS Contract 22-013 with the Iowa Department of Health and Human Services, CICS expects that these grants will help facilitate region-wide adoption of the Permanent Supportive Housing framework and increase state Medicaid, third-party reimbursement, and other non-governmental funding prior to using regional service payments for the Permanent Supportive Housing spectrum of services and supports.

## **Timeline**

<b>Event</b>	<b>Date</b>
REGION issues RFP and posts on region’s website	January 27, 2023
Questions submitted by	February 14, 2023
REGION responds to questions by	February 17, 2023
DEADLINE for Bidder proposals	March 3, 2023
REGION enters contract negotiations	March 8, 2023
Execution of contract	March 23, 2023
Anticipated start date of services	April 1, 2023

## **Questions, Requests for Clarification, and Suggested Changes**

Providers who intend to bid on this RFP are invited to submit written questions, requests for clarifications, and/or suggestions for changes to the specifications of this RFP (hereafter “questions”) by the due date and time provided in the Timeline. Providers are not permitted to include assumptions in their Bid Proposals. Instead, they shall address any perceived ambiguity regarding this RFP through the question-and-answer process. REGION prefers to receive questions by electronic mail. The provider may wish to request confirmation of receipt from the CEO to ensure delivery.

Written responses to questions shall be posted on REGION’s website [www.CICSMHDS.org](http://www.CICSMHDS.org).

REGION assumes no responsibility for verbal representations made by officers or employees unless such representation is confirmed in writing and incorporated into the RFP. In addition, REGION’s written responses to questions shall not be considered part of the RFP. If the REGION determines that changes to this RFP are necessary, REGION shall issue an amendment.

## **Duration of Contract**

The REGION anticipates executing contracts under this RFP that shall support start-up costs and a nine-month contract to begin March 1, 2023 and ending December 31, 2023, with consideration for renewal.

## **Communication and Submission of Bids**

The points of contact regarding the RFP from the date of issuance until selection of the successful bidder is: Meghan Freie: [meghan.freie@cicsmhds.org](mailto:meghan.freie@cicsmhds.org). To ensure continuity of communication, bidders may only communicate with the point of contact regarding this RFP from the issue date of this RFP until announcement of the successful bidder(s).

Proposals shall be received via email submission only. Proposals shall be submitted in Word format with an Excel Spreadsheet for timelines, budgets, and budget narratives.

## **II. Project Scope and Specifications**

The requirements for permanent Supportive Housing, including the target population, can be found in SAMHSA's Evidence Based Practices Kit for Permanent Supportive Housing.

### **Planning Grant Recipient Expectations**

Recipients of the planning grant are expected to create comprehensive and sustainable plans for infrastructure, services, and supports that are consistent with the requirements set forth in SAMHSA's Permanent Supportive Housing Evidence-Based Practice model. The plan will contain action steps to improve, implement, expand, and sustain comprehensive services and supports that are consistent with PSH principles and philosophy. When developing a plan for PSH, please take into account the HUD agency that covers the area you have in mind and scale your plan to include all CICS counties covered by that HUD agency.

### **Planning Grant Deliverables**

The planning grant available through this RFP will provide selected applicants with funds to pay for the costs of planning a PSH program. Once a planning grant is awarded, the following deliverables will be expected. They are included in this RFP to provide an idea of the expectations that will accompany those who are awarded a planning grant. For those awarded a planning grant an additional list of benchmarks and deliverables will be developed, including a schedule for review and input from CICS. The following 5 deliverables listed in this section will be part of the product submitted at the end of the planning grant process.

#### **1. Demonstration of Client-Focused Vision for PSH**

The client focused vision for PSH will include all key stakeholders such as clients, family members, and staff. All stakeholders must embrace the principles of PSH, such as integration, choice, and independence. The plan will address inequities in access, services use, and outcomes for underserved populations.

#### **2. Demonstration of Need in Coverage Area**

There are 10 HUD agencies that cover the CICS region. Plans will be developed to scale each PSH program to cover all CICS counties under the authority of each HUD agency. Documentation of the need for housing according to the criteria established by SAMHSA and CICS will be required, in as precise, clear, defensible, consistent, and inclusive a manner as possible.

#### **3. Evidence of Necessary Collaborations**

Plans for implementation will include the identification and collaboration of necessary stakeholders as identified in SAMHSA's Evidence-Based Practices PSH Kit, and documentation of their integration into the

planning process. Required entities include, but are not limited to housing developers, managers, service providers, HUD, managed care organizations, property owners, and the CICS region. This collaboration will include educating other leaders and providers on the need for PSH services and supports, how the system can work, and opportunities and resources that can and should be made available to make PSH a reality.

#### **4. Evidence of Necessary Services**

The plan must detail a method to provide housing, housing support and other services as described in SAMHSA's Evidence-Based Practices PSH Kit. It will be necessary to foster a mutual understanding amongst service providers of the rights and responsibilities of clients as PSH tenants, including effective communication systems that respect confidentiality, yet result in residential stability.

#### **5. Explanation of Financing Strategies**

The plan must address the applicant's understanding of the target population's financial barriers to finding housing and include a thorough explanation of financing strategies.

#### **Eligible Applicants**

Bidders shall be in good standing with their state licensing/accrediting authority(s).

REGION shall accept applications from individual organizations and shall also allow organizations to partner and apply as a team of organizations to propose stronger program models. Applicant teams of multiple organizations shall identify an eligible provider as the lead applicant and fiscal agent. This identified provider shall be willing to serve as the primary contact for the application as well as for the program.

### **III. RFP Conditions**

#### **Acceptance/Rejection of Proposals**

REGION reserves the right to reject any or all proposals.

REGION reserves the right to negotiate contracts with one or more Providers, and to accept any proposal(s) or modified proposal(s) which, in its judgment, shall be most advantageous to the REGION.

REGION reserves the right to consider any specific proposal which is conditional or not prepared in accordance with their instructions and requirements of this RFP to be noncompetitive.

REGION reserves the right to waive any defects or minor informalities/irregularities in any proposal, which do not materially affect the proposal or discredit other applications.

#### **Amendments to RFP**

REGION reserves the right to amend the RFP at any time. Any amendments to or interpretations of the RFP shall be described in written addenda. REGION shall provide copies of addenda to the providers officially known to have received the RFP.

#### **Cost of Preparing Bid Proposal**

The costs of preparation and delivery of proposals are solely the responsibility of the bidder.

## **Personnel**

In submitting their proposals, providers are representing that the personnel described in their proposals shall be available to perform the services described. Furthermore, all personnel shall be, at all times, the employees of the provider, and shall not be employees or agents of REGION.

## **Authorized Signature**

All proposals shall be signed by an individual authorized to bind the organization/collaborative to the provisions of the RFP.

## **Additional Terms and Conditions**

REGION reserves the right to add terms and conditions during contract negotiations. These terms and conditions shall be within the scope of the RFP and shall not affect the proposal evaluations.

Final Agreement for the service shall be in the form of a contract. Terms of the negotiated contract shall supersede items in the RFP other than requirements of Iowa Administrative Code.

## **Evaluation Committee**

An Evaluation Committee shall be established for the purpose of developing a timeline and deliverables for the planning grant period, based on the planning grant proposal. The Evaluating Committee may include officers, employees, and agents of the REGION.

## **Cancellation of Procurement**

REGION reserves the right to cancel the RFP for sound business reasons at any time before the contract is fully executed and approved.

## **IV. Application and Submission Information**

Bidders shall address each area of program design and service delivery in their proposal. Bidders shall organize responses in the same order as the items are shown in the RFP. Responses shall be prepared simply and economically, providing a straightforward and concise description of the agency's ability to meet the requirements outlined in this document and in accordance with Iowa Administrative Code 441.25. Bidders shall submit a response that includes the timeline, budget, and budget narrative.

## **Proposals shall contain, in the following order:**

### **Eligibility:**

- Bidder eligibility if licensure applies.

### **Capacity:**

- Narrative of staff availability and skills necessary to complete the planning process.
- Staff composition, roles, qualifications, hours of operation, and training (include disciplines, position titles, qualifications, number of positions and full-time equivalents for this project.)

### **Scope of Work**

- Identification of any changes needed within applying agency to align with PSH philosophy.
- Demonstration of existing relationships that will be helpful in the planning process and/or demonstration of a plan to develop necessary relationships.
- Preliminary ideas on implementation of the SAMHSA PSH model.

