

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING AGENDA**

February 25, 2014

- 9:05 A.M.**
- I. Attendance**
 - II. Approval of Health & Human Services Board Agenda**
 - III. Review January 28, 2014 Health & Human Service Board Minutes**
 - IV. Review Bills**
 - V. General/Miscellaneous Information**
 - A.**
 - VI. FYI:**
 - A. Northeast Healthcare Preparedness Coalition (NHPC) Participation Agreement**
 - B. Vulnerable Adult Maltreatment Reports Letter/E-Mail**
 - C. Local Recertification Process/Application – Nystroms**
 - VII. Contracts:**
 - A. HCBS Waiver/AC Service Purchase Agreements between Aitkin County Health & Human Services and:**
 - 1. Activstyle Medical Supply, Minneapolis – 1/1/14 – 12/31/16**
 - 2. APA Medical Equipment Co., Minneapolis – 1/1/14 – 12/31/16**
 - 3. Aitkin Medical Supply, Aitkin – 1/1/14 – 12/31/17**
 - 4. Brainerd Medical Supply, Brainerd – 1/1/14 – 12/31/17**
 - 5. Essentia Health Medical Equipment, Duluth – 1/1/14 – 12/31/16**
 - 6. Globe Drug & Medical Equipment, Grand Rapids – 1/1/14 - 12/31/16**
 - 7. Home Medical Products & Services, Hurley, WI – 1/1/14 – 12/31/16**
 - 8. Lake Superior Medical Equipment, Duluth – 1/1/14 – 12/31/16**
 - 9. United Seating & Mobility (dba Numotion),
Grand Rapids – 1/1/14-12/31/17**
 - 10. PAL Medical System, Grand Rapids – 1/1/14 – 12/31/17**
 - 11. Lifeline System (Phillips Lifeline), Framingham, MA– 1/1/14–12/31/15**
 - VIII. Administrative Reports:**
 - A. Financial & Transportation Reports**
 - IX. Committee Reports from Commissioners**
 - A. H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte Meeting updates from Committee Members: Jim Carlson & Katie Nelson Draft minutes of the February 5, 2014 meeting.**
 - B. AEOA Committee Updates- Commissioner Niemi**
 - C. NEMOJT Committee Updates – Commissioner Napstad**
 - D. CJI (Children’s Justice Initiative) – Commissioner Westerlund**
 - X. Break at 9:___ a.m. for _____ minutes Next Meeting – March 25, 2014**

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING MINUTES
January 28, 2014**

I. Attendance

The Aitkin County Board of Commissioners met this 28th day of January, 2014, at 9:03 a.m. as the Aitkin County Health & Human Services Board, with the following members present: Chairperson Commissioner Mark Wedel; Commissioners Anne Marcotte, Brian Napstad, Don Niemi, and Laurie Westerlund; and others present included: County Administrator Patrick Wussow; H&HS Director Tom Burke; H&HS Staff Members Eileen Foss, Income Maintenance Supervisor; Kathy Ryan, Fiscal Supervisor; Sue Tange, Social Service Supervisor; Julie Lueck, Clerk to the Health & Human Services Board; and guests; Roberta Elvecrog, and Cheryl Meld, H&HS Advisory Committee Members; and Nanci Sauerbrei, Aitkin Independent Age.

II. Approval of Health & Human Services Board Agenda

Motion by Commissioner Napstad, seconded by Commissioner Westerlund, and carried; the vote was to approve the Agenda as mailed/posted.

III. Review December 17, 2013 Health & Human Service Board Minutes

Motion by Commissioner Niemi, seconded by Commissioner Marcotte, and carried, the vote was to approve the December 17, 2013, Health & Human Services Board Meeting Minutes.

IV. Review Bills

Motion by Commissioner Marcotte, seconded by Commissioner Niemi, and carried, the vote was to approve the Bills as presented this date.

V. General/Miscellaneous Information

- A. MNChoices Update** – Tom Burke updated the Board that the start date has been moved back to April 14th and problems are still anticipated.
- B. MNSURE Update** – Eileen Foss updated the Board that MNSURE is going through successfully for some people whereas others are still experiencing problems.
- C. Building Remodeling Project** – Tom Burke discussed the current project of moving the water lab from the PH area to the basement to free up an office for one of our new staff. He is also looking at possibly remodeling the basement to include a meeting room. A proposed plan will be developed and presented to the facilities committee.

VI. Administrative Reports:

- A. Financial & Transportation Reports** – Kathy Ryan reviewed the reports noting she included the 2013 yearend financial report.

VII. Joint Powers Board Reports:

- A. Tri-County Community Health Services Board (CHS) – Commissioner Westerlund / Tom Burke – Dec. 12th, 2013 Meeting Minutes.** It was noted that the Board is looking at hiring a part-time Administrator and have been advertising in the Aitkin, Itasca, Koochiching, and Duluth newspapers as well as posting it through MDH and LPH. Tom noted there have been a lot of changes on the Board with folks from both Aitkin and Itasca leaving. He looks forward to working with new people with new ideas on the Board.

VIII. Committee Reports from Commissioners

- A. H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte
Meeting updates from Committee Members: Cheryl Meld & Roberta Elvecrog
Draft minutes of the January 8, 2014 meeting. Cheryl Meld noted that there was a very informative Red Cross services presentation. She noted the committee anticipates playing a role in gathering community input for the Community Health Assessments in 2014 and they will be setting goals at the next meeting. Commissioner Marcotte noted that the By-laws probably need to be updated since H&HS has not been doing Annual Plans for many years. (It technically needs to be a legislative change to the Statutes.)
- B. AEOA / NEMOJT Committee Updates – Commissioner Napstad noted that Commissioner Niemi has been appointed to the AEOA Committee and will be attending the next meeting to be held the third Wednesday of February.
- Commissioner Napstad reported on the January 8th, 2014, NEMOJT meeting. He discussed the report he received from Michelle Ufford with respect to the presence of the Workforce staff and outside businesses in the Aitkin high school noting it was only once and not near enough involvement. Roberta Elvecrog noted that Kari Paulsen is in the Aitkin School on a regular basis and there are numerous job fairs and employers providing presentations and job shadowing.
- C. CJI (Children’s Justice Initiative) – Commissioner Westerlund /Sue Tange noted that the last meeting was held on January 2nd with very few members present due to the holidays.

IX. Break at 10:08 a.m. for 10 minutes.

Next Meeting – February 25, 2014

**The Statistical Reports for 2013
for Income Maintenance, Social Services and Public Health were included in this packet.**

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Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
49 86222 AITKIN INDEPENDENT AGE 05- 430- 720- 3020- 6069		66.00	Child Care Advertising - Commu 01/15/2014 01/18/2014 1 Transactions	Community Ed & Prevent/Advertising
18 9791 BIEGANEK/JOAN M 05- 430- 760- 3950- 6020		105.00	Guardianship/Conservator Activ 01/01/2014 01/31/2014 1 Transactions	Guardianship/Conservatorship
3 12505 BLEGEN/DARLA 05- 430- 740- 3890- 6020		100.00	Child respite care 01/03/2014 01/05/2014 1 Transactions	Child Mh Respite
48 87882 Central MN Mental Health Ctr 05- 430- 730- 3710- 6080		1,680.00	Detoxification (Category I) 01/07/2014 01/09/2014 1 Transactions	Detoxification - Other
29 12191 COOPER/SHIRLIE 05- 430- 710- 3820- 6040		87.00	Relative custody assistance 02/01/2014 02/28/2014	Relative Custody Assistance
30 12191 COOPER/SHIRLIE 05- 430- 710- 3820- 6040		237.00	Relative custody assistance 02/01/2014 02/28/2014 2 Transactions	Relative Custody Assistance
47 11051 Department of Human Services 05- 430- 730- 3590- 6072		6,234.93	CCDTF Maintenance of Effort 12/01/2013 12/31/2013 1 Transactions	Ccdtf County % State Billings
7 91345 ELVECROG/ROBERTA C 05- 430- 750- 3950- 6020		35.00	Public guardianship 01/01/2014 01/31/2014	Public Guardianship Dd
9 91345 ELVECROG/ROBERTA C 05- 430- 750- 3950- 6020		105.00	Public guardianship 01/01/2014 01/31/2014	Public Guardianship Dd

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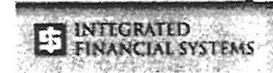


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91345 ELVECROG/ROBERTA C		140.00	2 Transactions		
10030 GORDON/DOROTHY					
21 05- 430- 710- 3820- 6040		87.00	Relative custody assistance		Relative Custody Assistance
			02/01/2014 02/28/2014		
10030 GORDON/DOROTHY		87.00	1 Transactions		
11589 Lutheran Social Service of MN- Mankato					
1 05- 430- 750- 3950- 6020		49.62	Public guardianship		Public Guardianship Dd
			01/06/2014 01/28/2014		
11589 Lutheran Social Service of MN- Mankato		49.62	1 Transactions		
11072 Lutheran Social Service Of Mn- St Paul					
13 05- 430- 760- 3950- 6020		192.22	Guardianship/Conservatorship		Guardianship/Conservatorship
			01/02/2014 01/28/2014		
14 05- 430- 760- 3950- 6020		59.90	Guardianship/Conservatorship		Guardianship/Conservatorship
			12/01/2013 12/31/2013		
11072 Lutheran Social Service Of Mn- St Paul		252.12	2 Transactions		
91221 McCormick/John					
12 05- 430- 710- 3820- 6040		268.00	Relative custody assistance		Relative Custody Assistance
			02/01/2014 02/28/2014		
91221 McCormick/John		268.00	1 Transactions		
10977 NORTHERN PSYCHIATRIC ASSOCIATES					
5 05- 430- 740- 3050- 6020		397.32	Child outpatient diagnostic as		Child Outpat Assess/Psyc. Testing
			01/10/2014 01/10/2014		
43 05- 430- 740- 3050- 6020		327.34	Child outpatient diagnostic as		Child Outpat Assess/Psyc. Testing
			01/10/2014 01/10/2014		
45 05- 430- 740- 3900- 6020		180.00	Clinical supervision- Child Rul		Child Rule 79 Case Mgmt
			01/03/2014 01/03/2014		
8 05- 430- 745- 3085- 6020		397.32	Adult outpatient diagnostic as		Adult Outpat Diagnostic Assess/Psyc
			01/10/2014 01/10/2014		
46 05- 430- 745- 3340- 6071		180.00	Clinical supervision- CSP 25%		Pyschosocial Rehab/Ind Living Skills Csp
			01/03/2014 01/03/2014		
44 05- 430- 745- 3910- 6020		360.00	Clinical supervision- Adult Rul		Adult Rule 79 Case Mgmt
			01/03/2014 01/03/2014		

