

**AITKIN COUNTY HEALTH & HUMAN SERVICES  
BOARD MEETING AGENDA  
November 25, 2014**

**REVISED\***

**\*REVISED**

9:03 A.M.

- I. Attendance
- II. Approval of Health & Human Services Board Agenda
- III. Review October 28, 2014 Health & Human Service Board Minutes
- IV. Review Bills
- V. General/Miscellaneous Information
  - A. Re-Procurement – Tom Burke
- VI. Administrative Reports:
  - A. Financial & Transportation Reports – Kathy Ryan
- VII. Contracts
  - A. Ambulance Service Contracts for the period January 1, 2015 to December 31, 2015:
    - 1. McGregor Ambulance, McGregor
    - 2. Meds-I Ambulance, Grand Rapids
    - 3. Mille Lacs Health System Ambulance, Onamia
    - 4. North Memorial Medical Transportation Services, Robbinsdale
  - B. Letter of Agreement between ACHHS and Dr. Mark Heggem, MD, for the purpose of serving as the Public Health Medical Consultant beginning January 1, 2015 through December 31, 2015.
  - C. 2015 Family Planning Contract between ACHHS and Riverwood HealthCare Center for the period January 1, 2015 through December 31, 2015.
  - D. Purchase of Service Agreements for the period January 1, 2015 to December 31, 2015, between ACHHS and:
    - 1. Compass Counseling Partners, Nisswa
    - 2. New Pathways, Inc., Brainerd
    - 3. Northern Psychiatric Associates, Baxter
    - 4. Northland Counseling Center for Detoxification Services, Grand Rapids
    - 5. George Tetreault, MA, LP, Baxter (Mental Health Provider)
    - 6. CORE Professional Services, Brainerd
    - 7. Central MN Mental Health Center, St. Cloud
    - \*8. Nystrom & Associates, Baxter
  - E. WIC Agreement – Malmo between ACHHS and Bethesda Lutheran Church for the period January 1, 2015 to December 31, 2015.
- VIII. Committee Reports from Commissioners
  - A. H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte Meeting updates from Committee Members Cheryl Meld & Bob Marcum Draft minutes of the November 5, 2014 meeting.
  - B. AEOA Committee Updates- Commissioner Niemi
  - C. NEMOJT Committee Updates – Commissioner Napstad
  - D. CJI (Children’s Justice Initiative) – Commissioner Westerlund
  - E. Lakes & Pines Update – Commissioner Niemi
- IX. Break at 9: \_\_ a.m. for \_\_\_\_ minutes      Next Meeting – December 23, 2014

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

**I. Attendance**

The Aitkin County Board of Commissioners met this 28th day of October, 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 Nathan Burkett; H&HS Director Tom Burke; H&HS Staff Members Eileen Foss, Income Maintenance Supervisor; Erin Melz, Public Health Supervisor; Sue Tange, Social Service Supervisor; Kathy Ryan, Fiscal Supervisor; Ruth Sundermeyer, Child Support & Collections Supervisor; Julie Lueck, Clerk to the Health & Human Services Board; and guests; Brenda Butterfield, AFSCME Rep.: Nanci Sauerbrei, Aitkin Independent Age; Jessica Seibert, Jim Carlson and Bob Lewis, H&HS Advisory Committee Members; Roberta Elvecrog, David Terrs, and Bob Harwarth, citizens.

**II. Approval of Health & Human Services Board Agenda**

*Motion by Commissioner Niemi, seconded by Commissioner Marcotte, and carried; the vote was to approve the Agenda as mailed/posted.*

**III. Review September 23, 2014 Health & Human Service Board Minutes**

*Motion by Commissioner Westerlund, seconded by Commissioner Napstad, and carried, the vote was to approve the September 23, 2014, Health & Human Services Board Meeting Minutes.*

**IV. Review Bills**

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

**V. General/Miscellaneous Information**

**A. Northland Foundation Aging Initiative Update – Tom Burke noted they have been talking about what type of services are available throughout the county for seniors and how they can utilize various buildings/locations for senior services/activities ranging from day to day chore services to transportation issues. They are looking at developing sub-groups in the next few months for further discussion to come up with new ideas as well as for expanding existing services/activities.**

**B. County Representation on the CHS Board - Membership Terms Expiring– (Laurie Westerlund & Ihleen Williams) – Appointment Motion - Motion by Commissioner Marcotte, seconded by Commissioner Niemi, and carried; the vote was to approve the appointment of Laurie Westerlund and Ihleen Williams as members to the CHS Board for an additional three year term.**

**VI. FYI**

**A. Ebola Update – Erin Melz, PH Supervisor, provided and reviewed a handout “Ebola Outbreak: Frequently Asked Questions” with respect to the Ebola outbreak from the MN Department of Health website.**

**VII. Administrative Reports:**

**A. Financial & Transportation Reports – Kathy Ryan, Fiscal Supervisor, reviewed the Financial, Foster Care and Transportation reports noting that we are right on budget at this time.**

**VIII. Joint Powers Board Reports:**

- A. Tri-County Community Health Services Board (CHS) – Commissioner Westerlund / Tom Burke – Oct. 9<sup>th</sup>, 2014 Meeting Minutes.** Tom noted that the three directors and three supervisors have been looking at the administrative position and grants manager position which they feel needs to be condensed into one full time position.

**IX. Contracts**

- A. Addendum to the Cooperative Agreement Under Title IV-D with ACH&HS, Aitkin County Attorney, Aitkin County Sheriff and the State of Minnesota to be extended for the period January 1, 2015 through December 31, 2016. Motion by Commissioner Napstad, seconded by Commissioner Niemi, and carried; the vote was to approve the Addendum to the Cooperative Agreement Under Title IV-D with ACH&HS, Aitkin County Attorney, Aitkin County Sheriff and the State of Minnesota to be extended for the period January 1, 2015 through December 31, 2016.**

**X. Committee Reports from Commissioners**

- A. H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte**  
Meeting updates from Committee Members: Jessica Seibert, Jim Carlson & Bob Lewis - Draft minutes of the October 1, 2014 meeting. Jessica Seibert described the Committee's work to develop measureable goals to help determine if the community is aware of what we do at Health & Human Services. She noted that people don't pay attention to what services are available until they personally need the services and then don't quite know how to access them. The committee has been researching ways the information about services is disseminated and if there are additional ways to get it out there without duplication.
- B. AEOA Committee Updates-** Commissioner Niemi noted their Annual Meeting was October 15<sup>th</sup> at which time they talked about their progress and reducing poverty. He noted Meals on Wheels is pleased with Rosallini's food and their dedication.
- C. NEMOJT Committee Updates –** Commissioner Napstad noted they met October 9 in Virginia. A few updates included Bob Marconett is retiring the end of the year, Contract negotiations are in process, the State has mandated every 9<sup>th</sup> grader set up a career plan, and Career "Ed-venture" is developing.
- D. CJI (Children's Justice Initiative) –** Commissioner Westerlund / Sue Tange noted that she attended the Regional Conference in Grand Rapids with eight counties attending to discuss Trauma Based Practice.
- E. Lakes & Pines Update –** Commissioner Niemi noted there was no recent meeting.
- F. Arrowhead Transit Advisory Meeting** was held September 30. Jessica Seibert is on the Advisory Committee and extended an invitation to Roberta Elvecrog to attend the next meeting on November 18<sup>th</sup> for discussion related to the need for a bus route from McGregor to Aitkin.