- Identify the housing authority that covers the area you would like to plan a PSH program in.
- Include all CICS counties covered by your identified housing authority in your proposal.

**Budget**

- Include the costs of staff that will be participating in planning and any other ancillary costs.
- Proposed line-item budget for costs
- Proposed budget narrative
- Items included in the budget must be related to the planning process, not the actual implementation of PSH.

**OTHER TERMS:**

- Contract modifications may be executed through a written agreement between REGION and Provider.
- Provider shall submit to REGION an itemized invoice with supporting documentation of expenditures for PSH Planning
- Grantees must agree to have key staff and partners participate in virtual training events that will be held. These events will be designed to provide information and technical assistance.



# CICS

Supporting Individuals. Strengthening Communities.

January 26, 2023

RE: Assertive Community Treatment Provider Designation

In Accordance with IAC 441—25.6(2)a the Central Iowa Community Services Mental Health and Disability Service Region (CICS Region) has designated Prairie Ridge Integrated Behavioral Healthcare as the regional ACT provider. Formal designation was approved on 1/26/23 by the CICS Region Governing Board as the provider demonstrated all requirements set forth in IAC441—25.6, relevant to ACT providers.

Russell Wood, CEO  
CICS MHDS Region

**Recommendation for CICS Adult Advisory Committee Appointments**

<b>Member</b>	<b>Representing</b>	<b>County</b>	<b>Term Dates</b>
Beth Colby Plautz	Provider - Extend Appointment 1 year	Webster	1/1/23-12/31/23
Heidi Metz	Provider - Extend Appointment 1 year	Hancock	1/1/23-12/31/23
Rachel Fletcher	Provider - Reappointment for 2 years	Wright	1/1/23-12/31/24
Breon Gardner	Provider - Reappointment for 2 years	Hardin	1/1/23-12/31/24
Kathy Hanzek	Individual Who Utilizes Mental Health and Disability Services or is an Actively Involved Relative of Such an Individual - Reappointment for 2 years	Hardin	1/1/23-12/31/24
Kelly Kratz	Provider - Reappointment for 2 years	Franklin	1/1/23-12/31/24
Ellen Rasmussen	Individual Who Utilizes Mental Health and Disability Services or is an Actively Involved Relative of Such an Individual - New	Story	1/1/23-12/31/24
Julie Smith	Provider - Reappointment for 2 years	Jasper	1/1/23-12/31/24

Webster

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DEC 20 2021



APPLICATION FOR APPOINTMENT TO COMMITTEES

STORY COUNTY COMMUNITY SERVICES

Application for Advisory (Committee)  
 Name Beth Colby Plautz Date 12-16-2021  
 Address 820 12<sup>th</sup> Avenue N Fort Dodge.  
 Home # 515 571-1423 Business # 515 955-8326 Cell # 515 571-1423  
 Email (optional) beth-plautz@uiowa.edu

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:

Family Navigator - Child Health Specialty Clinic  
Former Director of United Way, Former DHS employee  
Serve on Autism Society of Iowa Board, Serve  
on Committee for Adult Day

Why do you wish to serve on this committee?

I work with children birth to 21 years old  
who struggle with mental health or intellectual or  
other developmental disabilities. I want to support

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

I have an adult son with special  
health care needs. I have been navigating  
the system for 23 years.

Do you have anything else to add?

I believe I can add the voice of  
a parent who has a child with  
special needs

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

Beth Colby Plautz  
Signature

12-16-2021  
Date

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

RECEIVED



APPLICATION FOR APPOINTMENT TO COMMITTEES

DEC 16 2021

STORY COUNTY COMMUNITY SERVICES

Heidi Metz

Application for \_\_\_\_\_ (Committee)

Name Neidi Metz Date 12/15/2021

Address 532 1st Ave NW Britt, IA 50423

Home # \_\_\_\_\_ Business # 641-843-5300 Cell # 724-433-9043

Email (optional) heidi.metz@mercyhealth.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:

Senior Life Solutions - program director. In this position for 5 years; resource familiar - Franklin & Hancock Co. Serve on Aging Services Coalition Committee & Seniors And Law

Why do you wish to serve on this committee? Enforcement Together (SALT) Committee

To keep up with resources, make new contacts, spread the word; educate others about SLS.

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

Psychiatric Mental Health Nurse - Board Certified Registered Nurse.

Do you have anything else to add?

I have background in home care & ER emergency room case manager.

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

Signature Neidi Metz

Date 12/15/2021

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

**Application for Appointment  
to CICS Committees**



**CICS**  
Supporting Individuals. Strengthening Communities.

Application for: Adult Advisory Committee (Committee)

Name: Rachel Fletcher Date: 12/13/2022

Address: 3081 170th Street Belmond IA 50421 Wright  
Street City State Zip County

Home #: \_\_\_\_\_ Business #: (641) 444-5544 Cell #: (515) 851-2121

E-mail: rachel.fletcher@iaspecialty.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 work at Iowa Specialty Hospital as a Clinical Social Worker.  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you wish to serve on this committee?**

I have been serving on the committee and would like to continue.  
\_\_\_\_\_  
\_\_\_\_\_

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

I work as a clinical social worker with adults and children who struggle with mental health conditions. I have been practicing for 13 years.  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have anything else to add?**

\_\_\_\_\_  
\_\_\_\_\_

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

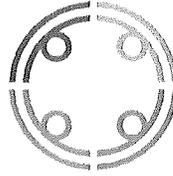
RACHEL FLETCHER 12/13/2022  
**Signature** **Date**

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

**RECEIVED BY**  
**DEC 13 2022**

**THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.**  
**CICS - STORY CO.**

**Application for Appointment  
to CICS Committees**



**CICS**

Supporting Individuals. Strengthening Communities.

Application for: CICS advisory committee (Committee)

Name: Breon Gardner Date: Dec 11, 2022

Address: 899 12th St #2019 Des Moines IA 50319 Hardin  
Street City State Zip County

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_ Cell #: 641-373-6097

E-mail: bbeezz10@yahoo.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:**

Program Assistant at Friendship Club in Iowa Falls  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you wish to serve on this committee?**

I wish to serve on the committee to learn about the resources and services in social services to better serve my clients.  
\_\_\_\_\_  
\_\_\_\_\_

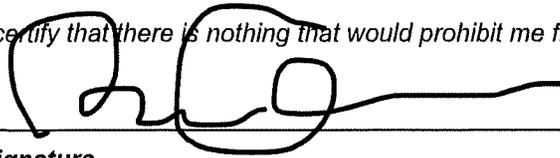
**What qualifications do you feel you have that would contribute to this committee?**

The qualifications that I have are degrees in social and human services and mental health life experience.  
Also, being involved in mental health awareness seminars for the county and working at the Friendship Club.  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have anything else to add?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

  
\_\_\_\_\_  
**Signature**

Dec 11, 2022  
\_\_\_\_\_  
**Date**

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

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**DEC 12 2022**

**CICS - STORY CO.**

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Application for Appointment to CICS Committees

RECEIVED BY DEC 16 2022 CICS - STORY CO.

CICS

Supporting Individuals. Strengthening Communities.

Application for: Regional member HARDIN (Committee)
Name: Kathy HANZEK Date: 12-14-22
Address: 224 MARION DR #3 Falls State IA 50126 HARDIN
Home #: Business #: Cell # 641-640-0393
E-mail: hanzekek18@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:

of travel / I love to go walking on the trails, keep a gratitude journal. I volunteer at the Dementia Society quite a few days a week, with cats. Why do you wish to serve on this committee? To be of service to those with mental health issues.

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

This is a renewal of my continued assistance on this board

Do you have anything else to add?

I have a lot of empathy and compassion for those undergoing mental health problems.

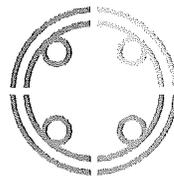
I certify that there is nothing that would prohibit me from serving on this committee.

Signature: Kathy Hanzek Date: 12-14-2022

Please return this application to: CICS -

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**Application for Appointment  
to CICS Committees**



**CICS**

Supporting Individuals. Strengthening Communities.