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10977 NORTHERN PSYCHIATRIC ASSOCIATES		1,841.98	6 Transactions	
42 3639 NORTHLAND COUNSELING CTR INC 05- 430- 730- 3710- 6020		325.00	Detoxification (Category I) 01/09/2014 01/09/2014	Detoxification - Grand Rapids
3639 NORTHLAND COUNSELING CTR INC		325.00	1 Transactions	
6 90748 OAKRIDGE HOMES SILS 05- 430- 750- 3340- 6073		729.56	Semi- Independent Living Servic 01/01/2014 01/31/2014	Semi- Independent Living Serv (Sils)
19 05- 430- 750- 3340- 6073		174.46	Semi- Independent Living Servic 01/01/2014 01/31/2014	Semi- Independent Living Serv (Sils)
22 05- 430- 750- 3340- 6073		459.94	Semi- Independent Living Servic 01/01/2014 01/31/2014	Semi- Independent Living Serv (Sils)
90748 OAKRIDGE HOMES SILS		1,363.96	3 Transactions	
16 12493 Oakridge Support Services - Woodview 05- 430- 745- 3030- 6071		45.04	Client outreach (CSP) 01/17/2014 01/17/2014	Client Outreach - Csp
26 05- 430- 745- 3030- 6071		135.11	Client outreach (CSP) 01/02/2014 01/09/2014	Client Outreach - Csp
27 05- 430- 745- 3030- 6071		387.32	Client outreach (CSP) 01/02/2014 01/28/2014	Client Outreach - Csp
12493 Oakridge Support Services - Woodview		567.47	3 Transactions	
24 89879 OCCUPATIONAL DEVELOPMENT CENTER 05- 430- 745- 3160- 6050		87.00	Transportation for employment 01/01/2014 01/31/2014	Adult Transportation
23 05- 430- 760- 3370- 6050		225.00	Employability- supported employ 01/01/2014 01/31/2014	Employability - Txx
89879 OCCUPATIONAL DEVELOPMENT CENTER		312.00	2 Transactions	
11 12676 OESTREICH/LINDA J 05- 430- 710- 3820- 6040		34.80	Relative custody assistance 02/01/2014 02/28/2014	Relative Custody Assistance
12676 OESTREICH/LINDA J		34.80	1 Transactions	
3810 PAULBECK'S COUNTY MARKET				

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25	05-430-710-3661-6020		40.91	Triple P - Family group decisi 01/29/2014 01/29/2014	Triple P Activity
	3810 PAULBECK'S COUNTY MARKET		40.91	1 Transactions	
31	12669 PETERS/RENEE D. 05-430-710-3820-6040		57.00	Relative custody assistance 02/01/2014 02/28/2014	Relative Custody Assistance
	12669 PETERS/RENEE D.		57.00	1 Transactions	
41	87514 Pine Manors Inc 05-430-730-3710-6080		300.00	Detoxification (Category I) 01/24/2014 01/25/2014	Detoxification - Other
	87514 Pine Manors Inc		300.00	1 Transactions	
10	9489 Redwood Toxicology Laboratory, Inc 05-430-710-3180-6020		6.75	Drug testing - Health-related 01/29/2014 01/29/2014	Health- Related Services
20	05-430-710-3181-6020		6.75	UA- Health-related services 01/18/2014 01/18/2014	Drug Testing - CMCC Juveniles
33	05-430-710-3181-6020		6.75	UA- Health-related services 01/15/2014 01/15/2014	Drug Testing - CMCC Juveniles
37	05-430-710-3181-6020		6.75	UA- Health-related services 01/15/2014 01/15/2014	Drug Testing - CMCC Juveniles
39	05-430-710-3181-6020		6.75	UA- Health-related services 01/08/2014 01/08/2014	Drug Testing - CMCC Juveniles
40	05-430-710-3181-6020		6.75	UA- Health-related services 01/18/2014 01/18/2014	Drug Testing - CMCC Juveniles
2	05-430-710-3190-6020		6.75	Drug testing - Court-related s 01/07/2014 01/07/2014	Court Related Services & Activities
34	05-430-710-3190-6020		6.75	Drug testing - Court-related s 01/24/2014 01/24/2014	Court Related Services & Activities
35	05-430-710-3190-6020		6.75	Drug testing - Court-related s 01/22/2014 01/22/2014	Court Related Services & Activities
	9489 Redwood Toxicology Laboratory, Inc		60.75	9 Transactions	
36	6146 RS Eden 05-430-730-3930-6050		42.90	Urine drug screens 01/09/2014 01/27/2014	General Case Management

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<u>No.</u> <u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
6146 RS Eden		42.90	1 Transactions	
17 4242 Ryan & Brucker Ltd 05- 430- 750- 3950- 6020		43.75	Public guardianship 01/01/2014 01/31/2014	Public Guardianship Dd
4242 Ryan & Brucker Ltd		43.75	1 Transactions	
28 12573 SCHLEIFER/DANI 05- 430- 710- 3820- 6040		341.60	Relative custody assistance 02/01/2014 02/28/2014	Relative Custody Assistance
32 05- 430- 710- 3820- 6040		48.00	Relative custody assistance 02/01/2014 02/28/2014	Relative Custody Assistance
12573 SCHLEIFER/DANI		389.60	2 Transactions	
38 86177 SHERIFF AITKIN COUNTY 05- 430- 720- 3980- 6020		30.00	Day Care Background Check - Li 01/22/2014 01/24/2014	License And Resource Development
86177 SHERIFF AITKIN COUNTY		30.00	1 Transactions	
15 9140 SIMAR/CANDACE 05- 430- 750- 3950- 6020		70.00	Public guardianship 01/01/2014 01/31/2014	Public Guardianship Dd
4 05- 430- 760- 3950- 6020		70.00	Guardianship/conservatorship 01/01/2014 01/31/2014	Guardianship/Conservatorship
9140 SIMAR/CANDACE		140.00	2 Transactions	
Final Total		14,769.79	26 Vendors	49 Transactions

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Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
5	14,769.79	Health & Human Services
All Funds	14,769.79	Total

Approved by,

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Aitkin County

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<u>No. Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
85003 Aitkin County DAC							
1 05-400-440-0410-6231			28.41	PAPER SHREDDING			Services Or Contracts
				01/07/2014	01/24/2014		
2 05-400-440-0410-6231			2.99	CLEANING			Services Or Contracts
				01/07/2014	01/28/2014		
1 05-420-600-4800-6231			73.88	PAPER SHREDDING			Services Or Contracts
				01/07/2014	01/24/2014		
2 05-420-600-4800-6231			7.78	CLEANING			Services Or Contracts
				01/07/2014	01/28/2014		
1 05-430-700-4800-6231			87.14	PAPER SHREDDING			Services Or Contracts
				01/07/2014	01/24/2014		
2 05-430-700-4800-6231			9.17	CLEANING			Services Or Contracts
				01/07/2014	01/28/2014		
85003 Aitkin County DAC			209.37	6 Transactions			
86222 Aitkin Independent Age							
3 05-420-640-4800-6231			167.31	IV- D LEGAL NOTICES			Services Or Contracts
				01/22/2014	02/05/2014		
86222 Aitkin Independent Age			167.31	1 Transactions			
8239 Ameripride Linen & Apparel Services							
4 05-400-440-0410-6405			4.75	CLEANING SUPPLIES		2200465218	Supplies- Computer/Office/Meeting
				01/07/2014	01/07/2014		
4 05-420-600-4800-6405			12.35	CLEANING SUPPLIES		2200465218	Supplies- Computer/Office/Meeting
				01/07/2014	01/07/2014		
4 05-430-700-4800-6405			14.57	CLEANING SUPPLIES		2200465218	Supplies- Computer/Office/Meeting
				01/07/2014	01/07/2014		
8239 Ameripride Linen & Apparel Services			31.67	3 Transactions			
12106 Antoine Electric							
6 05-400-440-0410-6231			57.21	BASEMENT LAB REMODEL SERVICES		13456	Services Or Contracts
				02/11/2014	02/11/2014		
5 05-400-440-0410-6231			7.35	DISCONNECT/REMOVE LIGHT IN LAB		14018	Services Or Contracts
				01/24/2014	01/24/2014		
6 05-420-600-4800-6231			148.76	BASEMENT LAB REMODEL SERVICES		13456	Services Or Contracts
				02/11/2014	02/11/2014		
5 05-420-600-4800-6231			19.11	DISCONNECT/REMOVE LIGHT IN LAB		14018	Services Or Contracts
				01/24/2014	01/24/2014		

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<u>No. Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
6 05-430-700-4800-6231			175.46	BASEMENT LAB REMODEL SERVICES 02/11/2014 02/11/2014	13456	Services Or Contracts
5 05-430-700-4800-6231			22.54	DISCONNECT/REMOVE LIGHT IN LAB 01/24/2014 01/24/2014	14018	Services Or Contracts
12106 Antoine Electric			430.43	6 Transactions		
7 10460 Brainerd Dispatch- Circulation Dept 05-400-440-0410-6231			29.99	AGENCY SUBSCRIPTION(52 WKS) 03/01/2014 02/27/2015	BRA12966	Services Or Contracts
7 05-420-600-4800-6231			77.95	AGENCY SUBSCRIPTION(52 WKS) 03/01/2014 02/27/2015	BRA12966	Services Or Contracts
7 05-430-700-4800-6231			91.94	AGENCY SUBSCRIPTION(52 WKS) 03/01/2014 02/27/2015	BRA12966	Services Or Contracts
10460 Brainerd Dispatch- Circulation Dept			199.88	3 Transactions		
8 5398 CDW Government, Inc 05-430-700-4800-6405			199.99	VIEWSONIC 22" WIDE LED- OSS 01/29/2014 01/29/2014	JN01074	Supplies- Computer/Office/Meeting
5398 CDW Government, Inc			199.99	1 Transactions		
9 10855 Culligan 05-400-440-0410-6231			17.92	COOLER RENTAL SERVICE 02/01/2014 02/28/2014	150-10016285-1	Services Or Contracts
9 05-420-600-4800-6231			46.61	COOLER RENTAL SERVICE 02/01/2014 02/28/2014	150-10016285-1	Services Or Contracts
9 05-430-700-4800-6231			54.97	COOLER RENTAL SERVICE 02/01/2014 02/28/2014	150-10016285-1	Services Or Contracts
10855 Culligan			119.50	3 Transactions		
10 11984 DataBank IMX 05-420-600-4800-6231			12,563.69	EDOCs MAINTENANCE 03/01/2014 02/28/2015	MI45000085/83	Services Or Contracts
11984 DataBank IMX			12,563.69	1 Transactions		
11 88880 Datacomm Computers & Networks Inc 05-400-440-0410-6625			135.75	1 COMPUTER SYSTEM- CSEA/ACCT 01/31/2014 01/31/2014	7152	Furniture, Fixtures, Etc.
11 05-420-600-4800-6625			352.95	1 COMPUTER SYSTEM- CSEA/ACCT	7152	Office & Other Equipment