**XI. Break at 10:26 a.m. for 10-15 minutes**

**Next Meeting – November 25, 2014**

# Aitkin County



<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>		<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
1	10639 Academy Of Lactation Policy & Practice		126.00	WIC-RECERTIFICATION-CLC		Staff Development/Training
	05-400-410-0413-6208			1 Transactions		
	10639 Academy Of Lactation Policy & Practice		126.00			
2	85003 Aitkin County DAC		7.26	PAPER SHREDDING		Services/Labor/Contracts
	05-400-440-0410-6231			10/13/2014 10/20/2014		
3	05-400-440-0410-6231		4.39	CLEANING		Services/Labor/Contracts
				10/07/2014 10/28/2014		
2	05-420-600-4800-6231		18.88	PAPER SHREDDING		Services/Labor/Contracts
				10/13/2014 10/20/2014		
3	05-420-600-4800-6231		11.43	CLEANING		Services/Labor/Contracts
				10/07/2014 10/28/2014		
2	05-430-700-4800-6231		22.26	PAPER SHREDDING		Services/Labor/Contracts
				10/13/2014 10/20/2014		
3	05-430-700-4800-6231		13.48	CLEANING		Services/Labor/Contracts
				10/07/2014 10/28/2014		
	85003 Aitkin County DAC		77.70	6 Transactions		
4	8239 Ameripride Linen & Apparel Services		5.60	CLEANING SUPPLIES	2200568874	Office Supplies
	05-400-440-0410-6405			10/14/2014 10/14/2014		
4	05-420-600-4800-6405		14.55	CLEANING SUPPLIES	2200568874	Office Supplies
				10/14/2014 10/14/2014		
4	05-430-700-4800-6405		17.17	CLEANING SUPPLIES	2200568874	Office Supplies
				10/14/2014 10/14/2014		
	8239 Ameripride Linen & Apparel Services		37.32	3 Transactions		
47	10463 Beanery an Internet Cafe		18.30	ROOM RENTAL-INITIAL WRAP FHV	402	Services/Labor/Contracts
	05-400-440-0410-6231			11/18/2014 11/18/2014		
47	05-420-600-4800-6231		47.58	ROOM RENTAL-INITIAL WRAP FHV	402	Services/Labor/Contracts
				11/18/2014 11/18/2014		
47	05-430-700-4800-6231		56.12	ROOM RENTAL-INITIAL WRAP FHV	402	Services/Labor/Contracts
				11/18/2014 11/18/2014		
	10463 Beanery an Internet Cafe		122.00	3 Transactions		
	246 Brothers Fire Protection					

# Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor	Name	Accr	Rpt	Amount	Warrant Description	Service Dates	Invoice #	Account/Formula Description
No.	Account/Formula						Paid On Bhf #	On Behalf of Name
5	05-400-440-0410-6231			16.50	ANNUAL SPRINKLER INSPECTIONS	10/29/2014 10/29/2014	10161	Services/Labor/Contracts
5	05-420-600-4800-6231			42.90	ANNUAL SPRINKLER INSPECTIONS	10/29/2014 10/29/2014	10161	Services/Labor/Contracts
5	05-430-700-4800-6231			50.60	ANNUAL SPRINKLER INSPECTIONS	10/29/2014 10/29/2014	10161	Services/Labor/Contracts
246	Brothers Fire Protection			110.00	3 Transactions			
10083	Cedarbrook Lumber Comp							
8	05-400-440-0410-6405			14.45	TACK CLOTH	11/10/2014 11/10/2014	65688	Office Supplies
8	05-420-600-4800-6405			37.58	TACK CLOTH	11/10/2014 11/10/2014	65688	Office Supplies
8	05-430-700-4800-6405			44.32	TACK CLOTH	11/10/2014 11/10/2014	65688	Office Supplies
10083	Cedarbrook Lumber Comp			96.35	3 Transactions			
9973	Cremation Society Of Minnesota-Duluth							
6	05-420-650-4800-6810			1,000.00	COUNTY BURIAL	11/18/2014 11/18/2014		County Burials
9973	Cremation Society Of Minnesota-Duluth			1,000.00	1 Transactions			
10855	Culligan							
7	05-400-440-0410-6231			19.85	CULLIGAN	11/01/2014 11/30/2014	150-10016285-1	Services/Labor/Contracts
7	05-420-600-4800-6231			51.62	CULLIGAN	11/01/2014 11/30/2014	150-10016285-1	Services/Labor/Contracts
7	05-430-700-4800-6231			60.88	CULLIGAN	11/01/2014 11/30/2014	150-10016285-1	Services/Labor/Contracts
10855	Culligan			132.35	3 Transactions			
13353	Daniel Funeral Home							
9	05-420-650-4800-6810			2,000.00	COUNTY BURIAL	11/06/2014 11/06/2014		County Burials
13353	Daniel Funeral Home			2,000.00	1 Transactions			
11984	DataBank IMX							
10	05-420-600-4800-6231			35.10	EDOCS-PROFESSIONAL SERVICES		I45001043	Services/Labor/Contracts

# Aitkin County



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<u>No. Account/Formula</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>	
11984 DataBank IMX	35.10	10/13/2014 10/14/2014	1 Transactions		
11 12807 DataFile Technologies. LLC 05-420-640-4800-6379	106.33	10/30/2014 10/30/2014	IVD SERVICE 0014669126-01 1 Transactions	19085	Other Iv-D Charges
12807 DataFile Technologies. LLC	106.33				
12 89399 DCI Industries Of Gainesville Inc 05-400-440-0410-6405	27.14	10/28/2014 10/28/2014	FOAMING DISINFECTANT CLEANER 1 Transactions	40957	Office Supplies
12 05-420-600-4800-6405	70.54				
12 05-430-700-4800-6405	83.20				
89399 DCI Industries Of Gainesville Inc	180.88				
13 11051 Department of Human Services 05-420-640-4800-6231	7.33	10/01/2014 10/31/2014	CS MONTHLY FED OFFSET FEE 1 Transactions	A300C431201	Services/Labor/Contracts
14 05-420-650-4400-6025	1,040.11				
15 05-420-650-4400-6025	283.16				
16 05-420-650-4400-6025	141.57				
11051 Department of Human Services	1,472.17				
19 9590 Fff Enterprises 05-400-400-0402-6401	461.21	11/11/2014 11/11/2014	DP&C FLUZONE SANOFI VACCINE 1 Transactions	6233705	Vaccine Cost
9590 Fff Enterprises	461.21				
17 2186 Hillyard Inc - Kansas City 05-400-440-0410-6405	44.53	11/11/2014 11/11/2014	CLEANING/BATHROOM SUPPLIES 1 Transactions	840296605	Office Supplies
17 05-420-600-4800-6405	115.76				

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17	05-430-700-4800-6405		136.54	CLEANING/BATHROOM SUPPLIES	840296605 Office Supplies
	2186 Hillyard Inc - Kansas City		296.83	11/11/2014 11/11/2014 3 Transactions	
	2340 Hyytinen Hardware Hank				
18	05-400-440-0410-6405		2.75	HINGES-2	9273744 Office Supplies
				10/03/2014 10/03/2014	
18	05-420-600-4800-6405		7.16	HINGES-2	9273744 Office Supplies
				10/03/2014 10/03/2014	
18	05-430-700-4800-6405		8.45	HINGES-2	9273744 Office Supplies
				10/03/2014 10/03/2014	
	2340 Hyytinen Hardware Hank		18.36	3 Transactions	
	86708 Koop Funeral Home Inc				
20	05-420-650-4800-6810		3,671.00	COUNTY BURIAL	County Burials
				10/30/2014 10/30/2014	
	86708 Koop Funeral Home Inc		3,671.00	1 Transactions	
	90182 Laboratory Corp Of America Holdings				
21	05-420-640-4800-6397		20.00	IVD GENETIC TEST 0015384332-02	46226612 Genetic Tests Iv-D
				10/29/2014 10/29/2014	
	90182 Laboratory Corp Of America Holdings		20.00	1 Transactions	
	12492 LexisNexis Risk Data Management Inc.				
22	05-430-700-4800-6231		116.00	OCTOBER 2014-SERVICES	1598721-201410 Services/Labor/Contracts
				10/01/2014 10/31/2014	
	12492 LexisNexis Risk Data Management Inc.		116.00	1 Transactions	
	89078 Mille Lacs Health System				
23	05-400-401-0000-6814		270.00	AMBULANCE RUNS-SEPT'14	Isle Ambulance/Mille Lacs Health System
				09/01/2014 09/30/2014	
24	05-400-401-0000-6814		135.00	AMBULANCE RUNS-OCT'14	Isle Ambulance/Mille Lacs Health System
				10/01/2014 10/31/2014	
	89078 Mille Lacs Health System		405.00	2 Transactions	
	89765 Minnesota Elevator, Inc				
25	05-400-440-0410-6231		23.42	ELEVATOR SERVICE-NOV'14	328792 Services/Labor/Contracts
				11/01/2014 11/30/2014	