Application for: Adult Advisory (Committee)

Name: Kelly Kratz Date: 12/16/2022

Address: 315 N. Delaware Mason City IA 50401 Cerro Gordo  
Street City State Zip County

Home #: NA Business #: 641-422-2717 Cell #: 641-430-0896

E-mail: kelly@43northiowa.org

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 work at 43 North Iowa for 26 years. I currently am the Community Services Director where I oversee Employment, Admissions and SCL services. I have a passion for helping those with disabilities being part of their community they live and work in.

**Why do you wish to serve on this committee?**

To remain engaged with working with the region on employment and transitional living opportunities. To take on new challenges that might fit within the mission of our organization and to serve those with disabilities.

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

My knowledge as a community partner working with both state, local and MCO partners. Providing a wide range of service delivery and wanting to continue to take on new challenges to be a lead agency within the state for those with complex needs.

**Do you have anything else to add?**

Currently serve on the IA APSE board.

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

Kelly Kratz

Digitally signed by Kelly Kratz  
Date: 2022.12.16 15:35:53 -06'00'

*Signature*

*Date*

**RECEIVED BY**

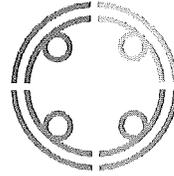
**DEC 16 2022**

**CICS - STORY CO.**

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

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

**Application for Appointment  
to CICS Committees**



**CICS**

Supporting Individuals. Strengthening Communities.

Application for: Adult Advisory Committee (Committee)

Name: Ellen Rasmussen Date: 01/09/2023

Address: 724 Hodge Avenue Ames IA 50010 Story  
Street City State Zip County

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_ Cell #: 515-460-0170

E-mail: rasmussen.ellen.m@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 am the mother and co-guardian of a young woman with autism and developmental delays and have supported and "managed" her care since she was an infant. That has included securing a range of therapeutic services for her, including mental health services. I did serve for a brief time on an advisory committee for MH/DS prior to the current configuration of the region.

**Why do you wish to serve on this committee?**

My daughter has been part of the system of services for many years. I would like to support the system as much as possible while also looking for ways to improve it so that it better serves those in need.

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

My experience as a parent of a child with disabilities is my first qualification, I believe. My education and career was in planning and budget in large complex organizations. I am intrigued by how organizations function, how goals to support priorities are established, and then how they are achieved. I have experience with that, as well as a commitment to making systems work better.

**Do you have anything else to add?**

My daughter has received services through CICS for several years and I have been very impressed by the commitment of the staff, their knowledge and expertise, and their problem solving skills. I would be pleased to be able to support their work.

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

Ellen M. Rasmussen Digitally signed by Ellen M. Rasmussen  
Date: 2023.01.09 11:53:03 -06'00'

**Signature**

**Date**

Please return this application to: CICS - Karla Webb  
126 S. Kellogg Ave., Ste. 001  
Ames, IA 50010

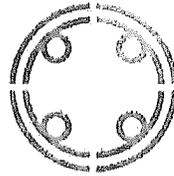
**RECEIVED BY**

**JAN 09 2023**

**CICS - STORY CO.**

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

**Application for Appointment  
to CICS Committees**



**CICS**

Supporting Individuals. Strengthening Communities.

Application for: Adult Advisory Board (Committee)

Name: Julie Smith Date: 01/04/2023

Address: 409 Coneflower Court Monroe IA 50170 Jasper  
Street City State Zip County

Home #: \_\_\_\_\_ Business #: 641-792-4012 Cell #: 515-210-3161

E-mail: julies@capstonebh.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 am the director at Capstone Behavioral Healthcare. I am also on the leadership team of the Jasper County Cares Committee, and a board member for the Jasper County Board of Health. I strongly believe in advocating for persons that have mental health diagnosis.

**Why do you wish to serve on this committee?**

I would like to continue to serve on this committee so that I am able to educate the CICS region about mental health services.

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

I have worked at Capstone Behavioral Healthcare in some capacity for 20 years. I have experience in residential treatment and leadership positions. I have also worked directly with several patients that are in our community.

**Do you have anything else to add?**

I am a huge advocate for persons that have a mental health diagnosis. I am committed to working to improve services in the state of Iowa.

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

Julie Smith  
Signature

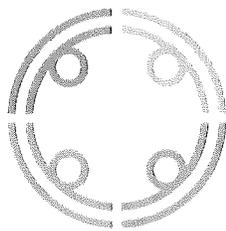
1-3-2023  
Date

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

**RECEIVED BY**

**JAN 05 2023**

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



# CICS

Supporting Individuals. Strengthening Communities.

RECEIVED BY  
DEC 05 2022  
CICS - STORY CO.

## Central Iowa Community Services Provider and Program Participation Agreement Amendment No. 2

1. This amendment is entered into this 1st day of November, 2022 by and between Central Iowa Community Services (CICS) and Capstone Behavioral Healthcare (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:

### Capstone Behavioral Healthcare ATTACHMENT A Effective 11/1/22 SERVICE DEFINITIONS AND RATES Amendment No. 2 FISCAL YEAR 2023

Chart of Account	Service Description	Unit of Service	Rate
05373	Public Education, Prevention and Education	Hour	\$126.00; Maximum of 12 hours/contract period
25376	Justice Coordination/ Jail Diversion	Monthly	\$6,608.00
32329	Supported Community Living Startup Costs (Jasper County)	N/A	\$25,675.00
32329	Supported Community Living –Home Based Habilitation		
	High Recovery	UA; .25-2 Hours/Day	\$56.39
	Recovery Transitional	UB; 2.25-4 Hours/Day	\$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
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
42305	Family Therapy (90846)	Hour	\$98.83
42305	Licensed Independent Social Work (LISW) Onboarding & Access July 2022-June 2023 (Morgan Bloom, LISW)*	N/A	Maximum \$10,000.00



**Capstone Behavioral Healthcare ATTACHMENT A Effective 11/1/22  
SERVICE DEFINITIONS AND RATES Amendment No. 2  
FISCAL YEAR 2023**

42306	Medication Prescribing & Management Onboarding & Access July 2022-June 2023 (Laura Owens, ARNP)**	N/A	Maximum \$15,000.00
42306	Medication Prescribing & Management Onboarding & Access November 14, 2022-June 2023 (Paige Reed, ARNP)**	N/A	Maximum \$9,458.00
42306	Care Coordination	One tele health session	\$31.21
42366	Clubhouse - Poweshiek Co.	Monthly	\$7,263.00
42366	Drop-in Center – Jasper Co.	Monthly	\$7,757.00
42396	Community Support Services– Poweshiek Co. Low level CSS High level CSS	Monthly Monthly	\$176.87 \$520.20
43301	Assessment, Evaluation, & Early Identification	Hour	\$190.89
44301	Crisis Therapy Services (2 appointments/month – Jasper) (1 appointment/month – Poweshiek)	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
44301	Crisis Psychiatric Evaluation (2 appointments/month – Jasper) (1 appointment/month – Poweshiek)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
44305	Community Based Crisis Intervention Services	Hour	\$126.00
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
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



**Capstone Behavioral Healthcare ATTACHMENT A Effective 11/1/22**  
**SERVICE DEFINITIONS AND RATES Amendment No. 2**  
**FISCAL YEAR 2023**

**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.

Provider will submit to CICS an itemized invoice with supporting documentation of expenditures for Supported Community Living Startup Costs for a one-time reimbursement of actual expenditures up to \$25,675.00. Supported Community Living Startup Costs include per the itemized budget detail received from the Provider on 11/3/22: staff expenses up to \$525.00, housing repairs up to \$12,800.00, furniture up to \$9,750.00, and office equipment up to \$2,600.00.

Psychological Testing is a service under Assessment, Evaluation, & Early Identification.

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

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

\*LISW will provide Outpatient Therapy Services to residents of CICS region and accept and provide services to patients with Medicaid and/or Medicare, private insurance, and MHDS regional funding. The LISW Onboarding & Access Fee shall be prorated and paid in the month of June 2023 for Fiscal Year 2023 with an invoice submitted by the provider.

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

In the event the LISW does not maintain employment with Capstone Behavioral Healthcare and upon initiation continue to provide Outpatient Therapy Services in the Outpatient setting for the entire CICS Provider and Program Participation Agreement service period ending June 30, 2023 no LISW Onboarding & Access fee will be paid by CICS.