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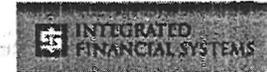


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11	05- 430- 700- 4800- 6625		01/31/2014 01/31/2014 1 COMPUTER SYSTEM- CSEA/ACCT	7152	Office & Other Equipment
12	05- 430- 700- 4800- 6625		01/31/2014 01/31/2014 1 COMPUTER SYSTEM- CHILD PRCT	7152	Office & Other Equipment
88880	Datacomm Computers & Networks Inc		01/31/2014 01/31/2014 4 Transactions		
11051	Department of Human Services				
24	05- 420- 640- 4800- 6231		01/01/2014 01/31/2014 CS MONTHLY FED OFFSET FEE	A300C403901	Services Or Contracts
13	05- 420- 650- 4400- 6025	P	12/01/2013 12/31/2013 MA LTC UN 65	A300MM6T01I	State/Fed Share - MA
14	05- 420- 650- 4400- 6025	P	12/01/2013 12/31/2013 MA ESTATE COLLECTIONS- FED	A300MM6T01I	State/Fed Share - MA
15	05- 420- 650- 4400- 6025	P	12/01/2013 12/31/2013 MA ESTATE COLLECTIONS- ST	A300MM6T01I	State/Fed Share - MA
16	05- 420- 650- 4400- 6025	P	12/01/2013 12/31/2013 MA RECIPIENT INEL- FED	A300MM6T01I	State/Fed Share - MA
17	05- 420- 650- 4400- 6025	P	12/01/2013 12/31/2013 MA RECIPIENT INEL- ST	A300MM6T01I	State/Fed Share - MA
18	05- 420- 650- 4400- 6025	P	12/01/2013 12/31/2013 MA EX MH TCM CV	A300MM6T01I	State/Fed Share - MA
19	05- 420- 650- 4400- 6025		01/01/2014 01/31/2014 MA LTC UN 65	A300MM6U01I	State/Fed Share - MA
20	05- 420- 650- 4400- 6025		01/01/2014 01/31/2014 MA ESTATE COLLECTIONS- FED	A300MM6U01I	State/Fed Share - MA
21	05- 420- 650- 4400- 6025		01/01/2014 01/31/2014 MA ESTATE COLLECTIONS- ST	A300MM6U01I	State/Fed Share - MA
22	05- 420- 650- 4400- 6025		01/01/2014 01/31/2014 MA EX MH TCM CV	A300MM6U01I	State/Fed Share - MA
23	05- 420- 650- 4400- 6025		01/01/2014 01/31/2014 MA AX RECIPIENT INEL- FED	A300MM6U01I	State/Fed Share - MA
26	05- 430- 700- 4800- 6231		00000191934 SSIS MENTOR FEES- 2014	00000191934	Services Or Contracts
25	05- 430- 700- 4800- 6231		00000192038 SSIS FISCAL SUPPORT- 2014	00000192038	Services Or Contracts
11051	Department of Human Services		14 Transactions		
2186	Hillyard Inc - Kansas City				
27	05- 400- 440- 0410- 6405		601022294 CLEANING/BATHROOM SUPPLIES	601022294	Supplies- Computer/Office/Meeting

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<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
28	05-400-440-0410-6405	59.58	02/04/2014 02/04/2014 CLEANING/BATHROOM SUPPLIES	601038923 Supplies- Computer/Office/Meeting
27	05-420-600-4800-6405	192.57	02/18/2014 02/18/2014 CLEANING/BATHROOM SUPPLIES	601022294 Supplies- Computer/Office/Meeting
28	05-420-600-4800-6405	154.90	02/04/2014 02/04/2014 CLEANING/BATHROOM SUPPLIES	601038923 Supplies- Computer/Office/Meeting
27	05-430-700-4800-6405	227.14	02/18/2014 02/18/2014 CLEANING/BATHROOM SUPPLIES	601022294 Supplies- Computer/Office/Meeting
28	05-430-700-4800-6405	182.70	02/04/2014 02/04/2014 CLEANING/BATHROOM SUPPLIES	601038923 Supplies- Computer/Office/Meeting
2186	Hillyard Inc - Kansas City	890.96	02/18/2014 02/18/2014 6 Transactions	
2340	Hyytinen Hardware Hank			
29	05-400-440-0410-6405	3.44	DOOR KNOB FOR BASEMENT 01/16/2014 01/16/2014	1159832 Supplies- Computer/Office/Meeting
30	05-400-440-0410-6405	0.48	KEY FOR BASEMENT DOOR 01/21/2014 01/21/2014	1160528 Supplies- Computer/Office/Meeting
31	05-400-440-0410-6405	4.34	PAINT FOR LAB ROOM 01/22/2014 01/22/2014	1160614 Supplies- Computer/Office/Meeting
32	05-400-440-0410-6405	2.54	SCREWDRIVER SET FOR AGENCY 01/31/2014 01/31/2014	1161773 Supplies- Computer/Office/Meeting
29	05-420-600-4800-6405	8.97	DOOR KNOB FOR BASEMENT 01/16/2014 01/16/2014	1159832 Supplies- Computer/Office/Meeting
30	05-420-600-4800-6405	1.25	KEY FOR BASEMENT DOOR 01/21/2014 01/21/2014	1160528 Supplies- Computer/Office/Meeting
31	05-420-600-4800-6405	11.31	PAINT FOR LAB ROOM 01/22/2014 01/22/2014	1160614 Supplies- Computer/Office/Meeting
32	05-420-600-4800-6405	6.63	SCREWDRIVER SET FOR AGENCY 01/31/2014 01/31/2014	1161773 Supplies- Computer/Office/Meeting
29	05-430-700-4800-6405	10.58	DOOR KNOB FOR BASEMENT 01/16/2014 01/16/2014	1159832 Supplies- Computer/Office/Meeting
30	05-430-700-4800-6405	1.47	KEY FOR BASEMENT DOOR 01/21/2014 01/21/2014	1160528 Supplies- Computer/Office/Meeting
31	05-430-700-4800-6405	13.34	PAINT FOR LAB ROOM 01/22/2014 01/22/2014	1160614 Supplies- Computer/Office/Meeting
32	05-430-700-4800-6405	7.82	SCREWDRIVER SET FOR AGENCY 01/31/2014 01/31/2014	1161773 Supplies- Computer/Office/Meeting

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	<u>Vendor Name</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
	<u>No. Account/Formula</u>	<u>Accr</u>		<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
	2340 Hyytinen Hardware Hank		72.17	12 Transactions		
33	90182 Laboratory Corp Of America Holdings 05-420-640-4800-6397		84.00	IVD GENETIC TEST 0011792435-02 01/31/2014 01/31/2014	BILL #43652208	Genetic Tests Iv- D
	90182 Laboratory Corp Of America Holdings		84.00	1 Transactions		
34	89079 McGregor Area Ambulance Service 05-400-401-0000-6812		1,510.00	AMBULANCE RUNS- JAN'14		Mcgregor Area Ambulance
	89079 McGregor Area Ambulance Service		1,510.00	1 Transactions		
35	89078 Mille Lacs Health System 05-400-401-0000-6814		170.00	AMBULANCE SERVICE FOR JAN'14		Isle Ambulance/Mille Lacs Health System
	89078 Mille Lacs Health System		170.00	1 Transactions		
36	89765 Minnesota Elevator, Inc 05-400-440-0410-6231		23.42	ELEVATOR SERVICE- FEB'14	302236	Services Or Contracts
36	05-420-600-4800-6231		60.89	ELEVATOR SERVICE- FEB'14	302236	Services Or Contracts
36	05-430-700-4800-6231		71.82	ELEVATOR SERVICE- FEB'14	302236	Services Or Contracts
	89765 Minnesota Elevator, Inc		156.13	3 Transactions		
37	12745 MJS CONSULTING, INC 05-420-600-4800-6231		1,248.00	EDOCS- REG 3 EDMS IMPLMNTATION 02/09/2014 02/09/2014	50230	Services Or Contracts
	12745 MJS CONSULTING, INC		1,248.00	1 Transactions		
38	11132 Mn Dept Of Health 05-420-640-4800-6379		40.00	IVE PATRNTY AJUD 0011002483-04 02/10/2014 02/10/2014	590817	Other Iv- D Charges
	11132 Mn Dept Of Health		40.00	1 Transactions		
39	13013 NEOPOST GREAT PLAINS 05-400-440-0410-6405		36.45	INK CARTRIDGE- POSTAGE MACHINE 01/11/2014 01/11/2014	GPAR18597	Supplies- Computer/Office/Meeting
39	05-420-600-4800-6405		94.77	INK CARTRIDGE- POSTAGE MACHINE 01/11/2014 01/11/2014	GPAR18597	Supplies- Computer/Office/Meeting
39	05-430-700-4800-6405		111.78	INK CARTRIDGE- POSTAGE MACHINE	GPAR18597	Supplies- Computer/Office/Meeting