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<u>No.</u>	<u>Account/Formula</u>			<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
25	05-420-600-4800-6231			ELEVATOR SERVICE-NOV'14 11/01/2014 11/30/2014	328792	Services/Labor/Contracts
25	05-430-700-4800-6231			ELEVATOR SERVICE-NOV'14 11/01/2014 11/30/2014	328792	Services/Labor/Contracts
89765	Minnesota Elevator, Inc			3 Transactions		
3358	Minnesota State Auditor					
26	05-400-440-0410-6231			AUDIT 07/30/2014 09/09/2014	65125	Services/Labor/Contracts
26	05-420-600-4800-6231			AUDIT 07/30/2014 09/09/2014	65125	Services/Labor/Contracts
26	05-430-700-4800-6231			AUDIT 07/30/2014 09/09/2014	65125	Services/Labor/Contracts
3358	Minnesota State Auditor			3 Transactions		
13013	NEOPOST GREAT PLAINS					
27	05-400-440-0410-6405			MAIL MACHINE CONTRACT 12/01/2014 11/30/2015	GPAR29636	Office Supplies
27	05-420-600-4800-6405			MAIL MACHINE CONTRACT 12/01/2014 11/30/2015	GPAR29636	Office Supplies
27	05-430-700-4800-6405			MAIL MACHINE CONTRACT 12/01/2014 11/30/2015	GPAR29636	Office Supplies
13013	NEOPOST GREAT PLAINS			3 Transactions		
89081	North Ambulance Brainerd					
28	05-400-401-0000-6809			AMBULANCE RUNS-OCT'14 10/01/2014 10/31/2014		No. Memorial Ambulance-Aitkin
89081	North Ambulance Brainerd			1 Transactions		
3810	Paulbeck's County Market					
29	05-400-440-0410-6405			AGENCY SUPPLIES 10/30/2014 10/30/2014	000009273744	Office Supplies
30	05-400-440-0410-6405			AGENCY SUPPLIES 10/29/2014 10/29/2014	000009273744	Office Supplies
31	05-400-450-0451-6405			SHIP-HSF PRESENTATION SUPPLIES 10/09/2014 10/09/2014	000009273744	Office Supplies
29	05-420-600-4800-6405			AGENCY SUPPLIES 10/30/2014 10/30/2014	000009273744	Office Supplies

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<u>No.</u>	<u>Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
30	05-420-600-4800-6405			15.11	AGENCY SUPPLIES	10/29/2014 10/29/2014	000009273744	Office Supplies
29	05-430-700-4800-6405			3.91	AGENCY SUPPLIES	10/30/2014 10/30/2014	000009273744	Office Supplies
30	05-430-700-4800-6405			17.82	AGENCY SUPPLIES	10/29/2014 10/29/2014	000009273744	Office Supplies
3810	Paulbeck's County Market			56.87	7 Transactions			
4070	Riley Auto Supply							
33	05-400-440-0410-6405			8.55	BELTS-AIR HANDLING SYSTEM	10/07/2014 10/07/2014	554197	Office Supplies
33	05-420-600-4800-6405			22.22	BELTS-AIR HANDLING SYSTEM	10/07/2014 10/07/2014	554197	Office Supplies
33	05-430-700-4800-6405			26.21	BELTS-AIR HANDLING SYSTEM	10/07/2014 10/07/2014	554197	Office Supplies
4070	Riley Auto Supply			56.98	3 Transactions			
5774	Riverwood Healthcare Clinic							
32	05-400-430-0407-6262			56.70	FAM PLAN DEPO INJ	11/16/2014 11/16/2014	NOV14	Family Planning Services/Methods
5774	Riverwood Healthcare Clinic			56.70	1 Transactions			
4233	S & T Office Products Inc							
35	05-400-440-0410-6405			25.96	AGENCY SUPPLIES	10/28/2014 10/28/2014	01QQ3520	Office Supplies
36	05-400-440-0410-6405			6.68	AGENCY SUPPLIES	10/31/2014 10/31/2014	01QQ5727	Office Supplies
34	05-400-440-0410-6405			7.87	AGENCY SUPPLIES	10/13/2014 10/13/2014	01QQ6086	Office Supplies
37	05-400-440-0410-6405			59.24	AGENCY SUPPLIES	11/06/2014 11/06/2014	01QQ7991	Office Supplies
39	05-400-440-0410-6405			16.27	AGENCY SUPPLIES	11/14/2014 11/14/2014	01QR1822	Office Supplies
38	05-400-440-0410-6405			2.03	AGENCY SUPPLIES	11/14/2014 11/14/2014	01QR1975	Office Supplies
35	05-420-600-4800-6405			67.50	AGENCY SUPPLIES	10/28/2014 10/28/2014	01QQ3520	Office Supplies
36	05-420-600-4800-6405			17.38	AGENCY SUPPLIES		01QQ5727	Office Supplies

# Aitkin County

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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>
34 05-420-600-4800-6405		20.48	10/31/2014 10/31/2014 AGENCY SUPPLIES	01QQ6086 Office Supplies
37 05-420-600-4800-6405		154.03	10/13/2014 10/13/2014 AGENCY SUPPLIES	01QQ7991 Office Supplies
39 05-420-600-4800-6405		42.30	11/06/2014 11/06/2014 AGENCY SUPPLIES	01QR1822 Office Supplies
38 05-420-600-4800-6405		5.28	11/14/2014 11/14/2014 AGENCY SUPPLIES	01QR1975 Office Supplies
35 05-430-700-4800-6405		79.61	11/14/2014 11/14/2014 AGENCY SUPPLIES	01QQ3520 Office Supplies
36 05-430-700-4800-6405		20.50	10/28/2014 10/28/2014 AGENCY SUPPLIES	01QQ5727 Office Supplies
34 05-430-700-4800-6405		24.15	10/31/2014 10/31/2014 AGENCY SUPPLIES	01QQ6086 Office Supplies
37 05-430-700-4800-6405		181.68	10/13/2014 10/13/2014 AGENCY SUPPLIES	01QQ7991 Office Supplies
39 05-430-700-4800-6405		49.90	11/06/2014 11/06/2014 AGENCY SUPPLIES	01QR1822 Office Supplies
38 05-430-700-4800-6405		6.22	11/14/2014 11/14/2014 AGENCY SUPPLIES	01QR1975 Office Supplies
4233 S & T Office Products Inc		787.08	11/14/2014 11/14/2014 18 Transactions	
86177 Sheriff Aitkin County				
40 05-420-640-4800-6270		50.00	IVD SERVICE 0012535745-01 11/19/2014 11/19/2014	20140615 Aitkin Co Sheriff Fees Iv-D
42 05-420-630-4800-6800		100.00	RR SNAP 11/05/2014 11/05/2014	2828 Other Expenses - Direct Charge
41 05-430-700-4800-6231		50.00	RR DETOX 10/28/2014 10/28/2014	2819 Services/Labor/Contracts
86177 Sheriff Aitkin County		200.00	3 Transactions	
86474 Sheriff Carlton County				
43 05-420-640-4800-6379		40.00	IVD SERVICE 0015201061-04 11/04/2014 11/04/2014	1421169 Other Iv-D Charges
86474 Sheriff Carlton County		40.00	1 Transactions	
12213 SOLBREKK INC				

AMD1  
 11/21/14 1:12PM  
 Health & Human Services

# Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u> <u>Account/Formula</u>			<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
44 05-400-440-0410-6231			HOSTED ZIX GATEWAY ANNUAL FEE 11/01/2014 10/31/2015	115935	Services/Labor/Contracts
44 05-420-600-4800-6231			HOSTED ZIX GATEWAY ANNUAL FEE 11/01/2014 10/31/2015	115935	Services/Labor/Contracts
44 05-430-700-4800-6231			HOSTED ZIX GATEWAY ANNUAL FEE 11/01/2014 10/31/2015	115935	Services/Labor/Contracts
12213 SOLBREKK INC			3 Transactions		
88859 Spee*Dee-St Cloud					
45 05-420-600-4800-6231			IM SERVICE 11/03/2014 11/03/2014	2706765	Services/Labor/Contracts
46 05-430-700-4800-6231			SS SERVICE 11/03/2014 11/03/2014	2706765	Services/Labor/Contracts
88859 Spee*Dee-St Cloud			2 Transactions		
86235 The Office Shop Inc					
48 05-400-440-0410-6231			PH-COPIER CONTRACT IRC5255 10/30/2014 10/30/2014	274979-0	Services/Labor/Contracts
49 05-420-600-4800-6231			OSS COPIER CONTRACT IR5240 10/30/2014 10/30/2014	275088-0	Services/Labor/Contracts
86235 The Office Shop Inc			2 Transactions		
Final Total .....			21,687.33	33 Vendors	95 Transactions

# Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	5	21,687.33	Health & Human Services
All Funds		21,687.33	Total

Approved by, .....  
.....  
.....