\*\* Psychiatric Prescriber will provide Outpatient Medication Prescribing and Management services to residents of CICS region and accept and provide services to patients with Medicaid and/or Medicare, private insurance, and MHDS regional funding. The Medication Prescribing & Management Onboarding & Access Fee shall be prorated and paid 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 Capstone Behavioral Healthcare and upon initiation continue to provide Psychiatric Prescriber services in the Outpatient setting for the entire CICS Provider and Program Participation Agreement service period ending June 30, 2023 no Medication Prescribing & Management Onboarding & Access Fee will be paid by CICS.

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

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

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

For Clubhouse – Poweshiek County Drop-in Center services the monthly amount to be billed and reimbursed is not to exceed \$7,263.00/month with all employee positions filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$7,263.00/month based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

For Drop-in Center – Jasper County \$7,757.00 is the monthly amount to be billed/reimbursed for Drop In Center services when all employee positions are filled. If employee positions are unfilled at any time, provider needs to notify CICS to determine a monthly reimbursement up to the \$7,757.00 based on the budget provided for this Agreement. At time of monthly billing submission, provider will submit daily attendance log documentation and participant names for month billed.

For billing of Justice Coordination/Jail Diversion, staff positions must provide service for the entire month or rate is to be prorated based on the budget provided for this Agreement. Monthly amount to be billed and reimbursed not to exceed \$6,608.00/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.



**Capstone Behavioral Healthcare ATTACHMENT A Effective 11/1/22**  
**SERVICE DEFINITIONS AND RATES Amendment No. 2**  
**FISCAL YEAR 2023**

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.*

**Central Iowa Community Services:**

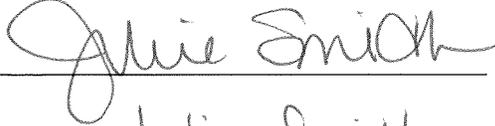
By: \_\_\_\_\_

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Capstone Behavioral Healthcare:**

By: 

Print Name: Julie Smith

Print Title: Center Director

Date: 11-29-2022





# CICS

Supporting Individuals. Strengthening Communities.

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

**1. This amendment is entered into this 1st day of December, 2022 by and between Central Iowa Community Services (CICS) and Center Associates (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:**

**Center Associates ATTACHMENT A Effective 12/1/22  
SERVICE DEFINITIONS AND RATES  
FISCAL YEAR 2023**

<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
25376	Justice Coordination/ Jail Diversion	Monthly	\$7,260.00
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
42305	Family Therapy (90846)	Hour	\$98.83
42305	Individual - Behavioral Health Intervention Services (BHIS)	15 Min.	\$26.39
42305	Family -- Behavioral Health Intervention Services (BHIS)	15 Min.	\$25.84
42305	Licensed Independent Social Work (LISW) Onboarding & Access (In-Person Services) December 2022-June 2023 (Tyler Detterman, LISW)*	N/A	Maximum \$5,833.33
43301	Assessment, Evaluation, & Early Identification	Hour	\$190.89
44301	Crisis Therapy Services (2 appointments/week)	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
44301	Crisis Psychiatric Evaluation (2 appointments/week)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09



**Center Associates ATTACHMENT A Effective 12/1/22  
SERVICE DEFINITIONS AND RATES  
FISCAL YEAR 2023**

44305	Community Based Crisis Intervention Services	Hour	\$126.00
42306	Medication Prescribing & Management Onboarding & Access (In-Person Services) December 2022-June 2023 (Emily Clawson, ARNP)**	N/A	Maximum \$7,875.00
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
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

**OTHER TERMS:**

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

Psychological Testing is a service under Assessment, Evaluation, & Early Identification.

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

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

\*LISW will provide Outpatient Therapy Services to residents of CICS region and accept and provide services to patients with Medicaid and/or Medicare, private insurance, and MHDS regional funding. The LISW Onboarding &



**Center Associates ATTACHMENT A Effective 12/1/22**  
**SERVICE DEFINITIONS AND RATES**  
**FISCAL YEAR 2023**

Access Fee shall be prorated and paid in the month of June 2023 for Fiscal Year 2023 with an invoice submitted by the provider.

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

In the event the LISW does not maintain employment with Center Associates and upon initiation continue to provide Outpatient Therapy Services in the Outpatient setting for the entire CICS Provider and Program Participation Agreement service period ending June 30, 2023 no LISW Onboarding & Access fee will be paid by CICS.

**\*\* Psychiatric Prescriber will provide Outpatient Medication Prescribing and Management services to residents of CICS region and accept and provide services to patients with Medicaid and/or Medicare, private insurance, and MHDS regional funding. The Medication Prescribing & Management Onboarding & Access Fee shall be prorated and paid 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 Center Associates 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.

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

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

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.

For billing of Justice Coordination/Jail Diversion, position must provide service for the entire month or rate is to be prorated. Monthly amount to be billed and reimbursed not to exceed \$7,260.00/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.



**Center Associates ATTACHMENT A Effective 12/1/22  
SERVICE DEFINITIONS AND RATES  
FISCAL YEAR 2023**

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.*

Central Iowa Community Services:

Center Associates:

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

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

Print Name: BJ Hoffman

Print Name: Paul Daniel

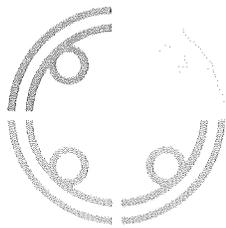
Print Title: Chair, CICS Governing Board

Print Title: CEO

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

Date: 12/16/22





# CICS

Supporting Individuals. Strengthening Communities.

RECEIVED BY  
NOV 28 2022  
CICS - STORY CO.

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

1. This amendment is entered into this 1st day of November, 2022 by and between Central Iowa Community Services (CICS) and Central Iowa Juvenile Detention Center (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:

### Central Iowa Juvenile Detention Center ATTACHMENT A Effective 11/1/22 SERVICE DEFINITIONS AND RATES FISCAL YEAR 2023

Chart of Account	Service Description	Unit of Service	Rate
31354	General Transportation – First Person (Driver)	Hour	\$57.96
31354	General Transportation – Second Person	Hour	\$30.09
74353	Civil Commitment Transportation – First Person (Driver)	Hour	\$57.96
74353	Civil Commitment Transportation – Second Person	Hour	\$30.09

#### OTHER TERMS:

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

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

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

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

Prior authorization is not required for General Transportation for transport to an Access Center, Subacute service, or Crisis Stabilization service when admission is from a hospital, physician office, or the transportation is requested by the Eyerly Ball Community Mental Health Services Mobile Crisis Response Team (MCRT).







# CICS

Supporting Individuals. Strengthening Communities.

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

1. This amendment is entered into this 1st day of February, 2023 by and between Central Iowa Community Services (CICS) and eVizzit of Iowa Psychiatry PC dba Integrated Telehealth Partners (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:

### eVizzit of Iowa Psychiatry PC dba Integrated Telehealth Partners ATTACHMENT A Effective 2/1/23 SERVICE DEFINITIONS AND RATES FISCAL YEAR 2023

Chart of Account	Service Description	Unit of Service	Rate
42305 Outpatient 46305 Jail	Therapy Evaluation (90791) (Must be Prior Authorized)	Visit	\$155.61
42305 Outpatient 46305 Jail	Therapy 90837 90834 90832 (Must be Prior Authorized)	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
42305 Outpatient 46305 Jail	Group Therapy (90853) (Must be Prior Authorized)	Hour	\$69.43
42305 Outpatient	Family Therapy (90846) (Must be Prior Authorized)	Hour	\$98.83
42306 Outpatient	Psychiatric Evaluation (90792) (Must be Prior Authorized)	Visit	Dr. \$300.67 ARNP \$232.09 PA \$232.09
42306 Outpatient	Medication Management (99213) (Must be Prior Authorized)	15 Min.	Dr. \$101.60 ARNP \$72.45 PA \$72.45
42306 Outpatient	Care Coordination (Must be Prior Authorized)	One Tele Health Session	\$31.21
46305 Jail	Psychiatric Evaluation (90792) (Must be Prior Authorized)	Visit	Dr. \$288.99 ARNP \$223.08 PA \$223.08
46305 Jail	Medication Management (99214) (Must be Prior Authorized)	Visit	Dr. \$124.17 ARNP \$88.54 PA \$88.54



**eVizzit of Iowa Psychiatry PC dba Integrated Telehealth Partners ATTACHMENT A Effective 2/1/23  
SERVICE DEFINITIONS AND RATES  
FISCAL YEAR 2023**

44301 Hospital Emergency Room	Psychiatric Evaluation*	Visit	\$160.00
44301 Hospital Emergency Room	Access and Care Coordination**	Visit	\$290.00
44312 Crisis Stabilization Community Based	Access and Psychiatric Evaluation***	Per Case	\$450.00

**OTHER TERMS:**

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

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

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

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

At time of monthly billing submission for ERs and jails provider will submit name, date of service, and location of service for each individual billed to CICS.