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Vendor Name	Accr	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula			Service Dates	Paid On Bhf #	On Behalf of Name
13013 NEOPOST GREAT PLAINS			01/11/2014 3 Transactions		
40 12449 NEOPOST USA INC			01/29/2014 RATE CHANGE CHIP FOR SCALE	GPAR17850	Services Or Contracts
40 05- 400- 440- 0410- 6231			01/29/2014 RATE CHANGE CHIP FOR SCALE	GPAR17850	Services Or Contracts
40 05- 420- 600- 4800- 6231			01/29/2014 RATE CHANGE CHIP FOR SCALE	GPAR17850	Services Or Contracts
40 05- 430- 700- 4800- 6231			01/29/2014 RATE CHANGE CHIP FOR SCALE	GPAR17850	Services Or Contracts
12449 NEOPOST USA INC			3 Transactions		
41 89081 North Ambulance Brainerd			AMBULANCE RUNS- JAN'14		No. Memorial Ambulance- Aitkin
41 05- 400- 401- 0000- 6809			1 Transactions		
89081 North Ambulance Brainerd					
42 3810 Paulbeck's County Market			AGENCY SUPPLIES	000009273744	Supplies- Computer/Office/Meeting
42 05- 400- 440- 0410- 6405			01/21/2014 AGENCY SUPPLIES	000009273744	Supplies- Computer/Office/Meeting
43 05- 400- 440- 0410- 6405			01/29/2014 AGENCY SUPPLIES	000009273744	Supplies- Computer/Office/Meeting
42 05- 420- 600- 4800- 6405			01/21/2014 AGENCY SUPPLIES	000009273744	Supplies- Computer/Office/Meeting
43 05- 420- 600- 4800- 6405			01/29/2014 AGENCY SUPPLIES	000009273744	Supplies- Computer/Office/Meeting
42 05- 430- 700- 4800- 6405			01/21/2014 AGENCY SUPPLIES	000009273744	Supplies- Computer/Office/Meeting
43 05- 430- 700- 4800- 6405			01/29/2014 AGENCY SUPPLIES	000009273744	Supplies- Computer/Office/Meeting
3810 Paulbeck's County Market			6 Transactions		
44 84172 Riverwood Healthcare Center			FAM PLAN- PG TEST		Family Planning Approp
44 05- 400- 430- 0407- 6262	P		12/06/2013 FAM PLAN- PG TEST		Family Planning Approp
84172 Riverwood Healthcare Center			1 Transactions		
45 5774 Riverwood Healthcare Clinic			FAM PLAN- DEPO INJ		Family Planning Approp
45 05- 400- 430- 0407- 6262	P				Family Planning Approp

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<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
5774 Riverwood Healthcare Clinic		91.80	12/06/2013 12/06/2013 1 Transactions	
4233 S & T Office Products Inc				
46 05-400-440-0410-6405		8.98-	RETURNED AGENCY SUPPLIES 01/20/2014 01/20/2014	01QE5836 Supplies- Computer/Office/Meeting
47 05-400-440-0410-6405		4.50-	RETURNED AGENCY SUPPLIES 01/20/2014 01/20/2014	01QE5837 Supplies- Computer/Office/Meeting
48 05-400-440-0410-6405		1.45-	RETURNED AGENCY SUPPLIES 01/20/2014 01/20/2014	01QE5838 Supplies- Computer/Office/Meeting
49 05-400-440-0410-6405		12.40	AGENCY SUPPLIES 01/30/2014 01/30/2014	01QF0452 Supplies- Computer/Office/Meeting
50 05-400-440-0410-6405		0.57	AGENCY SUPPLIES 01/30/2014 01/30/2014	01QF0694 Supplies- Computer/Office/Meeting
51 05-400-440-0410-6405		19.34	AGENCY SUPPLIES 01/31/2014 01/31/2014	01QF1647 Supplies- Computer/Office/Meeting
52 05-400-440-0410-6405		14.41	AGENCY SUPPLIES 02/07/2014 02/07/2014	01QF4801 Supplies- Computer/Office/Meeting
46 05-420-600-4800-6405		23.33-	RETURNED AGENCY SUPPLIES 01/20/2014 01/20/2014	01QE5836 Supplies- Computer/Office/Meeting
47 05-420-600-4800-6405		11.68-	RETURNED AGENCY SUPPLIES 01/20/2014 01/20/2014	01QE5837 Supplies- Computer/Office/Meeting
48 05-420-600-4800-6405		3.76-	RETURNED AGENCY SUPPLIES 01/20/2014 01/20/2014	01QE5838 Supplies- Computer/Office/Meeting
49 05-420-600-4800-6405		32.23	AGENCY SUPPLIES 01/30/2014 01/30/2014	01QF0452 Supplies- Computer/Office/Meeting
50 05-420-600-4800-6405		1.48	AGENCY SUPPLIES 01/30/2014 01/30/2014	01QF0694 Supplies- Computer/Office/Meeting
51 05-420-600-4800-6405		50.28	AGENCY SUPPLIES 01/31/2014 01/31/2014	01QF1647 Supplies- Computer/Office/Meeting
52 05-420-600-4800-6405		37.46	AGENCY SUPPLIES 02/07/2014 02/07/2014	01QF4801 Supplies- Computer/Office/Meeting
46 05-430-700-4800-6405		27.52-	RETURNED AGENCY SUPPLIES 01/20/2014 01/20/2014	01QE5836 Supplies- Computer/Office/Meeting
47 05-430-700-4800-6405		13.78-	RETURNED AGENCY SUPPLIES 01/20/2014 01/20/2014	01QE5837 Supplies- Computer/Office/Meeting
48 05-430-700-4800-6405		4.43-	RETURNED AGENCY SUPPLIES 01/20/2014 01/20/2014	01QE5838 Supplies- Computer/Office/Meeting
49 05-430-700-4800-6405		38.02	AGENCY SUPPLIES	01QF0452 Supplies- Computer/Office/Meeting

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<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
50	05-430-700-4800-6405	1.74	01/30/2014 01/30/2014 AGENCY SUPPLIES	01QF0694 Supplies- Computer/Office/Meeting
51	05-430-700-4800-6405	59.31	01/30/2014 01/30/2014 AGENCY SUPPLIES	01QF1647 Supplies- Computer/Office/Meeting
52	05-430-700-4800-6405	44.19	01/31/2014 01/31/2014 AGENCY SUPPLIES	01QF4801 Supplies- Computer/Office/Meeting
4233	S & T Office Products Inc	212.00	02/07/2014 02/07/2014 21 Transactions	
86177	Sheriff Aitkin County			
53	05-420-640-4800-6270	50.00	02/10/2014 02/10/2014 IVD SERVICE 0011917563- 02	2527 Aitkin Co Sheriff Fees Iv- D
54	05-420-640-4800-6270	50.00	02/12/2014 02/12/2014 IVD SERVICE 0015309987- 01	2528 Aitkin Co Sheriff Fees Iv- D
86177	Sheriff Aitkin County	100.00	2 Transactions	
86433	Sheriff Mille Lacs County			
55	05-420-640-4800-6379	54.64	01/31/2014 01/31/2014 IVD SERVICE 001534473901- 02	5455 Other Iv- D Charges
86433	Sheriff Mille Lacs County	54.64	1 Transactions	
86703	Sheriff Pine County			
56	05-420-640-4800-6379	54.40	02/05/2014 02/05/2014 IVD SERVICE 0015063562- 01	1410184 Other Iv- D Charges
86703	Sheriff Pine County	54.40	1 Transactions	
12214	Shopko Store Operating Co. LLC			
57	05-430-700-4800-6810	211.90	01/30/2014 01/30/2014 MH FLEX- PREPAID VISA- CLOTHING	Mh Init - Flex
12214	Shopko Store Operating Co. LLC	211.90	1 Transactions	
4507	Sorenson Root Thompson Funeral Home			
58	05-420-650-4800-6810	3,401.00	01/27/2014 01/27/2014 COUNTY BURIAL	County Burials
4507	Sorenson Root Thompson Funeral Home	3,401.00	1 Transactions	
88859	Spee*Dee- St Cloud			
60	05-400-440-0410-6231	33.94	PH SERVICE	2543609 Services Or Contracts

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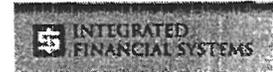


<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
59	05- 420- 600- 4800- 6231	837.77	IM SERVICE 12/30/2013 02/01/2014	2543609 Services Or Contracts
88859	Spee*Dee- St Cloud	871.71	2 Transactions 12/30/2013 02/01/2014	
61	86235 The Office Shop Inc 05- 400- 450- 0451- 6405	9.90	SHIP- ACTIVE LIVING- PAPER 01/28/2014 01/28/2014	270151- 0 Supplies- Computer/Office/Meeting
62	05- 400- 440- 0410- 6231	1,981.70	PH- COPIER CONTRACT IRC5255 01/29/2014 01/29/2014	270195- 0 Services Or Contracts
63	05- 400- 440- 0410- 6231	20.90	MAILROOM- IR6065 EXTRA COPIES 01/29/2014 01/29/2014	270195- 0 Services Or Contracts
64	05- 400- 440- 0410- 6231	182.56	OSS- COPIER CONTRACT IRC5053 01/30/2014 01/30/2014	270323- 0 Services Or Contracts
65	05- 400- 440- 0410- 6231	26.25	LIBRARY- COPIER CONTRACT IR330S 01/30/2014 01/30/2014	270327- 0 Services Or Contracts
66	05- 400- 440- 0410- 6231	342.00	MAILROOM- COPIER CONTRCT IR6065 01/30/2014 01/30/2014	270327- 0 Services Or Contracts
67	05- 400- 440- 0410- 6405	11.94	ACCTG- PRINTER TONER(KR) 01/08/2014 01/08/2014	951449- 0 Supplies- Computer/Office/Meeting
68	05- 400- 440- 0410- 6405	31.80	OSS- FAX TONER 01/08/2014 01/08/2014	951449- 0 Supplies- Computer/Office/Meeting
70	05- 400- 440- 0410- 6231	11.25	SHREDDER SERVICED 01/22/2014 01/22/2014	952606- 0 Services Or Contracts
63	05- 420- 600- 4800- 6231	54.34	MAILROOM- IR6065 EXTRA COPIES 01/29/2014 01/29/2014	270195- 0 Services Or Contracts
64	05- 420- 600- 4800- 6231	474.67	OSS- COPIER CONTRACT IRC5053 01/30/2014 01/30/2014	270323- 0 Services Or Contracts
65	05- 420- 600- 4800- 6231	68.25	LIBRARY- COPIER CONTRACT IR330S 01/30/2014 01/30/2014	270327- 0 Services Or Contracts
66	05- 420- 600- 4800- 6231	889.20	MAILROOM- COPIER CONTRCT IR6065 01/30/2014 01/30/2014	270327- 0 Services Or Contracts
67	05- 420- 600- 4800- 6405	31.04	ACCTG- PRINTER TONER(KR) 01/08/2014 01/08/2014	951449- 0 Supplies- Computer/Office/Meeting
68	05- 420- 600- 4800- 6405	82.67	OSS- FAX TONER 01/08/2014 01/08/2014	951449- 0 Supplies- Computer/Office/Meeting
70	05- 420- 600- 4800- 6231	29.25	SHREDDER SERVICED 01/22/2014 01/22/2014	952606- 0 Services Or Contracts
71	05- 420- 600- 4800- 6405	181.98	IN- TONER(EF)	952981- 0 Supplies- Computer/Office/Meeting