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 Health & Human Services

# Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor</u>	<u>Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Service Dates</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
25	6094 AADA			337.50	Supervised visits at AADA/Fami	10/01/2014 10/29/2014		Family Assessment Response Services
	6094 AADA			337.50	1 Transactions			
47	86222 AITKIN INDEPENDENT AGE			66.00	Child Care Advertising - Commu	10/15/2014 10/18/2014		Community Ed & Prevent/Advertising
	86222 AITKIN INDEPENDENT AGE			66.00	1 Transactions			
26	9791 BIEGANEK/JOAN M			105.00	Guardianship/Conservator Activ	10/01/2014 10/31/2014		Guardianship/Conservatorship
	9791 BIEGANEK/JOAN M			105.00	1 Transactions			
31	11062 BLAND/KENNETH D			306.00	Relative Custody Assistance	11/01/2014 11/30/2014		Relative Custody Assistance
	11062 BLAND/KENNETH D			306.00	1 Transactions			
7	12734 CARITAS MENTAL HEALTH CLINIC			180.14	Parenting assessment - Adult O	10/27/2014 10/27/2014		Adult Outpat Diagnostic Assess/Psyc
8	05- 430- 745- 3085- 6020			675.00	Parenting assessment - Adult O	10/27/2014 10/27/2014		Adult Outpat Diagnostic Assess/Psyc
21	05- 430- 745- 3085- 6020			180.14	Parenting assessment - Adult O	10/21/2014 10/21/2014		Adult Outpat Diagnostic Assess/Psyc
22	05- 430- 745- 3085- 6020			825.00	Parenting assessment - Adult O	10/21/2014 10/21/2014		Adult Outpat Diagnostic Assess/Psyc
	12734 CARITAS MENTAL HEALTH CLINIC			1,860.28	4 Transactions			
13	13351 COMPASS COUNSELING PARTNERS			550.00	Pre- Petition Screening/Hearing	11/18/2014 11/18/2014		Pre- Petition Screening/Hearing
	13351 COMPASS COUNSELING PARTNERS			550.00	1 Transactions			
36	12191 COOPER/SHIRLIE			87.00	Relative custody assistance			Relative Custody Assistance

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 Health & Human Services

# Aitkin County

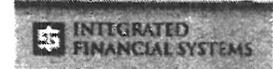
Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Vendor Name</u>	<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Service Dates</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
								<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
	12191	COOPER/SHIRLIE			87.00	1 Transactions	11/01/2014 11/30/2014		
45	11051	Department of Human Services 05-430-720-3110-6069			361.42	BSFE County Match	10/01/2014 10/31/2014		Bsf Child Care
46		05-430-730-3590-6072			2,131.06	CCDTF Maintenance of Effort	09/01/2014 09/30/2014		Ccdtf County % State Billings
	11051	Department of Human Services			2,492.48	2 Transactions			
6	13352	DETROIT LAKES COMMUNITY 05-430-710-3460-6065			300.00	Adolescent Life Skills Trainin	11/20/2014 11/20/2014		Self Funds - Adolescent Life Skills
	13352	DETROIT LAKES COMMUNITY			300.00	1 Transactions			
4	9220	DHS- MSOP 05-430-745-3721-6081			1,023.00	State- operated inpatient	09/01/2014 09/30/2014		Commitment Costs - Poor Relief
10		05-430-745-3721-6081			1,023.00	State- operated inpatient	09/01/2014 09/30/2014		Commitment Costs - Poor Relief
32		05-430-745-3721-6081			2,557.50	State- operated inpatient	09/01/2014 09/30/2014		Commitment Costs - Poor Relief
	9220	DHS- MSOP			4,603.50	3 Transactions			
1	89965	DHS- ST PETER- SEE LIST 05-430-745-3721-6081			1,788.00	State- operated inpatient	09/01/2014 09/30/2014		Commitment Costs - Poor Relief
14		05-430-745-3721-6081			1,788.00	State- operated inpatient	09/01/2014 09/30/2014		Commitment Costs - Poor Relief
35		05-430-745-3721-6081			1,788.00	State- operated inpatient	09/01/2014 09/30/2014		Commitment Costs - Poor Relief
	89965	DHS- ST PETER- SEE LIST			5,364.00	3 Transactions			
9	91345	ELVECROG/ROBERTA C 05-430-750-3950-6020			35.00	Public guardianship	10/01/2014 10/31/2014		Public Guardianship Dd
11		05-430-750-3950-6020			105.00	Public guardianship	10/01/2014 10/31/2014		Public Guardianship Dd

# Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<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>
91345 ELVECROG/ROBERTA C		140.00	2 Transactions		
10416 Janzen Steel/Connie C					
29 05- 430- 710- 3450- 6020		300.00	Senior Pics - Forgotten Childr		Social & Recreational/Hippo Therapy
			10/04/2014 10/04/2014		
10416 Janzen Steel/Connie C		300.00	1 Transactions		
11072 Lutheran Social Service Of Mn- St Paul					
16 05- 430- 760- 3950- 6020		105.40	Guardianship/Conservatorship		Guardianship/Conservatorship
			10/07/2014 10/31/2014		
11072 Lutheran Social Service Of Mn- St Paul		105.40	1 Transactions		
86058 Martin/Patricia					
23 05- 430- 760- 3950- 6020		105.00	Guardianship/conservatorship		Guardianship/Conservatorship
			10/01/2014 10/31/2014		
24 05- 430- 760- 3950- 6020		105.00	Guardianship/conservatorship		Guardianship/Conservatorship
			09/01/2014 09/30/2014		
86058 Martin/Patricia		210.00	2 Transactions		
12793 MASTRO/TINA					
20 05- 430- 710- 3820- 6040		3.40	Relative Custody Assistance		Relative Custody Assistance
			11/01/2014 11/17/2014		
12793 MASTRO/TINA		3.40	1 Transactions		
91221 McCormick/John					
15 05- 430- 710- 3820- 6040		335.00	Relative custody assistance		Relative Custody Assistance
			11/01/2014 11/30/2014		
91221 McCormick/John		335.00	1 Transactions		
10977 NORTHERN PSYCHIATRIC ASSOCIATES					
38 05- 430- 740- 3050- 6020		300.00	Child Outpatient Diagnostic As		Child Outpat Assess/Psyc. Testing
			10/10/2014 10/10/2014		
42 05- 430- 740- 3050- 6020		531.24	Child Outpatient Diagnostic As		Child Outpat Assess/Psyc. Testing
			10/10/2014 10/10/2014		
44 05- 430- 740- 3900- 6020		360.00	Clinical supervision- Child Rul		Child Rule 79 Case Mgmt
			10/03/2014 10/03/2014		
33 05- 430- 745- 3085- 6020		300.00	Adult Outpatient Diagnostic As		Adult Outpat Diagnostic Assess/Psyc
			10/10/2014 10/10/2014		