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

All Savers  
Amerigroup  
BCBS of Iowa – Wellmark  
Cigna  
Human Gold



**eVizzit of Iowa Psychiatry PC dba Integrated Telehealth Partners ATTACHMENT A Effective 2/1/23  
SERVICE DEFINITIONS AND RATES  
FISCAL YEAR 2023**

Iowa Total Care – Medicaid  
Medica IFB  
Medicaid/IME Claims  
Medicare Part B  
Meritain Health  
UMR  
United Healthcare  
United Healthcare (Medicare)

**\*\*Rate of \$290/visit applies to Access and Care Coordination for Hospital Emergency Room.**

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

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

**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.*

**Central Iowa Community Services:**

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

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

By: *Doug Wilson*

Print Name: BJ Hoffman

Print Name: *Doug Wilson*

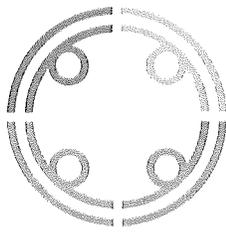
Print Title: Chair, CICS Governing Board

Print Title: *Asst. Vice President*

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

Date: *1/20/2023*





# CICS

Supporting Individuals. Strengthening Communities.

RECEIVED BY  
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CICS - STORY CO.

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

1. This amendment is entered into this 1st day of January, 2023 by and between Central Iowa Community Services (CICS) and Friendship Ark, Inc. (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:

### Friendship Ark, Inc. ATTACHMENT A Effective 1/1/23 SERVICE DEFINITIONS AND RATES FISCAL YEAR 2023

Chart of Account	Service Description	Unit of Service	Rate
32329	Supported Community Living – ID/DD	15 Min.	\$10.02
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
50367	Day Habilitation – ID/DD	Tier 1 (U1); Daily Tier 2 (U2); Daily Tier 3 (U3); Daily Tier 4 (U4); Daily Tier 5 (U5); Daily Tier 6 (U6); Daily	\$73.20 \$76.81 \$87.48 \$88.72 \$103.31 \$126.33
50367	Day Habilitation	15 Min.	\$8.51



**Friendship Ark, Inc. ATTACHMENT A Effective 1/1/23**  
**SERVICE DEFINITIONS AND RATES**  
**FISCAL YEAR 2023**

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

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

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

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.*

Central Iowa Community Services:

Friendship Ark, Inc.:

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

By: Jennifer Ellis

Print Name: BJ Hoffman

Print Name: Jennifer Ellis

Print Title: Chair, CICS Governing Board

Print Title: Executive Director

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

Date: 11/18/2022





# CICS

Supporting Individuals. Strengthening Communities.

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

- This amendment is entered into this 1st day of January, 2023 by and between Central Iowa Community Services (CICS) and North Central Iowa Mental Health Center, Inc. dba UnityPoint Health-Berryhill Center (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:**

**North Central Iowa Mental Health Center, Inc. dba UnityPoint Health-Berryhill Center**  
**ATTACHMENT A Effective 1/1/23**  
**SERVICE DEFINITIONS AND RATES**  
**FISCAL YEAR 2023**

Chart of Account	Service Description	Unit of Service	Rate
04429	Planning & Management Consultants (non-client related)	Hour	\$158.00; Maximum of 25 hours/month
05373	Public Education, Prevention and Education	Hour	\$126.00; Maximum of 12 hours/contract period
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
42305	Mental Health Outpatient Therapy Travel Costs to Schools in Webster County	Hour	\$80.00; Maximum of 25 hours/month
42305	Therapy Evaluation (90791)	Visit	\$155.61
42305	Group Therapy (90853)	Hour	\$69.43
42305	Family Therapy (90846)	Hour	\$98.83
42305	Therapy 90837 90834 90832	60 Min. 45 Min. 30 Min.	\$114.17 \$114.17 \$59.43
42306	Care Coordination	One Tele Health Session	\$31.21
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
42396	Community Support Services (CSS) – Low Intensity	Monthly	\$176.87



**North Central Iowa Mental Health Center, Inc. dba UnityPoint Health-Berryhill Center**  
**ATTACHMENT A Effective 1/1/23**  
**SERVICE DEFINITIONS AND RATES**  
**FISCAL YEAR 2023**

42396	Community Support Services (CSS) – High Intensity	Monthly	\$520.20
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.

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

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

Planning & Management Consultants (non-client related) and Mental Health Outpatient Therapy Travel Costs to Schools in Webster County does not require prior authorization. Provider shall invoice CICS based on actual units of service provided, CICS funding is limited to a maximum of 25 hours per month per each of these services.

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

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



North Central Iowa Mental Health Center, Inc. dba UnityPoint Health-Berryhill Center  
ATTACHMENT A Effective 1/1/23  
SERVICE DEFINITIONS AND RATES  
FISCAL YEAR 2023

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.*

Central Iowa Community Services:

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

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

By: Jennifer Pullen

Print Name: BJ Hoffman

Print Name: Jennifer Pullen

Print Title: Chair, CICS Governing Board

Print Title: Executive Director

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

Date: 12/16/22



**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Belmond Community Hospital**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
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
42306	Care Coordination	One Tele Health Session	\$31.21

**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. 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.

**ATTACHMENT A**  
**SERVICE DEFINITIONS AND RATES**  
**Belmond Community Hospital**

**Central Iowa Community Services:**

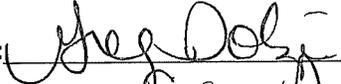
By: \_\_\_\_\_

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Belmond Community Hospital:**

By: 

Print Name: Greg Dolan

Print Title: CEO

Date: 12.07-2022

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Iowa Specialty Hospital-Clarion**

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
41305	Injection (96372)	N/A	\$26.38
41305	Nursing (S9123)	Nurse Visit	\$58.64
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
42306	Care Coordination	One Tele Health Session	\$31.21

**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. 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.

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Iowa Specialty Hospital-Clarion**

**Central Iowa Community Services:**

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

Print Name: BJ Hoffman

Print Title: Chair, CICS Governing Board

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

**Iowa Specialty Hospital-Clarion:**

By: 

Print Name: Greg Polzin

Print Title: CEO

Date: 12-07-2022

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Lori Schoh DBA @ The Mental Health Lab, PLLC**

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

**Lori Schoh DBA @ The Mental Health Lab, PLLC:**

By: Lori Schoh

Print Name: Lori Schoh

Print Title: Licensed Mental Health

Date: 1/12/23

Counselor

## **Central Iowa Community Services Provider and Program Participation Agreement**

**THIS PROVIDER AND PROGRAM PARTICIPATION AGREEMENT (“Agreement”)**, entered into this 1st day of July, 2023, is by and between Central Iowa Community Services (“CICS”) and Provider Name (“**Provider**”).

### RECITALS:

A. CICS is a governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board. Mental health and disability services are funded and administered by CICS within the scope and according to the criteria of the Regional Management Plan. CICS desires to contract with Provider to provide Covered Services for the benefit of CICS Individuals.

B. Provider is licensed, certified and/or accredited under the laws of the State of Iowa to provide mental health, intellectual disabilities, and/or developmental disability services and desires to contract with CICS to provide Covered Services for the benefit of CICS Individuals.

C. An effective service delivery environment should be based on individualized, person centered, strengths-based practices which are trauma informed, co-occurring capable, and culturally competent.

In consideration of the premises and promises contained herein, it is mutually agreed by and between CICS and Provider as follows:

### **SECTION 1 Definitions**

**Administrative Team:** Community Service Directors of Region member counties.

**CICS Governing Board:** The board of CICS responsible for governing CICS.

**CICS Individual:** A person who is eligible and authorized to receive funding as defined in the Regional Management Plan as approved by the Director of the Department of Human Services, State of Iowa.