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<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
72	05- 420- 600- 4800- 6405	199.00	IM- CHAIR(EF) 01/28/2014 01/28/2014	953037- 0 Supplies- Computer/Office/Meeting
63	05- 430- 700- 4800- 6231	64.09	MAILROOM- IR6065 EXTRA COPIES 01/28/2014 01/28/2014	270195- 0 Services Or Contracts
64	05- 430- 700- 4800- 6231	559.86	OSS- COPIER CONTRACT IRC5053 01/29/2014 01/29/2014	270323- 0 Services Or Contracts
65	05- 430- 700- 4800- 6231	80.50	LIBRARY- COPIER CONTRACT IR3305 01/30/2014 01/30/2014	270327- 0 Services Or Contracts
66	05- 430- 700- 4800- 6231	1,048.80	MAILROOM- COPIER CONTRCT IR6065 01/30/2014 01/30/2014	270327- 0 Services Or Contracts
67	05- 430- 700- 4800- 6405	36.61	ACCTG- PRINTER TONER(KR) 01/08/2014 01/08/2014	951449- 0 Supplies- Computer/Office/Meeting
68	05- 430- 700- 4800- 6405	97.51	OSS- FAX TONER 01/08/2014 01/08/2014	951449- 0 Supplies- Computer/Office/Meeting
69	05- 430- 700- 4800- 6405	25.99	SS- PRINTER TONER(PK) 01/13/2014 01/13/2014	951805- 0 Supplies- Computer/Office/Meeting
70	05- 430- 700- 4800- 6231	34.50	SHREDDER SERVICED 01/22/2014 01/22/2014	952606- 0 Services Or Contracts
86235	The Office Shop Inc	6,576.56	26 Transactions	
10930	Tidholm Productions			
73	05- 400- 440- 0410- 6405	77.21	AGENCY #10 ENVELOPES 01/22/2014 01/22/2014	68324554 Supplies- Computer/Office/Meeting
73	05- 420- 600- 4800- 6405	200.73	AGENCY #10 ENVELOPES 01/22/2014 01/22/2014	68324554 Supplies- Computer/Office/Meeting
73	05- 430- 700- 4800- 6405	236.76	AGENCY #10 ENVELOPES 01/22/2014 01/22/2014	68324554 Supplies- Computer/Office/Meeting
10930	Tidholm Productions	514.70	3 Transactions	
Final Total		51,709.05	33 Vendors	141 Transactions

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<u>Recap by Fund</u>	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	51,709.05	Health & Human Services	
All Funds		51,709.05	Total	Approved by,
			
			

**Northeast Healthcare Preparedness Coalition (NHPC)
Participation Agreement**

The NHPC is funded by the Healthcare Systems Preparedness Program (HSPP). HSPP is a program of the Minnesota Department of Health, Office of Emergency Preparedness (MDH-OEP) and Federal Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) through a grant to the State of Minnesota.

The purpose of the coalition is to increase regional preparedness capacity by establishing core capabilities to mitigate, protect against, respond to, and recover from the threats and hazards that pose the greatest risk whether deliberate, accidental, or natural. The coalition supports the cooperative efforts between healthcare, public health, emergency management and other response agencies.

The intent of this agreement is to demonstrate participation in the planning, coordination and response activities of the coalition as follows:

1. Collaborate in the development, implementation and sustainability of the coalition;
2. Support the intent of the coalition bylaws and operating procedures;
3. Support coalition based exercises and training;
4. Provide a platform for networking with coalition partners;
5. Complete reporting and documentation, as requested;
6. Support the regional all hazards plan by providing emergency assistance to coalition organizations in the event of a disaster or major emergency, to the best of your ability, as resources and personnel permit;
7. Participate in coalition communication during disasters.

This agreement is between the member facility / agency and the Regional Healthcare Resource Center (RHRC) on behalf of the NHPC. The agreement shall be effective from the date of signature to the end of the HSPP project period (June 30 2017).

Facility / Agency Signature Date

RHRC Signature Date

Print Name

Print Name

Facility / Agency Name

Arrowhead EMS Association

RHRC

From: Stump, Todd M (DHS) [mailto:Todd.Stump@state.mn.us]
Sent: Thursday, February 13, 2014 9:08 AM
To: swtange@co.aitkin.mn.us; susan.cebelinski@co.aitkin.mn.us
Subject: Vulnerable Adult Maltreatment Reports forwarded to Lead Investigative Agencies

VI. – B.



Minnesota Department of **Human Services**

Dear Ms. Tange and Ms. Cebelinski,

(I apologize for accidentally clicking "send" before completing the previous message)

DATE: February 12, 2014
TO: Aitkin County Adult Protection Administrator/Supervisor
FROM: Mary McGurran, DHS Program Policy Specialist, Adult Protection
SUBJECT: Vulnerable Adult Maltreatment Reports forwarded to Lead Investigative Agencies

Reports of suspected maltreatment of a Vulnerable Adult are received by the common entry point (CEP) designated by each county board under Minnesota's vulnerable adult reporting act. The CEP has a statutory requirement to accept and forward reports of suspected maltreatment to the appropriate lead investigative agency (LIA) as soon as possible, but no longer than two working days following receipt. Statute mandates the LIA determine the initial disposition of the report within five working days of receipt of the report. Timely forwarding of reports by the CEP to the LIA supports safety for vulnerable adults by supporting a timely response to the maltreatment allegation. This timeliness measure is also included as a Phase 1 measure in the Steering Committee on Performance And Outcome Reforms report to the Governor and Legislature.

The current performance goal established by the DHS is 95% of reports made to the CEP are forwarded to the LIA within two working days. Over the past 5 years, the statewide average for referral of reports within the mandated timeline has increased from 92.7% to 94.0%.

During the calendar year of 2013, Aitkin County forwarded 97.8% of CEP reports to the LIA within two working days, an increase of 1.2 percentage points from 2012 to 2013. Your county's referral timeliness rate met the goal of 95%.

Past county surveys have demonstrated that three processes have the most significant impacts on a county's performance: counties tracking its own results, counties not using the CEP to screen the reports, and counties employing remediation for any staff issues that are discovered.

Semi-annual information for timeliness of the forwarding of CEP reports to the LIA will continue to be provided to counties by DHS until the common entry point designation moves to DHS.

To discuss this initiative, feel free to contact me at mary.mcgurran@state.mn.us (651-431-2547) or Todd Stump, the data analyst for this measure at todd.stump@state.mn.us (651-431-2359). We look forward to a continuing partnership to protect Minnesota's Vulnerable Adults.

Thank you for your commitment to this quality improvement initiative.

Todd M. Stump
Aging and Adult Services
PO Box 64976
Saint Paul, Minnesota 55164-0976
651 431-2359
todd.stump@state.mn.us

Aitkin County Health & Human Services

204 First St. NW
AITKIN, MINNESOTA 56431
PHONE 1-800-328-3744 or 1-218-927-7200 - FAX # 927-7210

LETTER TO DHS LOCAL RECERTIFICATION PROCESS/APPLICATION

February 19, 2014

Melinda Shamp
Mental Health Division – ARMHS Recertification
Minnesota Department of Human Services
PO Box 64981
St. Paul, MN 55164

Dear Ms. Shamp:

This letter is to confirm that Family Support Services, Inc. (FSS, Inc.) has met Aitkin County Adult Rehabilitative Mental Health Services (ARMHS) provider criteria for service coordination and knowledge of local resources. Therefore, Family Support Services, Inc. (FSS, Inc.) is locally recertified by Aitkin County as of February 19, 2014

Please enroll Family Support Services, Inc. (FSS, Inc.) as a Medical Assistance ARMHS provider in Aitkin County. This assumes Family Support Services, Inc. (FSS, Inc.) has received primary recertification as an ARMHS provider.

If you have questions, please contact Tom Burke, Director of Aitkin County Health & Human Services at 218-927-7225.

Sincerely,

Tom Burke
Director
Aitkin County Health & Human Services

c: J.P. Whalen, Ph.D., LP Sup., Family Support Services, Inc. (FSS, Inc.), ARMHS Provider Entity
Applicant, 13021 Evergreen Drive South, Baxter, MN 56425
Laurie Miller, Acting Chair of the Mental Health Initiative, Wadena County Human Services,
124 – 1st Street SE, Wadena, MN 56482
Aitkin County Board of Commissioners

HCBS Waiver/AC Service Purchase Agreement

Service vendor Activstyle Medical Supply located at 3100 Pacific Street N., Minneapolis, MN 55411 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services, located at 204 First Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

- Federal ID # 41-1875463
- State ID # N/A
- Provider # 872217000
- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164*; the *Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data*; the *Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298*; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2016, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: Activstyle Medical Supply does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, Activstyle Medical Supply agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, Activstyle Medical Supply

Date

Director, Aitkin County Health and Human Services

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

Service vendor APA Medical Equipment Co., Inc. located at 3115 East 38th Street, Minneapolis, MN 55406 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services located at 204 1st Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

- Federal ID # 41-0971987
- State ID # N/A
- Provider # 1861576282
- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164*; the *Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data*; the *Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298*; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2016, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: APA Medical Equipment Co., Inc. does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, APA Medical Equipment Co., Inc. agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, APA Medical Equipment Co.