# 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 #</u>	<u>On Behalf of Name</u>
43	05- 430- 745- 3910- 6020		360.00	Clinical supervision- Adult Rul 10/03/2014 10/03/2014		Adult Rule 79 Case Mgmt
	10977 NORTHERN PSYCHIATRIC ASSOCIATES		1,851.24	5 Transactions		
	3639 NORTHLAND COUNSELING CTR INC					
41	05- 430- 730- 3710- 6020		3,250.00	Detoxification (Category I) 09/29/2014 10/09/2014		Detoxification - Grand Rapids
	3639 NORTHLAND COUNSELING CTR INC		3,250.00	1 Transactions		
	12493 Oakridge Support Services - Woodview					
27	05- 430- 745- 3030- 6071		90.08	Client outreach (CSP) 10/01/2014 10/01/2014		Client Outreach - Csp
28	05- 430- 745- 3030- 6071		324.27	Client outreach (CSP) 09/03/2014 09/24/2014		Client Outreach - Csp
	12493 Oakridge Support Services - Woodview		414.35	2 Transactions		
	12676 OESTREICH/LINDA J					
12	05- 430- 710- 3820- 6040		70.00	Relative custody assistance 11/01/2014 11/30/2014		Relative Custody Assistance
	12676 OESTREICH/LINDA J		70.00	1 Transactions		
	9489 Redwood Toxicology Laboratory, Inc					
39	05- 430- 710- 3181- 6020		6.75	UA- Health- related services 10/08/2014 10/08/2014		Drug Testing - CMCC Juveniles
40	05- 430- 710- 3181- 6020		6.75	UA- Health- related services 10/08/2014 10/08/2014		Drug Testing - CMCC Juveniles
3	05- 430- 710- 3190- 6020		25.00	Drug testing - Court- Related S 10/15/2014 10/15/2014		Court Related Services & Activities
30	05- 430- 710- 3190- 6020		6.75	Drug testing - Court- related s 10/23/2014 10/23/2014		Court Related Services & Activities
	9489 Redwood Toxicology Laboratory, Inc		45.25	4 Transactions		
	4242 Ryan & Brucker Ltd					
18	05- 430- 750- 3950- 6020		35.00	Public guardianship 10/01/2014 10/31/2014		Public Guardianship Dd
19	05- 430- 750- 3950- 6020		17.50	Public guardianship 09/01/2014 09/30/2014		Public Guardianship Dd

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 Health & Human Services

# Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor Name</u>	<u>Accr</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>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
4242 Ryan & Brucker Ltd			52.50	2 Transactions		
12573 SCHLEIFER/DANI						
34 05-430-710-3820-6040			177.00	Relative custody assistance 11/01/2014 11/30/2014		Relative Custody Assistance
37 05-430-710-3820-6040			8.00	Relative custody assistance 11/01/2014 11/30/2014		Relative Custody Assistance
12573 SCHLEIFER/DANI			185.00	2 Transactions		
12214 Shopko Store Operating Co. LLC						
2 05-430-710-3640-6020			48.20	Charge for supplies/Family Ass 10/24/2014 10/24/2014		Family Assessment Response Services
12214 Shopko Store Operating Co. LLC			48.20	1 Transactions		
9140 SIMAR/CANDACE						
17 05-430-750-3950-6020			70.00	Public guardianship 10/01/2014 10/30/2014		Public Guardianship Dd
5 05-430-760-3950-6020			70.00	Guardianship/conservatorship 10/01/2014 10/31/2014		Guardianship/Conservatorship
9140 SIMAR/CANDACE			140.00	2 Transactions		
<b>Final Total .....</b>			<b>23,222.10</b>	<b>26 Vendors</b>		<b>47 Transactions</b>

# Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Recap by Fund</u>	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	23,222.10	Health & Human Services	
	All Funds	23,222.10	Total	Approved by, .....
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				.....

# Health Care Procurement

Important Information about the 2016 Procurement  
November 4, 2014

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## Presentation Topics

- Definitions
- 2016 Procurement Overview
- 2016 Procurement Proposed Changes
- 2016 Procurement Information
  - Developing the Request for Proposal
    - DHS' Role
    - Counties' Role
- Next Steps
- Timeline

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## Definitions

- **Procurement**
  - The action of obtaining or procuring something. Procuring for medical services covered by the managed care contract for Medical Assistance and MinnesotaCare.
- **RFP: Request for Proposal**
  - *RFP* is a document that an organization posts to elicit bids from potential vendors/proposers.

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**Definitions (cont.)**

- **Demonstration Provider**
  - Health maintenance organization, community integrated service network, or accountable provider network authorized and operating under chapter 62D, 62N, or 62T. For purposes of this section, a county board, or group of county boards operating under a joint powers agreement, is considered a demonstration provider if the county or group of county boards meets the requirements of section [256B.692](#).

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**2016 Statewide Procurement Overview**

- All 87 Counties will be included in the 2016 Statewide Procurement.
- Procurement planning to start in October of 2014. RFP to be published by January 5, 2015.
- The RFP will include both Technical and Price Bid Components which are still under consideration.
  - Technical Bid
    - County Information
    - Quality/Performance Measures
    - Provider Network
  - Price Bid
    - Data Book
    - Bids

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**2016 Statewide Procurement Overview (cont)**

- Basic Care Plan (BHP) under the Affordable Care Act (ACA) will be MinnesotaCare.
- All counties will have to have the choice of at least 2 MCOs/participating entities for MinnesotaCare.
- For PMAP, all counties that are designated Metropolitan Statistical Areas (MSAs) will have the choice of at least two MCOs and in non-MSA counties may have one MCO.
  - MSA is a geographical region with a relatively high population density at its core and close economic ties throughout the area.

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### 2016 Statewide Procurement Overview (cont)

- MinnesotaCare enrollees under age 21 receive the Medicaid benefit set.
- MinnesotaCare enrollees ages 21 and older receive the current adult MinnesotaCare benefit set.
- Contract negotiations will be scheduled earlier in the year to accommodate both the MA open enrollment (OE) and the MinnesotaCare OE.
- Minnesota Statute requires the we post the 2016 RFP by January 5, 2015. Therefore, timelines may be reduced.

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### New Proposers

- **Participating entity** - means a health carrier as defined in section [62A.01, subdivision 2](#); a county-based purchasing plan established under section [256B.692](#); an accountable care organization or other entity operating a health care delivery systems demonstration project authorized under section [256B.0755](#); an entity operating a county integrated health care delivery network pilot project authorized under section [256B.0756](#); or a network of health care providers established to offer services under MinnesotaCare.

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### 2016 Procurement Proposed Changes

- Meeting with the MCOs/ MACSSA to improve the procurement process.
- Timely communication throughout the RFP process.
  - County identifies contact(s) who communicates with other interested county staff.
- Regional approach to gather county input.
- Looking for efficiencies in providing County demographic information and other issues for inclusion in the RFP.
- Receive County input into provider network review as it relates to local providers.

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**2016 Procurement Proposed Changes (cont)**

- Help counties understand the impact and their role in review, evaluation and scoring of the RFP Proposals.
  - Providing supporting documentation when full points have not been given.
- Timing of Award Letters and Open Enrollment
  - Contract Negotiations will occur earlier to accommodate both Open Enrollments; for PMAP and MinnesotaCare.

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**2016 Procurement Information**

- **Type of Procurement**
  - Competitive
    - Two Components
      - Technical Component
      - Cost Bid Component

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**Developing the RFP Content**

- **Technical Component**
  - Required statements which are part of every RFP.
  - County information which includes demographics and description of county's delivery of services by service area.
  - A list of county issues categorized by service areas.
  - Quality/Performance measures section.
  - Specifications for review of the Provider Network.

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### DHS' Role in RFP Development

- Develop the RFP content, incorporating the county demographic information, county questions and issues, quality and performance measures, evaluation and scoring, and provider network and other requirements.
- Coordinate and develop input from internal DHS policy areas and other divisions for the RFP.
- Coordinate the review of the RFP through DHS legal before it is published in the State Register.
- RFP is required to be sent to Appeals and Regs one week prior to its publication date.

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### Counties' Role in RFP Development

- Provide County Information
  - Demographic information – age, ethnicity, population.
  - Health care services that are available and provided within the county and challenges with those services.
  - County Exhibits that identify issues related to service delivery and specific categories of service, such as mental health, public health, etc.
  - Provide a contact(s) at the county for ongoing communications regarding the RFP and procurement process.
- Provide Public Health Information – Involve Public Health Directors in developing information for the RFP regarding their role in the provision of health care to managed care enrollees.

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### Developing the RFP content

- The **Price Bid** Component is included in a competitive RFP and is used to realize tax payer savings and achieve reductions in payments to Managed Care plans and county-based purchasing plans while still achieving the quality of health care.
- Consists of
  - Data Book
  - MCO Bids Templates
- Responsibility for this aspect lies with the DHS Rates Staff and the contracted actuaries.

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## Next Steps

- Scheduling County Meetings
  - County meetings - Determine whether these can be arranged by regions instead of individually which would be challenging considering the timeline.
  - County Input: What works best for the counties and how can this be accomplished?

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## County Meeting Content

- Review of the RFP process and timeline
- Review of the county's responsibilities, including but not limited to:
  - County information for the RFP
    - Demographics and Narrative Section
    - County Exhibit (List of County Issues/Questions)
  - County Review, Evaluation and Scoring of the RFP Proposals includes:
    - MCO responses to the County Exhibit.
    - Evaluate and score the proposer's Provider Network.
      - Collect Confidentiality Agreements from County reviewers.
  - County Board recommendation including copy of County Board resolution.