**Co-payment:** The amount that may be charged to CICS Individual at the time services are rendered.

**Covered Services:** Services enumerated in the Regional Management Plan, as approved by the Director of the Department of Human Services, State of Iowa.

**HIPAA:** Collectively, the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and all implementing regulations.

**Individual Authorization:** An Individual Authorization is a standard form, signed by an individual, to allow disclosure of the individual's Protected Health Information. The form must comply with HIPAA and all other applicable federal and state laws. The individual may revoke the Individual Authorization at any time in accordance with its terms.

**Protected Health Information:** Individually identifiable health information that is transmitted by or maintained in electronic media, or transmitted by or maintained in any other form or medium.

**Region:** The inter-governmental entity created under Chapter 28E of the Code of Iowa and Section 331.390 of the Code of Iowa that includes member counties of CICS.

**Regional Management Plan:** CICS' plan, developed pursuant to Iowa Code Section 331.393, for providing an array of cost-effective individualized services and supports that assist CICS Individuals in the Region to be as independent, productive, and integrated into the community as possible, within the constraints of the services fund.

## **SECTION 2** **Duties of Provider**

**Section 2.1 Provision of Covered Services.** Provider shall provide Covered Services to each CICS Individual who is authorized by the Administrative Team or Administrative Team designee (“Designee”) to receive such services to the extent designated in Attachment A, Service Definitions and Rates. Such services shall be rendered in compliance with applicable laws and regulations and the Regional Management Plan. Provider shall provide Covered Services in a manner that: (a) documents the services provided, in conformance with applicable federal, state and local laws and regulations and the Regional Management Plan, and (b) protects the confidentiality of the CICS Individual's medical records, including, without limitation, any Protected Health Information. Provider may decline providing services to a CICS Individual provided that Provider communicates this decision to Administrative Team or Designee within twenty-four (24) hours of declining such services.

**Section 2.2 Compliance with the Regional Management Plan.** Provider and its staff shall be bound by and provide Covered Services in compliance with the Regional Management Plan. Failure to comply with the Regional Management Plan may result in sanctions including, without limitation, the loss of reimbursement and/or termination of the Agreement. If Provider does not agree with the sanction, Provider may appeal such action to the CICS Governing Board. The decision of the CICS Governing Board shall be final and conclusive and non-appealable.

**Section 2.3 Authorization and Notification Requirements.** All Covered Services provided to CICS Individuals by Provider must be authorized by CICS prior to or at the time of rendering services or in accordance with the Regional Management Plan. The Regional Management Plan shall not diminish Provider's obligation to render Covered Services consistent with the applicable

standard of care. Provider shall be required to obtain from each CICS Individual an Individual Authorization that allows Provider to disclose any information about the Individual to CICS.

**Section 2.4 Access to Books and Records.** Unless otherwise required by applicable statutes or regulation, Provider shall allow CICS access to books, records, or cost reports as needed to establish rates or for purposes of appeals, utilization, grievance, claims payment review, individual medical records review, or financial audits, during the term of this Agreement and seven (7) years following its termination. Provider shall obtain any necessary Individual Authorization to allow CICS to exercise its rights under this Agreement.

**Section 2.5 Licenses.** At all times, Provider and the providers it employs or contracts with to provide services to CICS Individuals shall have all necessary licenses and certifications to perform the Covered Services.

**Section 2.6 Major Incident Reporting.** To the extent Provider is otherwise required to comply with Iowa Administrative Code (“IAC”) Chapter 77, Provider shall promptly notify CICS in writing when a “major incident” as defined in IAC 441-77 involves a CICS Individual and the major incident would otherwise be required to be reported if the CICS Individual were receiving a Medicaid funded service. Provider may use the CICS Major Incident Report Form or Iowa Medicaid Critical Incident Report form for purposes of the notification.

### SECTION 3

#### Service Delivery and Assessment

**Section 3.1 Service Delivery.** The Region encourages the use of Evidence Based Practices, Research Based Practices and Promising Practices in service delivery.

**Section 3.2 Service Assessment.** The Region is charged with the responsibility of collecting Outcome measurement information. Provider is required to follow the reporting requirements for any outcome measures listed in Attachment A. If the Region implements additional measures, this contract will be amended to reflect said changes.

**Section 3.3 Incentives.** Provider may qualify for incentive payments if it meets reporting and outcome participation requirements established by CICS.

### SECTION 4

#### Claims Submission and Payment

**Section 4.1 Claims Submission.** Provider agrees to submit all claims for Covered Services within sixty (60) days of service provision and in accordance with the Regional Management Plan.

**Section 4.2 Claims Payment.** In accordance with the Regional Management Plan, CICS will pay claims for Covered Services in accordance with the Regional Management Plan within sixty (60) days of receipt of required documentation unless foreseen circumstances exist; no billings received

more than sixty (60) days after the close of the fiscal year in which the service was provided shall be considered for payment by CICS unless there is a statutory requirement to pay such service. The fiscal year for CICS is July 1 – June 30.

**Section 4.3 Compensation to Provider.** Provider agrees to accept payment from CICS for Covered Services provided to CICS Individuals under this Agreement as payment in full, less any Co-payment or other amount that is due from CICS Individuals for such services. Provider shall not negotiate and/or accept lower rates or more favorable terms than those provided for in this Agreement from any other Region or county. Rates of compensation for Covered Services are set forth in Attachment A, Service Definitions and Rates.

## **SECTION 5**

### **Relationship Between the Parties**

**Section 5.1 Relationship Between CICS and Provider.** The relationship between CICS and Provider is solely that of independent contractors and nothing in this Agreement shall be construed or deemed to create any other relationship including one of employment, agency, or joint venture. Provider shall maintain social security, workers' compensation and all other employee benefits covering Provider's employees as required by law.

## **SECTION 6**

### **Liability Insurance**

**Section 6.1 Provider Hold Harmless and Indemnification.** Provider shall defend, hold harmless and indemnify CICS against any and all claims, liability, damages, judgments, and expenses, including, without limitation, reasonable attorney fees and costs, asserted against, imposed or incurred by CICS that arise out of acts or omissions of Provider or Provider's employees, agents or representatives in the discharge of Provider's responsibilities under this Agreement.

**Section 6.2 Provider Liability Insurance.** Provider agrees to carry comprehensive general liability insurance (claims-made with appropriate tail coverage or occurrence-based), at its own expense, in an amount of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate. If Provider employs professionally licensed individuals, Provider also agrees to carry professional liability insurance (claims-made with appropriate tail coverage or occurrence-based), at its own expense, in an amount of not less than \$1,000,000 per occurrence. Both types of coverages shall cover any claims with respect to Covered Services that may arise out of an incident occurring during the term of this Agreement as well as any claims in connection with the performance of Provider's responsibilities under this Agreement. Provider shall furnish to CICS on an annual basis proof of each required insurance, which proof will include the name of the carrier(s), effective dates of each coverage and coverage amounts.

## **SECTION 7**

### **Laws and Regulations**

**Section 7.1 Laws and Regulations.** Provider represents, covenants, and warrants that it is, and during the term of this Agreement will continue to be, operating in full compliance with all applicable federal and state laws.

**Section 7.2 Compliance with Civil Rights Laws.** Provider agrees not to discriminate or differentiate in the treatment of any individual based on age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability. Provider agrees to ensure mental health and disability services are rendered to CICS Individuals in the same manner, and in accordance with the same standards and with the same availability, as offered to any other individual receiving services from Provider.

**Section 7.3 Equal Opportunity Employer.** CICS counties are equal employment opportunity employers. CICS supports a policy which prohibits discrimination against any employee or applicant for employment on the basis of age, race, sex, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability, or any other classification protected by law or ordinance. Provider agrees that it is in full compliance with this policy.

**Section 7.4 Confidentiality of Records.** CICS and Provider agree to maintain the confidentiality of all information regarding Covered Services provided to CICS Individuals under this Agreement in accordance with any applicable laws and regulations, including, without limitation, HIPAA. Provider acknowledges that in receiving, storing, processing, or otherwise dealing with information from CICS about CICS Individuals, it is fully bound by federal and state laws and regulations, including, without limitation, HIPAA, governing the confidentiality of medical records, mental health and disability services records, and Protected Health Information.