Date

Director, Aitkin County Health and Human Services

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

Service vendor Aitkin Medical Supply located at 12 2nd Street NW, Aitkin, MN 56431 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services located at 204 1st Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

Federal ID # 0317870001

State ID # N/A

Provider # 590765900

- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164*; the *Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data*; the *Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298*; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2017, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: Aitkin Medical Supply does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, Aitkin Medical Supply agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, Aitkin Medical Supply

Date

Director, Aitkin County Health and Human Services

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

HCBS Waiver/AC Service Purchase Agreement

Service vendor Brainerd Medical Supply located at 206 West Washington Avenue, Brainerd, MN 56401 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services located at 204 1st Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

Federal ID # 0245340001

State ID # N/A

Provider # 912763100

- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164*; the *Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data*; the *Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298*; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2017, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: Brainerd Medical Supply does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, Brainerd Medical Supply agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, Brainerd Medical Supply

Date

Director, Aitkin County Health and Human Services

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

Service vendor Essentia Health Medical Equipment and Supplies located at 4418 Haines Road Suite 1200, Duluth, MN 55811 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services 204 1st Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

- Federal ID # 41-1674021
- State ID # N/A
- Provider 1730181124
- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164; the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data; the Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.*
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2016, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: Essentia Health Medical Equipment and Supplies does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, Essentia Health Medical Equipment and Supplies agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, Essentia Health Medical Equipment and Supplies

Date

Director, Aitkin County Health and Human Services

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

Service vendor Globe Drug and Medical Equipment located at 304 Pokegama Avenue N, Grand Rapids, MN 55744 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services located at 204 1st Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

Federal ID # 411567486

State ID # N/A

Provider # 806059200

- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164*; the *Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data*; the *Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298*; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2016, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: Globe Drug and Medical Equipment does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, Globe Drug and Medical Equipment agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, Globe Drug and Medical Equipment

Date

Director, Aitkin County Health and Human Services

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

HCBS Waiver/AC Service Purchase Agreement

VII. – A. – 7.

Service vendor Home Medical Products and Services located at 300 Villa Drive, Hurley, WI 54534 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services located at 204 1st Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

Federal ID # 412060476

State ID # N/A

Provider # 695863000

- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164*; the *Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data*; the *Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298*; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2016, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: Home Medical Products and Services does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, Home Medical Products and Services agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, Home Medical Products and Services

Date

Director, Aitkin County Health and Human Services

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

HCBS Waiver/AC Service Purchase Agreement

VII. - A. - 8.

Service vendor Lake Superior Medical Equipment, Inc. located at 552 E 4th Street, Duluth, MN 55805 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services located at 204 1st Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

Federal ID # _____

State ID # N/A

Provider # 125158900

- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164*; the *Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data*; the *Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298*; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2016, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: Lake Superior Medical Equipment, Inc. does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, Lake Superior Medical Equipment, Inc. agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, Lake Superior Medical Equipment _____
Date

Director, Aitkin County Health and Human Services _____
Date

Chairperson, Aitkin County Board of Commissioners _____
Date

APPROVED AS TO FORM AND EXECUTION:

By: _____ _____
Aitkin County Attorney Date

Service vendor United Seating and Mobility dba Numotion located at 502 SES 10th Street, Grand Rapids, MN 55744 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services located at 204 1st Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

Federal ID # 431922598

State ID # N/A

Provider # 1306149869

- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164; the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data; the Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.*
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2017, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: United Seating and Mobility dba Numotion does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, United Seating and Mobility dba Numotion agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, United Seating and Mobility (dba Numotion)

Date

Director, Aitkin County Health and Human Services

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

Service vendor PAL Medical System located at 508 SE 10th Street, Grand Rapids, MN 55744 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services located at 204 1st Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

Federal ID # N/A

State ID # N/A

Provider # 496016500

- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164*; the *Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data*; the *Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298*; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2017, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: PAL Medical System does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, PAL Medical System agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, PAL Medical System

Date

Director, Aitkin County Health and Human Services

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

Service vendor Lifeline System Company dba Philips Lifeline located at 111 Lawrence Street, Framingham, MA 01760 agrees to the following in delivering services to Minnesota Home and Community-Based Services Waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through Aitkin County Health and Human Services located at 204 1st Street NW, Aitkin, MN 56431.

This Agreement will start January 1, 2014.

- Federal ID # 042537528
- State ID # N/A
- Provider # 1023107281
- Deliver durable medical equipment/supplies per rate and date span specified on the Service Agreement.
- Ensure that Vendor, all its owners, managers, employees, and contractors are not excluded from participation in Medicare, Medicaid, or other federal health programs, per the Office of Inspector General List of Excluded Individuals/Entities (LEIE) and do not appear on the MHCP Excluded Provider Lists. Vendor must immediately report any exclusion information discovered to Aitkin County Health and Human Services.
- Comply with all federal statutes implementing regulations, and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion or disability.
- Notify Aitkin County Health and Human Services case manager and suspend service delivery in the event of expiration/revocation of a required license, certification, or registration.
- Ensure proper handling and safeguarding of protected information collected, created, used or disclosed on behalf of Aitkin County Health and Human Services and DHS and in accordance with the federal *Health Insurance Portability and Accountability Act*, including but not limited to the requirements of the *Privacy Rule and the Security Regulations, 45 CFR 160 and 164*; the *Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, in particular 13.46 Welfare Data*; the *Minnesota Medical Records Act, Minnesota Statutes 144.291 – 144.298*; and any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.
- Accept Medical Assistance payment as payment in full for HCBS/AC waiver services delivered to a participant.
- Report to Aitkin County Health and Human Services of all child abuse for clients under age 18 and vulnerable adult maltreatment for clients age 18 and over.
- Agree to maintain financial records containing evidence of vendor charges for HCBS waiver/AC services as authorized by the case manager/care coordinator and documenting each occurrence of service provided to a participant.
- Agree to retain these records for five years, making them available to Aitkin County Health and Human Services upon request.

This Agreement shall terminate on December 31, 2015, or when the vendor's license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the Vendor for any reason. The Vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between the County/Tribal Agency and the Vendor.

Indemnity: Lifeline System Company dba Philips Lifeline does hereby agree that it will at all times hereafter, during the existence of this agreement, indemnify and hold harmless the Agency from any and all liability, loss, damages, costs, or expenses which may be claimed against the Agency by Vendor, or which the Agency may incur in defense of said claims, including reasonable attorney's fees, 1) by reason of any service clients suffering personal injury, death, or property loss or damages either while participating in or receiving from the Vendor the equipment and services to be furnished by the Vendor under this agreement, or while on premises owned, leased, or operated by the Vendor; or 2) by reason of any service clients causing injury to or damage to the property or another person during any time when the Vendor or any officer, agent, or employee thereof has undertaken or is furnishing the equipment and service called for under this agreement.

Insurance: The Vendor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a commercial general liability policy in the amount of at least \$500,000 bodily injury or property damage per claimant, and in the amount of at least \$1,500,000 for bodily injury or property damage per occurrence and agree to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the Agency.

Under the terms of this agreement, Lifeline System Company dba Philips Lifeline agrees to deliver supplies in a timely manner and bill the State of Minnesota MMIS II or Prepaid Medical Assistance Program.

This Purchase Agreement may be canceled by either of the signatories hereto giving thirty (30) days prior notice in writing to the other party.

If you have questions regarding the purchase agreement of this service to be provided to a client, please contact the case manager.

Director, Lifeline System Co. (dba Phillips Lifeline)

Date

Director, Aitkin County Health and Human Services

Date

Chairperson, Aitkin County Board of Commissioners

Date

APPROVED AS TO FORM AND EXECUTION:

By: _____
Aitkin County Attorney

Date

Aitkin County Health & Human Services

Financial Statement

	Actual Jan-14	Actual Feb-14	Actual Mar-14	Actual Apr-14	Actual May-14	Actual Jun-14	Actual Jul-14
Income:							
Tax Levy							
CPA and In Lieu							
State Revenue	5,195.16						
Federal Revenue	69,159.35						
Revenue From Third Party	11,583.90						
Misc. Revenue	13,909.30	1,493.37					
Total:	99,847.71	1,493.37	-	-	-	-	-
Expenditures:							
Payments to Recipients	139,694.11	75,541.10					
Salaries and Fringes	304,640.28	258,184.90					
Services and Charges	28,962.91	32,629.78					
Travel and Insurance	46,000.96	2,124.65					
Office Supplies	5,113.72	3,326.03					
Capital Outlay	-	11,385.16					
Misc Expense & Pass Thru	24,117.13	6,909.38					
Total:	548,529.11	390,101.00	-	-	-	-	-
Final Totals:	(448,681.40)	(388,607.63)	-	-	-	-	-

Cash Balance as of 02/2013
4,476,324.17

Cash Balance as of 02/2014
4,512,390.39

	YTD 2014	ACTUAL 2013	ACTUAL 2012	ACTUAL 2011	ACTUAL 2010	ACTUAL 2009	ACTUAL 2008	ACTUAL 2007
Income:								
Tax Levy	-	2,470,279.73	2,445,757.88	2,345,969.16	2,333,865.63	2,340,935.73	2,409,856.71	2,303,196.53
CPA and In Lieu	-	314,823.94	131,275.60	236,240.57	235,223.92	321,690.72	303,462.53	389,866.09
State Revenue	5,195.16	686,350.95	723,462.02	736,864.33	611,120.93	632,506.88	936,661.64	790,366.43
Federal Revenue	69,159.35	2,136,553.41	2,161,389.09	2,120,681.67	2,225,918.50	2,266,036.42	2,031,189.00	2,013,560.50
Revenue From Third Party	11,583.90	216,749.43	204,217.36	163,265.77	126,077.60	-	-	-
Misc. Revenue	15,402.67	359,291.46	451,663.65	446,320.68	541,300.99	575,677.90	608,372.74	568,060.27
Total:	101,341.08	6,184,048.92	6,117,765.60	6,049,342.18	6,073,507.57	6,136,847.65	6,289,542.62	6,065,049.82
Expenditures:								
Payments to Recipients	215,235.21	1,417,258.22	1,604,608.63	1,729,427.71	1,862,889.86	1,818,277.01	1,729,049.89	1,827,333.49
Salaries and Fringes	562,825.18	3,425,848.90	3,516,455.12	3,602,677.75	3,585,784.86	3,658,299.47	3,300,291.25	3,091,358.49
Services and Charges	61,592.69	423,064.32	397,600.22	271,548.15	305,453.93	295,501.81	327,685.72	271,589.87
Travel and Insurance	48,125.61	89,679.42	87,885.39	96,969.42	107,221.46	125,924.90	125,736.88	91,625.96
Office Supplies	8,439.75	61,402.17	33,369.33	61,209.60	56,501.21	52,262.98	79,742.17	63,677.05
Capital Outlay	11,385.16	52,492.10	120,759.15	23,482.25	33,649.79	68,997.74	35,484.07	24,380.79
Misc Expense & Pass Thru	31,026.51	184,722.83	168,640.01	96,521.72	123,123.15	142,355.79	133,526.22	148,157.71
Total:	938,630.11	5,654,467.96	5,929,317.85	5,881,836.60	6,074,624.26	6,161,619.70	5,731,516.20	5,518,123.36
Final Totals:	(837,289.03)	529,580.96	188,447.75	167,505.58	(1,116.69)	(24,772.05)	558,026.42	546,926.46