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## Communication with Counties

- Procurement mailbox - for all county and DHS communication regarding the procurement process and RFP:  
[DHS.PSD.Procurement@state.mn.us](mailto:DHS.PSD.Procurement@state.mn.us)
- County contact(s) – To ensure that ongoing information is shared with the appropriate county staff and everyone is informed in a timely manner.

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### Timeframe for RFP release

- DHS/County Meetings – **November 2014**
- RFP development and legal review – **December 2014**
- Publication of State Register Notice – **January 5, 2015**
- RFP Posted on DHS website

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### QUESTIONS & ANSWERS

- Please send your questions via the below email address:

[DHS.PSD.Procurement@state.mn.us](mailto:DHS.PSD.Procurement@state.mn.us)

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### DHS Procurement Contact Information

- **Chandra Breen**  
Manager of Contract Management and Compliance  
651-431-3487  
[chandra.breen@state.mn.us](mailto:chandra.breen@state.mn.us)
- **Pam Olson**  
Contract Manager  
651-431-2526  
[pam.r.olson@state.mn.us](mailto:pam.r.olson@state.mn.us)
- **Beryl Palmer**  
Contract Manager  
651-431-2521  
[beryl.palmer@state.mn.us](mailto:beryl.palmer@state.mn.us)

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# 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
<b>Income:</b>							
Tax Levy						1,078,907.17	
CPA and In Lieu						64.18	3,335.00
State Revenue	5,195.16	18,476.78	84,181.48	54,485.28	22,390.84	138,925.15	224,607.39
Federal Revenue	69,159.35	85,703.28	292,903.20	197,327.79	107,051.57	332,233.24	80,638.30
Revenue From Third Party	11,583.90	14,301.61	13,094.37	17,084.26	21,802.69	17,682.54	13,290.53
Misc. Revenue	13,909.30	27,832.14	18,090.80	13,641.85	23,380.78	11,034.05	92,960.15
<b>Total:</b>	<b>99,847.71</b>	<b>146,313.81</b>	<b>408,269.85</b>	<b>282,539.18</b>	<b>174,625.88</b>	<b>1,578,846.33</b>	<b>414,831.37</b>
<b>Expenditures:</b>							
Payments to Recipients	139,694.11	78,958.56	107,147.21	149,836.89	103,383.21	169,578.00	150,704.89
Salaries and Fringes	304,640.28	265,391.93	274,153.29	289,221.93	404,370.86	285,618.88	289,864.44
Services and Charges	29,007.91	37,406.81	24,041.12	20,525.44	26,258.04	20,491.67	21,686.35
Travel and Insurance	45,955.96	3,018.98	4,404.18	6,170.78	4,819.40	3,573.01	2,807.27
Office Supplies	5,113.72	5,975.17	5,380.48	11,417.09	6,934.06	4,670.57	3,897.13
Capital Outlay	-	11,385.16	7,707.39	7,966.22	-	-	1,209.83
Misc Expense & Pass Thru	24,117.13	7,351.13	5,998.27	28,403.87	7,593.08	7,001.46	30,849.03
<b>Total:</b>	<b>548,529.11</b>	<b>409,487.74</b>	<b>428,831.94</b>	<b>513,542.22</b>	<b>553,358.65</b>	<b>490,933.59</b>	<b>501,018.94</b>
<b>Final Totals:</b>	<b>(448,681.40)</b>	<b>(263,173.93)</b>	<b>(20,562.09)</b>	<b>(231,003.04)</b>	<b>(378,732.77)</b>	<b>1,087,912.74</b>	<b>(86,187.57)</b>

Cash Balance as of 11/2013  
**5,323,990.58**

Cash Balance as of 11/2014  
**4,033,948.60**

	Actual Aug-14	Actual Sep-14	Actual Oct-14	Actual Nov-14	Actual Dec-14
<b>Income:</b>					
Tax Levy		-			
CPA and In Lieu	75,376.30	901.09			
State Revenue	37,647.76	119,245.20	4,604.00		
Federal Revenue	299,838.99	183,193.50	100,074.24		
Revenue From Third Party	17,549.85	17,537.53	18,272.39		
Misc. Revenue	11,335.78	7,969.35	28,376.13	93.08	
<b>Total:</b>	<b>441,748.68</b>	<b>328,846.67</b>	<b>151,326.76</b>	<b>93.08</b>	-
<b>Expenditures:</b>					
Payments to Recipients	94,302.52	221,870.23	152,083.75	108,451.08	
Salaries and Fringes	280,096.56	288,561.95	411,110.47	120,605.97	
Services and Charges	40,077.36	19,702.90	41,190.38	20,009.73	
Travel and Insurance	4,703.71	4,098.74	6,546.84	2,114.39	
Office Supplies	2,643.15	6,298.60	9,925.80	6,459.02	
Capital Outlay	1,366.94	1,630.82	-	-	
Misc Expense & Pass Thru	18,161.98	4,486.22	31,244.68	12,000.50	
<b>Total:</b>	<b>441,352.22</b>	<b>546,649.46</b>	<b>652,101.92</b>	<b>269,640.69</b>	-
<b>Final Totals:</b>	396.46	(217,802.79)	(500,775.16)	(269,547.61)	-

	YTD 2014	ACTUAL 2013	ACTUAL 2012	ACTUAL 2011	ACTUAL 2010	ACTUAL 2009	ACTUAL 2008
<b>Income:</b>							
Tax Levy	1,078,907.17	2,470,279.73	2,445,757.88	2,345,969.16	2,333,865.63	2,340,935.73	2,409,856.71
CPA and In Lieu	79,676.57	314,823.94	131,275.60	236,240.57	235,223.92	321,690.72	303,462.53
State Revenue	709,759.04	686,350.95	723,462.02	736,864.33	611,120.93	632,506.88	936,661.64
Federal Revenue	1,748,123.46	2,136,553.41	2,161,389.09	2,120,681.67	2,225,918.50	2,266,036.42	2,031,189.00
Revenue From Third Party	162,199.67	216,749.43	204,217.36	163,265.77	126,077.60	-	-
Misc. Revenue	248,623.41	359,291.46	451,663.65	446,320.68	541,300.99	575,677.90	608,372.74
<b>Total:</b>	<b>4,027,289.32</b>	<b>6,184,048.92</b>	<b>6,117,765.60</b>	<b>6,049,342.18</b>	<b>6,073,507.57</b>	<b>6,136,847.65</b>	<b>6,289,542.62</b>
<b>Expenditures:</b>							
Payments to Recipients	1,476,010.45	1,417,258.22	1,604,608.63	1,729,427.71	1,862,889.86	1,818,277.01	1,729,049.89
Salaries and Fringes	3,213,636.56	3,425,848.90	3,516,455.12	3,602,677.75	3,585,784.86	3,658,299.47	3,300,291.25
Services and Charges	300,397.71	423,064.32	397,600.22	271,548.15	305,453.93	295,501.81	327,685.72
Travel and Insurance	88,213.26	89,679.42	87,885.39	96,969.42	107,221.46	125,924.90	125,736.88
Office Supplies	68,714.79	61,402.17	33,369.33	61,209.60	56,501.21	52,262.98	79,742.17
Capital Outlay	31,266.36	52,492.10	120,759.15	23,482.25	33,649.79	68,997.74	35,484.07
Misc Expense & Pass Thru	177,207.35	184,722.83	168,640.01	96,521.72	123,123.15	142,355.79	133,526.22
<b>Total:</b>	<b>5,355,446.48</b>	<b>5,654,467.96</b>	<b>5,929,317.85</b>	<b>5,881,836.60</b>	<b>6,074,624.26</b>	<b>6,161,619.70</b>	<b>5,731,516.20</b>
<b>Final Totals:</b>	<b>(1,328,157.16)</b>	<b>529,580.96</b>	<b>188,447.75</b>	<b>167,505.58</b>	<b>(1,116.69)</b>	<b>(24,772.05)</b>	<b>558,026.42</b>