## **SECTION 8**

### **Term and Termination**

**Section 8.1 Term.** The term of this Agreement shall be for a period of one (1) year commencing on the date first above written, or until the end of the current fiscal year, whichever occurs first. The Agreement will automatically renew for up to two additional one (1) year terms, except to the extent a party provides written notice of non-renewal at least sixty (60) days before the effective date of the renewal as identified in Section 8.2.

**Section 8.2 Termination Without Cause.** Either party may terminate this Agreement without cause upon sixty (60) days prior written notice of termination to the other party.

**Section 8.3 Termination With Cause by CICS.** CICS shall have the right to terminate this Agreement immediately by giving written notice to Provider upon the occurrence of any of the following events: (a) restriction, suspension or revocation of Provider's license, certification or accreditation or the license of any provider employed by or contracted with Provider to perform services under this Agreement; (b) Provider's loss of any liability insurance required under this Agreement; or (c) bankruptcy filing by the Provider.

**Section 8.4 Termination by Provider.** Provider may terminate this Agreement pursuant to Section 9.2 or 9.3; provided that Provider notifies CICS within thirty (30) days of the effective date of such amendment of its disagreement with such amendment.

**Section 8.5 Termination for Breach.** Either party shall have the right to terminate this Agreement for material breach of this Agreement by the other party that is not cured within thirty (30) days after written notice to the other party is provided.

**Section 8.6 Information to CICS Individuals.** Provider acknowledges the right of CICS to inform CICS Individuals of Provider's termination of this Agreement and agrees to cooperate with CICS in deciding on the form of such notification.

**Section 8.7 Continuation of Services After Termination.** Upon request by CICS for up to sixty (60) days upon termination notification, Provider shall continue to render Covered Services in accordance with this Agreement until CICS has transferred CICS Individuals to another provider or until such CICS Individual(s) are discharged.

**Section 8.8 Notices to CICS.** Any notice, request, demand, waiver, consent, approval or other communication to CICS which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

CICS Operations Officer  
126 S. Kellogg Ave., Ste. 001  
Ames, IA 50010

**Section 8.9 Notices to Provider.** Any notice, request, demand, waiver, consent, approval or other communication to Provider which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

Provider  
Attention:  
Address

## **SECTION 9** **Amendments**

**Section 9.1 Amendment.** Subject to Sections 9.1 and 9.2, this Agreement may be amended at any time only by the mutual written agreement of the parties.

**Section 9.2 Regulatory Amendment.** CICS may amend this Agreement to comply with applicable statutes and regulations and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice. If the Provider does not agree with the amendment, Provider may terminate this Agreement as provided in Section 8.4.

**Section 9.3 Regional Management Plan Amendment.** CICS may also amend this Agreement to comply with changes in the Regional Management Plan and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice. If Provider does not agree with the Amendment, Provider may terminate this Agreement as provided in Section 8.4.

## **SECTION 10**

### **Other Terms and Conditions**

**Section 10.1 Non-Exclusivity.** This Agreement does not confer upon the Provider any exclusive right to provide services to CICS Individuals in Provider's geographical area. CICS reserves the right to contract with other providers. The parties agree that Provider may continue to contract with other organizations.

**Section 10.2 Assignment.** Provider may not assign any of its rights and responsibilities under this Agreement to any person or entity without the prior written approval of CICS. Any assignment not in accordance with this Section 10.2 shall be null and void.

**Section 10.3 Subcontracting.** Provider may not subcontract any of its rights and responsibilities under this Agreement to any person or entity without prior notification to CICS. Mutual agreement must be obtained between Provider, CICS, and any subcontractor.

**Section 10.4 Entire Agreement and Amendments.** This Agreement and its attachments constitute the entire agreement between CICS and Provider, and supersedes or replaces any prior agreements between CICS and Provider relating to its subject matter. This Agreement may be amended only pursuant to a written document executed by both parties.

**Section 10.5 Rights of Provider and CICS.** Provider agrees that CICS may use Provider's name, address, telephone number, description of Provider, and Provider's care and specialty services in any promotional activities. Otherwise, Provider and CICS shall not use each other's name, symbol or service mark without prior written approval of the other party.

**Section 10.6 Invalidity.** If any term, provision or condition of this Agreement shall be determined invalid by a court of law, such invalidity shall in no way affect the validity of any other term, provision or condition of this Agreement, and the remainder of the Agreement shall survive in full force and effect unless to do so would substantially impair the rights and obligations of the parties to this Agreement.

**Section 10.7 No Waiver.** The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.

**Section 10.8 Execution.** This Agreement has been executed by the parties hereto, through their duly authorized officials.

**Section 10.9 Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Iowa (but without regard to provisions thereof relating to conflicts of laws).

**Section 10.10 No Third Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein made confer, upon any person other than the parties to this Agreement and their respective successors or assigns of the parties, any rights, remedies, obligations or liabilities whatsoever.

**Section 10.11 Survival.** Sections 2.4, 6.1, 6.2, 7.4, 8.6, 8.7, 8.8, 8.9, and Section 10 shall survive any termination of this Agreement.

**Section 10.12 Waiver of Jury Trial. EACH PARTY HEREBY UNCONDITIONALLY WAIVES ANY RIGHT TO A JURY TRIAL WITH RESPECT TO AND IN ANY ACTION, PROCEEDING, CLAIM, COUNTERCLAIM, DEMAND OR OTHER MATTER WHATSOEVER ARISING OUT OF THIS AGREEMENT.**

**Central Iowa Community Services:**

**Provider:**

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

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

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

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

Print Title: Chair, CICS Governing Board

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

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

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

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Provider Name**

Chart of Account	Service Description	Unit of Service	Rate

**OTHER TERMS:**

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

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

For applicable services, Provider will meet Iowa Code or Administrative Code requirements.

Provider will ensure provider information is available in 211 and updated annually.

**Central Iowa Community Services:**

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

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

Print Title: Chair, CICS Governing Board

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

**Provider:**

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

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

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

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

## **Central Iowa Community Services Provider and Program Participation Agreement**

**THIS PROVIDER AND PROGRAM PARTICIPATION AGREEMENT (“Agreement”)**, entered into this 1st day of July, 2023, is by and between Central Iowa Community Services (“CICS”) and Provider Name (“**Provider**”).

### RECITALS:

A. CICS is a governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board. Mental health and disability services are funded and administered by CICS within the scope and according to the criteria of the Regional Management Plan. CICS desires to contract with Provider to provide Covered Services for the benefit of CICS Individuals.

B. Provider is licensed, certified and/or accredited under the laws of the State of Iowa to provide mental health, intellectual disabilities, and/or developmental disability services and desires to contract with CICS to provide Covered Services for the benefit of CICS Individuals.

C. An effective service delivery environment should be based on individualized, person centered, strengths-based practices which are trauma informed, co-occurring capable, and culturally competent.

In consideration of the premises and promises contained herein, it is mutually agreed by and between CICS and Provider as follows:

### **SECTION 1 Definitions**

**Administrative Team:** Community Service Directors of Region member counties.

**CICS Governing Board:** The board of CICS responsible for governing CICS.

**CICS Individual:** A person who is eligible and authorized to receive funding as defined in the Regional Management Plan as approved by the Director of the Department of Human Services, State of Iowa.

**Co-payment:** The amount that may be charged to CICS Individual at the time services are rendered.

**Covered Services:** Services enumerated in the Regional Management Plan, as approved by the Director of the Department of Human Services, State of Iowa.

**HIPAA:** Collectively, the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and all implementing regulations.

**Individual Authorization:** An Individual Authorization is a standard form, signed by an individual, to allow disclosure of the individual's Protected Health Information. The form must comply with HIPAA and all other applicable federal and state laws. The individual may revoke the Individual Authorization at any time in accordance with its terms.

**Protected Health Information:** Individually identifiable health information that is transmitted by or maintained in electronic media, or transmitted by or maintained in any other form or medium.

**Region:** The inter-governmental entity created under Chapter 28E of the Code of Iowa and Section 331.390 of the Code of Iowa that includes member counties of CICS.

**Regional Management Plan:** CICS' plan, developed pursuant to Iowa Code Section 331.393, for providing an array of cost-effective individualized services and supports that assist CICS Individuals in the Region to be as independent, productive, and integrated into the community as possible, within the constraints of the services fund.