AITKIN COUNTY FOSTER CARE

1998	\$470,228.76	61	2001	\$840,674.02	116	2004	\$1,054,034.05	76
1999	\$619,842.48	68	2002	\$927,493.49	94	2005	\$911,374.91	69
2000	\$663,637.48	85	2003	\$1,210,524.55	81	2006	\$847,823.25	73

	2007	2008	2009	2010	2011	2012	2013	2014
JAN	\$57,760.29	\$51,397.99	\$71,257.41	\$73,496.04	\$78,312.32	\$59,278.73	\$52,334.43	\$38,575.68
FEB	\$94,242.30	\$62,605.01	\$78,980.18	\$82,467.05	\$82,982.51	\$78,783.86	\$50,122.31	\$35,579.24
MARCH	\$67,724.29	\$62,918.27	\$75,728.59	\$75,000.60	\$61,384.45	\$89,386.88	\$44,070.76	
APRIL	\$74,285.29	\$62,865.11	\$91,603.72	\$79,548.43	\$69,570.36	\$101,195.78	\$52,651.49	
MAY	\$74,048.44	\$71,824.48	\$74,777.50	\$77,811.48	\$73,398.62	\$70,140.91	\$49,124.55	
JUNE	\$85,395.63	\$79,633.26	\$78,255.63	\$99,039.56	\$92,735.90	\$79,654.30	\$51,198.58	
JULY	\$59,397.74	\$76,076.59	\$84,874.52	\$74,466.67	\$63,530.39	\$68,929.00	\$59,525.43	
AUG	\$66,770.76	\$74,550.01	\$74,213.76	\$97,571.86	\$77,971.22	\$67,386.62	\$50,216.24	
SEPT	\$68,837.51	\$67,930.63	\$74,599.74	\$70,427.32	\$65,924.31	\$66,615.87	\$51,396.77	
OCT	\$52,226.54	\$66,331.65	\$73,431.32	\$89,100.75	\$83,971.03	\$45,407.15	\$47,334.14	
NOV	\$66,203.74	\$77,776.03	\$91,038.51	\$76,359.06	\$78,148.23	\$45,889.63	\$38,819.46	
DEC	\$51,560.49	\$80,602.70	\$81,512.33	\$75,599.03	\$58,313.77	\$43,359.27	\$44,200.11	
TOTAL	\$818,453.02	\$834,511.73	\$950,273.21	\$970,887.85	\$886,243.11	\$816,028.00	\$590,994.27	\$74,154.92
CHILDREN	75	63	64	57	56	49	49	49
	\$818,453.02	\$16,058.71	\$115,761.48	\$20,614.64	(\$84,644.74)	(\$70,215.11)	(\$225,033.73)	(\$516,839.35)
	Decrease	Increase	Increase	Increase	Decrease	Decrease	Decrease	Decrease
	from 2006	from 2007	from 2008	from 2009	from 2010	from 2011	from 2012	from 2013

2012 Foster Care Breakdown

Child Shelter	\$8,847.10
Treatment Foster	\$96,215.62
Child Foster Care	\$276,532.46
Rule 8 FC	\$76,095.10
Corrections	\$245,552.59
Electronic Monitor	\$352.00
Rule 5	\$99,575.24
Respite	\$9,183.36
Child Care	
Health Services	\$382.00
Transportation	<u>\$7,187.58</u>
Total	\$819,923.05

2013 Foster Care Breakdown

Child Shelter	\$4,194.22
Treatment Foster	\$79,138.00
Child Foster Care	\$ 252,908.55
Rule 8 FC	\$7,305.55
Corrections	\$ 188,405.85
Electronic Monitor	\$2,904.00
Rule 5	\$58,405.55
Respite	\$2,358.48
Child Care	\$718.00
Health Services	\$110.87
Transportation	<u>\$14,128.68</u>
Total	\$610,577.75

2014 Foster Care Breakdown Year to Date

Child Shelter	
Treatment Foster	\$6,594.32
Child Foster Care	\$ 28,432.17
Rule 8 FC	\$99.57
Corrections	\$ 30,969.26
Electronic Monitor	
Rule 5	\$7,640.88
Respite	
Child Care	\$22.00
Health Services	
Transportation	<u>\$2,354.66</u>
Total	\$76,112.86

2011 Foster Care Reimbursement

IV-E	\$75,838.00
Rule 5	\$103,505.70
Recoveries	\$127,343.92
Total	\$306,687.62

2012 Foster Care Reimbursement

IV-E	\$73,551.00
Rule 5	\$59,512.99
Recoveries	\$112,766.58
Total	\$245,830.57

2013 Foster Care Reimbursement

IV-E	
Rule 5	
Recoveries	
Total	\$0.00

Recoveries include IV-E recoveries from IV-D and Admin recoveries from SSI.

Recoveries may be collected long after child has left placement.

IV-E and Rule 5 equals what has been paid to the

county for 2011 expenses.

Recoveries include IV-E recoveries from IV-D and Admin recoveries from SSI.

Recoveries may be collected long after child has left placement.

IV-E and Rule 5 equals what has been paid to the

county for 2012 expenses.

Recoveries include IV-E recoveries from IV-D and Admin recoveries from SSI.

Recoveries may be collected long after child has left placement.

IV-E and Rule 5 equals what has been paid to the

county for 2012 expenses.

2010 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$9,488.00	\$0.00	\$9,488.00	\$0.00
Treatment Foster	\$56,083.53	\$33,226.63	\$22,856.90	\$0.00
Child Foster Care	\$476,817.55	\$346,845.36	\$18,694.69	\$111,277.50
Rule 8 FC	\$76,179.08	\$14,709.60	\$13,372.90	\$48,096.58
Corrections	\$170,224.47	\$0.00	\$66,820.90	\$103,403.57
Home Monitoring/Spec. Equip	\$1,201.39	\$721.39	\$480.00	\$0.00
Rule 5	\$140,169.52	\$103,209.65	\$0.00	\$36,959.87
Respite	\$34,850.93	\$34,065.68	\$0.00	\$785.25
Child Care	\$1,579.00	\$1,579.00	\$0.00	\$0.00
Health Services	\$81.56	\$81.56	\$0.00	\$0.00
Transportation	\$9,584.21	\$9,584.21	\$0.00	\$0.00
Total	\$976,259.24	\$544,023.08	\$131,713.39	\$300,522.77
Total	\$976,259.24			

2011 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$2,832.90	\$177.00	\$2,655.90	\$0.00
Treatment Foster	\$101,130.13	\$101,130.13	\$0.00	\$0.00
Child Foster Care	\$317,597.09	\$167,153.57	\$11,627.25	\$138,816.27
Rule 8 FC	\$79,291.48	\$45,321.48	\$17,569.80	\$16,400.20
Corrections	\$316,273.71	\$0.00	\$208,352.80	\$107,920.91
18-21	\$1,228.00	\$1,228.00	\$0.00	\$0.00
Rule 5	\$70,889.29	\$70,889.29	\$0.00	\$0.00
Respite	\$8,645.32	\$7,336.52	\$0.00	\$1,308.80
Child Care	\$1,166.65	\$1,166.65	\$0.00	\$0.00
Health Services	\$193.65	\$193.65	\$0.00	\$0.00
Transportation	\$10,267.87	\$10,267.87	\$0.00	\$0.00
Total	\$909,516.09	\$404,864.16	\$240,205.75	\$264,446.18
Total	\$909,516.09			

2012 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$8,847.10	\$2,696.30	\$6,150.80	\$0.00
Treatment Foster	\$96,215.62	\$96,215.62	\$0.00	\$0.00
Child Foster Care	\$276,532.46	\$174,297.88	\$9,783.11	\$92,451.47
Rule 8 FC	\$76,095.10	\$7,061.90	\$43,317.20	\$25,716.00
Corrections	\$245,552.59	\$0.00	\$188,861.99	\$56,690.60
Electronic Monitoring	\$352.00	\$0.00	\$352.00	\$0.00
Rule 5	\$99,575.24	\$99,575.24	\$0.00	\$0.00
Respite	\$9,183.36	\$7,811.86	\$0.00	\$1,371.50
Child Care	\$0.00	\$0.00	\$0.00	\$0.00
Health Services	\$382.00	\$382.00	\$0.00	\$0.00
Transportation	\$7,187.58	\$7,187.58	\$0.00	\$0.00
Total	\$819,923.05	\$395,228.38	\$248,465.10	\$176,229.57
Total	\$819,923.05			

2013 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$4,194.22	\$2,816.72	\$1,377.50	\$0.00
Treatment Foster	\$79,138.00	\$79,138.00	\$0.00	\$0.00
Child Foster Care	\$252,908.55	\$241,526.46	\$0.00	\$11,382.09
Rule 8 FC	\$7,305.55	\$0.00	\$0.00	\$7,305.55
Corrections	\$188,405.85	\$24,953.28	\$142,441.58	\$21,010.99
Electronic Monitoring	\$2,904.00	\$2,596.00	\$308.00	\$0.00
Rule 5	\$58,405.55	\$21,834.76	\$0.00	\$36,570.79
Respite	\$2,358.48	\$2,258.48	\$0.00	\$100.00
Child Care	\$718.00	\$718.00	\$0.00	\$0.00
Health Services	\$110.87	\$110.87	\$0.00	\$0.00
Transportation	\$14,128.68	\$14,128.68	\$0.00	\$0.00
Total	\$610,577.75	\$390,081.25	\$144,127.08	\$76,369.42
Total	\$610,577.75			

2014 Foster Care Breakdown Year to Date

	Total	Social Service	Corrections	ICWA
Child Shelter	\$0.00	\$0.00	\$0.00	\$0.00
Treatment Foster	\$6,594.32	\$6,594.32	\$0.00	\$0.00
Child Foster Care	\$28,432.17	\$28,432.17	\$0.00	\$0.00
Rule 8 FC	\$99.57	\$99.57	\$0.00	\$0.00
Corrections	\$30,969.26	\$0.00	\$30,969.26	\$0.00
Electronic Monitoring	\$0.00	\$0.00	\$0.00	\$0.00
Rule 5	\$7,640.88	\$7,640.88	\$0.00	\$0.00
Respite	\$0.00	\$0.00	\$0.00	\$0.00
Child Care	\$22.00	\$22.00	\$0.00	\$0.00
Health Services	\$0.00	\$0.00	\$0.00	\$0.00
Transportation	\$2,354.66	\$2,354.66	\$0.00	\$0.00
Total	\$76,112.86	\$45,143.60	\$30,969.26	\$0.00
Total	\$76,112.86			

AITKIN COUNTY VOLUNTEER DRIVER TRANSPORTATION

MONTH	MEDICAL TRANSPORTS COMPLETED	OTHER TRANSPORTS COMPLETED*	TRANSPORTS CANCELED OR NO SHOWS	TOTAL TRANSPORTS ARRANGED	COUNTY EXPENSE FOR MEDICAL TRANSPORTS
FEB '13	60	3	11	74	\$674.16
MARCH	57	0	9	67	\$845.36
APRIL	62	2	12	76	\$844.11
MAY	83	0	14	97	\$887.39
JUNE	59	4	12	75	\$1,150.84
JULY	44	0	9	53	\$520.04
AUGUST	50	5	20	75	\$207.43
SEPT	45	3	8	56	\$276.54
OCT	74	2	10	86	\$476.00
NOV	60	0	7	67	\$877.18
DEC	36	0	16	52	\$674.36
JAN '14	70	4	11	85	\$644.64
FEB '14					\$780.40

***COURT, MEDICAL W/NO TRANSPORTATION (SUCH AS MN CARE), VISITATION, ETC.**

AITKIN COUNTY HEALTH & HUMAN SERVICE ADVISORY COMMITTEE MEETING MINUTES

Wednesday, February 5, 2014

Committee Members Present:

- Jim Carlson
- Mickey Gault
- Kami Genz, CMCC
- Darlene Hlidek
- Gayle Janzen
- Joy Janzen
- Kristine Layne, Riverwood HealthCare
- David Leaf
- Robert Lewis
- Bob Marcum
- Cheryl Meld, Kids Plus
- Beverly Mensing, Red Cross
- Katie Nelson, Riverwood HealthCare
- Kari Paulsen, NEMOJT
- Jessi Schultz, AFSCME Union Rep
- Jessica Seibert, HRA
- Commissioner Laurie Westerlund
- Commissioner Anne Marcotte

Others Present:

- Tom Burke, Director
- Kathy Ryan, Fiscal Supervisor
- Eileen Foss, Income Maintenance Supervisor
- Sue Tange, SS Supervisor
- Julie Lueck, Clerk to this Committee

Absent:

Guests:

- Roberta Elvecrog
- Joel Hoppe

Members, guests, and H&HS Staff introduced themselves to one another.

I. Approval of Agenda

Motion by Jessi Schultz, seconded by Bev Mensing, and carried; the vote was to approve the Agenda with the addition under VII. Miscellaneous Discussion – G. OCC Update.

II. Approval of Minutes of the January 8, 2014 Meeting

Motion by Bob Lewis, seconded by Bev Mensing, and carried; the vote was to approve the January 8, 2014, minutes.

III. Task Force Reports/Updates:

A. Corrections - Cheryl Meld/Dave Leaf/Kami Genz – Cheryl Meld gave a Restorative Justice update. Kami Genz discussed motivational interviewing to help clients find their roadblocks and strengths.

- B. **Public Health** – Bob Lewis / Bob Marcum / Katie Nelson – Met this afternoon with Tom and reviewed the 12 items listed on the task force list. Bob Lewis questioned what does Public Health mean?
- C. **Children’s Social Services/Mental Health** – Bev Mensing/Katie Nelson – Will be meeting with Sue Tange before the next Advisory Committee meeting on March 5th.
- D. **Adult Social Services/Mental Health** – Jessica Seibert / Bob Marcum – No report.

IV. Budget Committee Report/Update – Jim Carlson / Jessica Seibert – No report.

V. Upcoming Changes – Tom Burke

- A. **MNSURE** – Eileen Foss noted her theme from last summer “I don’t know what I don’t know” has changed to “a mind full of hope” but reported that the system is working for some folks (they are open and have coverage) and others it is not working for them. The call center is still having issues. There are assisters (a list will be distributed to everyone today) in the county that will sit down with folks and go through the computer system or they can help them get the paper application filled out and sent in.
- B. **MNChoices** – Kathy Ryan noted MNChoices has been delayed until April 14th. We contract with BCBS who provide our MSHO and MSC+ services to clients in Aitkin County and they plan to go up July 28th. MNCHOICES is a new screening technique to replace our Long Term Care Consultations, Personal Care Attendant Assessments, Developmentally Disabled screening and this will be a new online screening tool for all these services. This is a web based electronic system for the State. The concept is positive but it is going to be very time consuming at least to begin with.
- C. **Progress with hiring of H&HS Staff** - Tom Burke updated the committee that we have hired a Social Worker for the adult services area, a child protection Social Worker, and a Public Health Educator. We will be interviewing in February for a Child Support Enforcement Aide/Account Technician combined position and the Public Health Supervisor. We have posted the Social Service Supervisor position again with Merit and hope to be able to interview for that position in the not too distant future.

VI. Comments:

- A. **Comments from the Committee Members for the Commissioners relative to HHS**
Jim Carlson noted that he heard that CVS Pharmacy is pulling all tobacco products by October 1 at a loss for them of \$2 Billion.
- B. **Feedback from the Board Meetings** – January 28 – Cheryl Meld noted we talked about the building remodeling project in the basement. We have gone electronic and eliminated a lot of paper/files so we are looking at re-purposing that area with possibly another meeting room. We will be going through the facility committee with proposals for that area. Discussion relative to Commissioner Niemi moving onto the AEOA Committee. Also discussion with respect to Workforce representation in the high schools in the county.

C. Committee Members scheduled to attend upcoming Board Meetings in 2014:

February 25	Jim Carlson	Katie Nelson	March 25	Dave Leaf	Darlene Hlidek
April 22	Bob Marcum	Kristine Layne	May 27	Jessica Seibert	Bev Mensing
June 24	Dave Leaf	Gayle Janzen	July 22	Jim Carlson	Bob Lewis
August 26	Mickey Gault	Bob Marcum	September 23	Joy Janzen	Bob Lewis
October 28	Jessica Seibert	_____	November 25	Cheryl Meld	Bob Marcum
December 23	Cheryl Meld	_____			

VII. Miscellaneous Discussion

- A. **Sign-up to serve the March 19 Community Meal in McGregor was completed.**

- B. October Dates are not available to Serve the Aitkin Community Meal – Alternate Dates available are: Mondays – Sept. 29, Nov. 3, Nov. 10, or Nov. 24** First choice for September 29th or second choice is November 3rd. Jessica Seibert will let us know which date.
- C. Discussion Topics/Schedule of Presentations for upcoming 2014 Committee Meetings – Dave Leaf** suggested that presentations from Public Health, Children’s Social Services and Adult Social Services be made for each of three months. Tom suggested under the broad heading of Public Health, he will pick the top three topics for areas that are relevant for this year and have staff make those presentations. Tom will fill in some suggestions and have the committee review them next month.
- D. Discuss whether new members have questions for the review of Bylaws/Mission Statement/Agenda Layout/Committee Member Job Description based on Minnesota Statutes or should they be left as is until January 2015.** Commissioner Marcotte noted that H&HS no longer does the Agency Annual Plan so it should be removed from the By-Laws. Jessica Seibert offered to revise the By-Laws by removing that portion and bring it back next month for approval.
- E. Create a Sub-Committee to develop Goals & Objectives for 2014. (Things this committee would like to accomplish in 2014.)** Consensus was to continue discussion with respect to reviewing the by-laws and develop goals and objectives. It was suggested that there be one or two Goals and each goal have a couple measurable Objectives. It was thought that members should make suggestions (send those ideas to Julie to e-mail out and distribute to all the members) and the sub-committee would work to combine the suggestions into the Goals/Objectives for 2015 or even 2016. Julie was asked to make sure the March meeting has a topic of: “Review By-Laws with respect to Goals /Objectives.” It was also brought up that the new members be encouraged to join any of the Task Forces. It was also noted that if/when the Task Forces decide to meet, contact Julie to send out an e-mail to everyone as to the date and time so anyone else on the committee could join that meeting.
- F. Volunteers to serve as a Mentor for New Members –** Dave Leaf discussed the opportunity for the new members to connect with another member to answer questions and act as a mentor. Kristine has already connected with Katie Nelson. The other new members are comfortable with contacting various people.
- G. OCC (Operation Community Connect) –** Jessica Seibert noted they are in their 8th year of coordinating OCC and this will be the final year of the event which is scheduled for April 17th at Westside Church from 9 a.m. to 2 p.m. Applications to be a part of the event have been sent out to make this a One-Stop-Shop. There will be five workshops (Car Care, Home Gardening, Career Counseling, Budgeting, and Renting 101) along with some drawings for awesome prizes. They have asking the committee to spread the word that they will be doing a “drive” for Career Clothing (for both men and women and not only suits and dresses but for all different kinds of careers) with a drop off point at City Hall. Kari Paulsen also invited everyone to the Workforce Center for their Open House on March 4th from 7:30-8:30 a.m.

VIII. Adjourn

Motion by Jim Carlson, seconded by Bev Mensing, and carried; the vote was to adjourn the meeting at 4:45 p.m.

Dave Leaf, Chairperson

Julie Lueck, Clerk to
Aitkin County Health & Human Services Advisory Committee

The following documents were included in the packet of information sent to members for review prior to the meeting or distributed at the meeting:

- Draft copy of the Minutes of the January 8, 2014, Advisory Committee Meeting
- Draft copy of January 28, 2014 Health & Human Services Board Meeting Minutes
- Current Members on Task Forces and Budget Committee as of January 8, 2014
- Copy of Signup Sheet for Serving McGregor Community Meal March 19, 2014
- Ideas for New (2014) & Past Topics for Discussion/Presentations
- MNSure Information/Fact Sheet
- Aitkin County MNSURE Assister Directory