## **SECTION 2**

### **Duties of Provider**

**Section 2.1 Provision of Covered Services.** Provider shall provide Covered Services to each CICS Individual who is authorized by the Administrative Team or Administrative Team designee (“**Designee**”) to receive such services to the extent designated in Attachment A, Service Definitions and Rates. Such services shall be rendered in compliance with applicable laws and regulations and the Regional Management Plan. Provider shall provide Covered Services in a manner that: (a) documents the services provided, in conformance with applicable federal, state and local laws and regulations and the Regional Management Plan, and (b) protects the confidentiality of the CICS Individual's medical records, including, without limitation, any Protected Health Information. Provider may decline providing services to a CICS Individual provided that Provider communicates this decision to Administrative Team or Designee within twenty-four (24) hours of declining such services.

**Section 2.2 Compliance with the Regional Management Plan.** Provider and its staff shall be bound by and provide Covered Services in compliance with the Regional Management Plan. Failure to comply with the Regional Management Plan may result in sanctions including, without limitation, the loss of reimbursement and/or termination of the Agreement. If Provider does not agree with the sanction, Provider may appeal such action to the CICS Governing Board. The decision of the CICS Governing Board shall be final and conclusive and non-appealable.

**Section 2.3 Authorization and Notification Requirements.** All Covered Services provided to CICS Individuals by Provider must be authorized by CICS prior to or at the time of rendering services or in accordance with the Regional Management Plan. The Regional Management Plan shall not diminish Provider's obligation to render Covered Services consistent with the applicable

standard of care. Provider shall be required to obtain from each CICS Individual an Individual Authorization that allows Provider to disclose any information about the Individual to CICS.

**Section 2.4 Access to Books and Records.** Unless otherwise required by applicable statutes or regulation, Provider shall allow CICS access to books, records, or cost reports as needed to establish rates or for purposes of appeals, utilization, grievance, claims payment review, individual medical records review, or financial audits, during the term of this Agreement and seven (7) years following its termination. Provider shall obtain any necessary Individual Authorization to allow CICS to exercise its rights under this Agreement.

**Section 2.5 Licenses.** At all times, Provider and the providers it employs or contracts with to provide services to CICS Individuals shall have all necessary licenses and certifications to perform the Covered Services.

**Section 2.6 Major Incident Reporting.** To the extent Provider is otherwise required to comply with Iowa Administrative Code (“IAC”) Chapter 77, Provider shall promptly notify CICS in writing when a “major incident” as defined in IAC 441-77 involves a CICS Individual and the major incident would otherwise be required to be reported if the CICS Individual were receiving a Medicaid funded service. Provider may use the CICS Major Incident Report Form or Iowa Medicaid Critical Incident Report form for purposes of the notification.

### SECTION 3

#### Service Delivery and Assessment

**Section 3.1 Service Delivery.** The Region encourages the use of Evidence Based Practices, Research Based Practices and Promising Practices in service delivery.

**Section 3.2 Service Assessment.** The Region is charged with the responsibility of collecting Outcome measurement information. Provider is required to follow the reporting requirements for any outcome measures listed in Attachment A. If the Region implements additional measures, this contract will be amended to reflect said changes.

**Section 3.3 Incentives.** Provider may qualify for incentive payments if it meets reporting and outcome participation requirements established by CICS.

### SECTION 4

#### Claims Submission and Payment

**Section 4.1 Claims Submission.** Provider agrees to submit all claims for Covered Services within sixty (60) days of service provision and in accordance with the Regional Management Plan.

**Section 4.2 Claims Payment.** In accordance with the Regional Management Plan, CICS will pay claims for Covered Services in accordance with the Regional Management Plan within sixty (60) days of receipt of required documentation unless foreseen circumstances exist; no billings received

more than sixty (60) days after the close of the fiscal year in which the service was provided shall be considered for payment by CICS unless there is a statutory requirement to pay such service. The fiscal year for CICS is July 1 – June 30.

**Section 4.3 Compensation to Provider.** Provider agrees to accept payment from CICS for Covered Services provided to CICS Individuals under this Agreement as payment in full, less any Co-payment or other amount that is due from CICS Individuals for such services. Provider shall not negotiate and/or accept lower rates or more favorable terms than those provided for in this Agreement from any other Region or county. Rates of compensation for Covered Services are set forth in Attachment A, Service Definitions and Rates.

## **SECTION 5**

### **Relationship Between the Parties**

**Section 5.1 Relationship Between CICS and Provider.** The relationship between CICS and Provider is solely that of independent contractors and nothing in this Agreement shall be construed or deemed to create any other relationship including one of employment, agency, or joint venture. Provider shall maintain social security, workers' compensation and all other employee benefits covering Provider's employees as required by law.

## **SECTION 6**

### **Liability Insurance**

**Section 6.1 Provider Hold Harmless and Indemnification.** Provider shall defend, hold harmless and indemnify CICS against any and all claims, liability, damages, judgments, and expenses, including, without limitation, reasonable attorney fees and costs, asserted against, imposed or incurred by CICS that arise out of acts or omissions of Provider or Provider's employees, agents or representatives in the discharge of Provider's responsibilities under this Agreement.

**Section 6.2 Provider Liability Insurance.** Provider agrees to carry comprehensive general liability insurance (claims-made with appropriate tail coverage or occurrence-based), at its own expense, in an amount of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate. If Provider employs professionally licensed individuals, Provider also agrees to carry professional liability insurance (claims-made with appropriate tail coverage or occurrence-based), at its own expense, in an amount of not less than \$1,000,000 per occurrence. Both types of coverages shall cover any claims with respect to Covered Services that may arise out of an incident occurring during the term of this Agreement as well as any claims in connection with the performance of Provider's responsibilities under this Agreement. Provider shall furnish to CICS on an annual basis proof of each required insurance, which proof will include the name of the carrier(s), effective dates of each coverage and coverage amounts.

## **SECTION 7**

### **Laws and Regulations**

**Section 7.1 Laws and Regulations.** Provider represents, covenants, and warrants that it is, and during the term of this Agreement will continue to be, operating in full compliance with all applicable federal and state laws.

**Section 7.2 Compliance with Civil Rights Laws.** Provider agrees not to discriminate or differentiate in the treatment of any individual based on age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability. Provider agrees to ensure mental health and disability services are rendered to CICS Individuals in the same manner, and in accordance with the same standards and with the same availability, as offered to any other individual receiving services from Provider.

**Section 7.3 Equal Opportunity Employer.** CICS counties are equal employment opportunity employers. CICS supports a policy which prohibits discrimination against any employee or applicant for employment on the basis of age, race, sex, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability, or any other classification protected by law or ordinance. Provider agrees that it is in full compliance with this policy.

**Section 7.4 Confidentiality of Records.** CICS and Provider agree to maintain the confidentiality of all information regarding Covered Services provided to CICS Individuals under this Agreement in accordance with any applicable laws and regulations, including, without limitation, HIPAA. Provider acknowledges that in receiving, storing, processing, or otherwise dealing with information from CICS about CICS Individuals, it is fully bound by federal and state laws and regulations, including, without limitation, HIPAA, governing the confidentiality of medical records, mental health and disability services records, and Protected Health Information.

## **SECTION 8**

### **Term and Termination**

**Section 8.1 Term.** The term of this Agreement shall be for a period of one (1) year commencing on the date first above written, or until the end of the current fiscal year, whichever occurs first.

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Provider  
Attention:  
Address

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**Section 10.12 Waiver of Jury Trial. EACH PARTY HEREBY UNCONDITIONALLY WAIVES ANY RIGHT TO A JURY TRIAL WITH RESPECT TO AND IN ANY ACTION, PROCEEDING, CLAIM, COUNTERCLAIM, DEMAND OR OTHER MATTER WHATSOEVER ARISING OUT OF THIS AGREEMENT.**

**Central Iowa Community Services:**

**Provider:**

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

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

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

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

Print Title: Chair, CICS Governing Board

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

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

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

**ATTACHMENT A  
SERVICE DEFINITIONS AND RATES  
Provider Name**

Chart of Account	Service Description	Unit of Service	Rate

**OTHER TERMS:**

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

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

For applicable services, Provider will meet Iowa Code or Administrative Code requirements.

Provider will ensure provider information is available in 211 and updated annually.

**Central Iowa Community Services:**

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

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

Print Title: Chair, CICS Governing Board

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

**Provider:**

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

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

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

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