## 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	\$24,095.99
APRIL	\$74,285.29	\$62,865.11	\$91,603.72	\$79,548.43	\$69,570.36	\$101,195.78	\$52,651.49	\$71,994.81
MAY	\$74,048.44	\$71,824.48	\$74,777.50	\$77,811.48	\$73,398.62	\$70,140.91	\$49,124.55	\$42,970.74
JUNE	\$85,395.63	\$79,633.26	\$78,255.63	\$99,039.56	\$92,735.90	\$79,654.30	\$51,198.58	\$68,481.80
JULY	\$59,397.74	\$76,076.59	\$84,874.52	\$74,466.67	\$63,530.39	\$68,929.00	\$59,525.43	\$53,313.73
AUG	\$66,770.76	\$74,550.01	\$74,213.76	\$97,571.86	\$77,971.22	\$67,386.62	\$50,216.24	\$48,392.38
SEPT	\$68,837.51	\$67,930.63	\$74,599.74	\$70,427.32	\$65,924.31	\$66,615.87	\$51,396.77	\$85,339.33
OCT	\$52,226.54	\$66,331.65	\$73,431.32	\$89,100.75	\$83,971.03	\$45,407.15	\$47,334.14	\$44,448.43
NOV	\$66,203.74	\$77,776.03	\$91,038.51	\$76,359.06	\$78,148.23	\$45,889.63	\$38,819.46	\$65,747.77
DEC	\$51,560.49	\$80,602.70	\$81,512.33	\$75,599.03	\$58,313.77	\$43,359.27	\$44,200.11	
<b>TOTAL CHILDREN</b>	<b>\$818,453.02</b>	<b>\$834,511.73</b>	<b>\$950,273.21</b>	<b>\$970,887.85</b>	<b>\$886,243.11</b>	<b>\$816,028.00</b>	<b>\$590,994.27</b>	<b>\$578,939.90</b>
	75	63	64	57	56	49		
	\$818,453.02	\$16,058.71	\$115,761.48	\$20,614.64	(\$84,644.74)	(\$70,215.11)	(\$225,033.73)	(\$12,054.37)
	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>
<b>Total</b>	<b>\$819,923.05</b>

### 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>
<b>Total</b>	<b>\$610,577.75</b>

### 2014 Foster Care Breakdown Year to Date

Child Shelter	\$1,640.00
Treatment Foster	\$32,227.08
Child Foster Care	\$ 170,527.63
Rule 8 FC	\$987.57
Corrections	\$ 336,079.79
Extended FC	\$100.00
Rule 5	\$84,934.77
Respite	\$918.50
Child Care	\$591.50
Health Services	\$2,606.51
Transportation	<u>\$9,390.44</u>
<b>Total</b>	<b>\$640,003.79</b>

### 2011 Foster Care Reimbursement

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

### 2012 Foster Care Reimbursement

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

### 2013 Foster Care Reimbursement

IV-E	\$105,518.00
Rule 5	\$8,501.46
Recoveries	\$126,112.23
<b>Total</b>	<b>\$240,131.69</b>

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 2013 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
<b>Total</b>	<b>\$976,259.24</b>	<b>\$544,023.08</b>	<b>\$131,713.39</b>	<b>\$300,522.77</b>
<b>Total</b>	<b>\$976,259.24</b>			

**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
<b>Total</b>	<b>\$909,516.09</b>	<b>\$404,864.16</b>	<b>\$240,205.75</b>	<b>\$264,446.18</b>
<b>Total</b>	<b>\$909,516.09</b>			

**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
<b>Total</b>	<b>\$819,923.05</b>	<b>\$395,228.38</b>	<b>\$248,465.10</b>	<b>\$176,229.57</b>
<b>Total</b>	<b>\$819,923.05</b>			

**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
<b>Total</b>	<b>\$610,577.75</b>	<b>\$390,081.25</b>	<b>\$144,127.08</b>	<b>\$76,369.42</b>
<b>Total</b>	<b>\$610,577.75</b>			

**2014 Foster Care Breakdown Year to Date**

	Total	Social Service	Corrections	ICWA
Child Shelter	\$1,640.00	\$0.00	\$1,640.00	\$0.00
Treatment Foster	\$32,227.08	\$32,227.08	\$0.00	\$0.00
Child Foster Care	\$170,527.63	\$147,775.92	\$1,998.00	\$20,753.71
Rule 8 FC	\$987.57	\$99.57	\$0.00	\$888.00
Corrections	\$336,079.79	\$0.00	\$272,881.38	\$63,198.41
Extended Foster Care	\$100.00	\$100.00	\$0.00	\$0.00
Rule 5	\$84,934.77	\$84,934.77	\$0.00	\$0.00
Respite	\$918.50	\$918.50	\$0.00	\$0.00
Child Care	\$591.50	\$591.50	\$0.00	\$0.00
Health Services	\$2,606.51	\$2,606.51	\$0.00	\$0.00
Transportation	\$9,390.44	\$9,390.44	\$0.00	\$0.00
<b>Total</b>	<b>\$640,003.79</b>	<b>\$278,644.29</b>	<b>\$276,519.38</b>	<b>\$84,840.12</b>
<b>Total</b>	<b>\$640,003.79</b>			

**AITKIN COUNTY VOLUNTEER DRIVER TRANSPORTATION**

<b>MONTH</b>	<b>MEDICAL TRANSPORTS COMPLETED</b>	<b>OTHER TRANSPORTS COMPLETED*</b>	<b>TRANSPORTS CANCELED OR NO SHOWS</b>	<b>TOTAL TRANSPORTS ARRANGED</b>	<b>COUNTY EXPENSE FOR MEDICAL TRANSPORTS</b>
<b>NOV</b>	<b>60</b>	<b>0</b>	<b>7</b>	<b>67</b>	<b>\$877.18</b>
<b>DEC</b>	<b>36</b>	<b>0</b>	<b>16</b>	<b>52</b>	<b>\$674.36</b>
<b>JAN '14</b>	<b>70</b>	<b>4</b>	<b>11</b>	<b>85</b>	<b>\$644.64</b>
<b>FEB '14</b>	<b>46</b>	<b>0</b>	<b>13</b>	<b>59</b>	<b>\$780.40</b>
<b>MARCH</b>	<b>55</b>	<b>8</b>	<b>17</b>	<b>80</b>	<b>\$1296.64</b>
<b>APRIL</b>	<b>58</b>	<b>5</b>	<b>20</b>	<b>83</b>	<b>\$597.24</b>
<b>MAY</b>	<b>67</b>	<b>0</b>	<b>9</b>	<b>76</b>	<b>\$435.52</b>
<b>JUNE</b>	<b>68</b>	<b>6</b>	<b>12</b>	<b>86</b>	<b>\$422.00</b>
<b>JULY</b>	<b>49</b>	<b>23</b>	<b>13</b>	<b>85</b>	<b>\$351.16</b>
<b>AUGUST</b>	<b>57</b>	<b>16</b>	<b>22</b>	<b>95</b>	<b>\$475.16</b>
<b>SEPT</b>	<b>60</b>	<b>0</b>	<b>25</b>	<b>85</b>	<b>\$503.16</b>
<b>OCT</b>	<b>75</b>	<b>1</b>	<b>13</b>	<b>89</b>	<b>\$373.80</b>
<b>NOV</b>					<b>\$211.44</b>

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

AMBULANCE SERVICE CONTRACT

**THIS AGREEMENT** between the Aitkin County Board of Commissioners, Aitkin, Minnesota, hereinafter referred to as the "County" and McGregor Area Ambulance Service, PO Box 100, McGregor, Minnesota, 55760, hereinafter referred to as the "Contractor". The Contractor agrees to furnish ambulance service in Aitkin County, Minnesota, under the following terms and conditions:

1. Contractor agrees to furnish efficient and prompt ambulance service to all persons desiring the same within the state license service area, and shall have not less than one (1) ambulance in service capable of rendering efficient service. Ambulances shall be equipped in accordance with the current State of Minnesota regulations and licensure.
2. Contractor shall man ambulances with personnel in sufficient number to furnish service adequate to the needs of calls or emergencies normally encountered. Ambulance drivers and attendants shall have received training, which meet the requirements of Minnesota Statutes.
3. Ambulance service shall be provided by the Contractor on a twenty-four (24) hour, seven (7) day basis. The Contractor shall immediately respond to requests for service initiated by any person.
4. All patients shall be taken to hospitals as determined by applicable Minnesota Statutes and/or Rules. All patients shall be taken to the hospital of their choice within a reasonable distance if said choice is not contrary to applicable Minnesota Statutes and/or Rules. Should the patient indicate a preference, said patient shall be taken to the hospital where the appropriate care can be provided.
5. The County agrees to pay the Contractor a fee of \$45.00 per request for service, and \$55.00 per no load runs, to a maximum of \$13,000.00 per calendar year. This agreement shall not include transfers from the local hospital to other tertiary care facilities outside the County. The County will reimburse the Contractor on a monthly basis after receiving a monthly receipt of ambulance runs in Aitkin County. This itemization will include dates of service, type of service (emergency or no load run). In addition, the Contractor shall be privileged to charge each person requesting transportation a reasonable service fee in accordance with a schedule from time to time set by the Contractor.
6. Each of the parties shall defend, indemnify, save and hold the other party harmless from the liability arising out of the actions of the indemnifying party in connection with the operation of the ambulances or any other services performed under the terms of the contract.
7. The Contractor 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 this contract, have and keep in force a liability insurance policy **naming the County as an insured or additional insured** in the amount at least equal to the maximum liability limits set forth in Minnesota Statutes 466.04, subd. 1(a)(3), of at least **\$500,000** bodily injury per occurrence, up to **\$1,500,000.00** per accident and \$50,000.00 property damage and agrees to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the County.

8. Contractor shall also procure motor vehicle insurance and worker's compensation insurance as required under applicable Minnesota laws and agrees to provide certificates of insurance or other documents demonstrating that such insurance has been procured.
9. The term of the contract shall be for a period of twelve (12) months, commencing not later than January 1, 2015, and terminating December 31, 2015.
10. The Contractor shall not sell, assign, or in any way divest itself of its interest herein without prior written notice by registered mail of at least 120 days to the County.
11. The Contractor agrees to comply in all requests with the requirements of the State of Federal laws or City Ordinances which may be applicable hereto in the operation of its ambulance service.
12. Either party may cancel this Agreement, with or without cause, upon written notice by registered mail of at least 120 days.
13. All notices to either party must be in writing mailed by certified mail, return receipt requested, to the address of each party. Notices are effective on the date of mailing.
14. That said McGregor Volunteer Ambulance Service shall submit to the County of Aitkin, an annual complete itemized financial statement detailing the ambulance activities, by February 1, 2016. Document shall be mailed to:

TOM BURKE, DIRECTOR  
 AITKIN COUNTY HEALTH & HUMAN SERVICES  
 204 1st STREET N.W.  
 AITKIN, MN 56431

\_\_\_\_\_  
 Tom Burke, Director of ACH&HS

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chairperson – Aitkin County Board of Commissioners

\_\_\_\_\_  
 Date

McGREGOR AREA AMBULANCE SERVICE  
 Contractor and Title

11/13/14  
 Date

JOSH BELTON CRSD CHIEF  
 Printed Name of Contractor signing this document

Approved as to form and execution:

\_\_\_\_\_  
 Aitkin County Attorney

\_\_\_\_\_  
 Date

AMBULANCE SERVICE CONTRACT

**THIS AGREEMENT** between the Aitkin County Board of Commissioners, Aitkin, Minnesota, hereinafter referred to as the "County" and Meds-I Ambulance Service, 1328 NW 5<sup>th</sup> Street, Grand Rapids, Minnesota, 55744, hereinafter referred to as the "Contractor". The Contractor agrees to furnish ambulance service in Aitkin County, Minnesota, under the following terms and conditions:

1. Contractor agrees to furnish efficient and prompt ambulance service to all persons desiring the same within the state license service area, and shall have not less than one (1) ambulance in service capable of rendering efficient service. Ambulances shall be equipped in accordance with the current State of Minnesota regulations and licensure.
2. Contractor shall man ambulances with personnel in sufficient number to furnish service adequate to the needs of calls or emergencies normally encountered. Ambulance drivers and attendants shall have received training, which meet the requirements of Minnesota Statutes.
3. Ambulance service shall be provided by the Contractor on a twenty-four (24) hour, seven (7) day basis. The Contractor shall immediately respond to requests for service initiated by any person.
4. All patients shall be taken to hospitals as determined by applicable Minnesota Statutes and/or Rules. All patients shall be taken to the hospital of their choice within a reasonable distance if said choice is not contrary to applicable Minnesota Statutes and/or Rules. Should the patient indicate a preference, said patient shall be taken to the hospital where the appropriate care can be provided.
5. The County agrees to pay the Contractor a fee of \$20.00 per request for service, and \$55.00 per no load runs up to a maximum of 2000.00 per year. This agreement shall not include transfers from the local hospital to other tertiary care facilities outside the County. The County will reimburse the Contractor on a monthly basis after receiving a monthly receipt of ambulance runs in Aitkin County. This itemization will include dates of service, type of service (emergency or no load run). In addition, the Contractor shall be privileged to charge each person requesting transportation a reasonable service fee in accordance with a schedule from time to time set by the Contractor.
6. Each of the parties shall defend, indemnify, save and hold the other party harmless from the liability arising out of the actions of the indemnifying party in connection with the operation of the ambulances or any other services performed under the terms of the contract.
7. The Contractor 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 this contract, have and keep in force a liability insurance policy **naming the County as an insured or additional insured** in the amount at least equal to the maximum liability limits set forth in Minnesota Statutes 466.04, subd. 1(a)(3), of at least **\$500,000** bodily injury per occurrence, up to **\$1,500,000.00** per accident and \$50,000.00 property damage and agrees to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the County.

8. Contractor shall also procure motor vehicle insurance and worker's compensation insurance as required under applicable Minnesota laws and agrees to provide certificates of insurance or other documents demonstrating that such insurance has been procured.
9. The term of the contract shall be for a period of twelve (12) months, commencing not later than January 1, 2015, and terminating December 31, 2015.
10. The Contractor shall not sell, assign, or in any way divest itself of its interest herein without prior written notice by registered mail of at least 120 days to the County.
11. The Contractor agrees to comply in all requests with the requirements of the State of Federal laws or City Ordinances which may be applicable hereto in the operation of its ambulance service.
12. Either party may cancel this Agreement, with or without cause, upon written notice by registered mail of at least 120 days.
13. All notices to either party must be in writing mailed by certified mail, return receipt requested, to the address of each party. Notices are effective on the date of mailing.
14. That said Meds-1 Ambulance Service shall submit to the County of Aitkin, an annual complete itemized financial statement detailing the ambulance activities, by February 1, 2016. Document shall be mailed to:

TOM BURKE, DIRECTOR  
 AITKIN COUNTY HEALTH & HUMAN SERVICES  
 204 1<sup>st</sup> STREET N.W.  
 AITKIN, MN 56431

\_\_\_\_\_  
 Tom Burke, Director of ACH&HS

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chairperson – Aitkin County Board of Commissioners

\_\_\_\_\_  
 Date

*William K. McNichols* president  
 \_\_\_\_\_  
 Contractor and Title

*10-29-14*  
 \_\_\_\_\_  
 Date

*William K. McNichols*  
 \_\_\_\_\_  
 Printed Name of Contractor signing this document

Approved as to form and execution:

\_\_\_\_\_  
 Aitkin County Attorney

\_\_\_\_\_  
 Date

AMBULANCE SERVICE CONTRACT

**THIS AGREEMENT** between the Aitkin County Board of Commissioners, Aitkin, Minnesota, hereinafter referred to as the "County" and Mille Lacs Health System Ambulance, 200 North Elm Street, PO Box A, Onamia, Minnesota, 56359, hereinafter referred to as the "Contractor". The Contractor agrees to furnish ambulance service in Aitkin County, Minnesota, under the following terms and conditions:

1. Contractor agrees to furnish efficient and prompt ambulance service to all persons desiring the same within the state license service area, and shall have not less than one (1) ambulance in service capable of rendering efficient service. Ambulances shall be equipped in accordance with the current State of Minnesota regulations and licensure.
2. Contractor shall man ambulances with personnel in sufficient number to furnish service adequate to the needs of calls or emergencies normally encountered. Ambulance drivers and attendants shall have received training, which meet the requirements of Minnesota Statutes.
3. Ambulance service shall be provided by the Contractor on a twenty-four (24) hour, seven (7) day basis. The Contractor shall immediately respond to requests for service initiated by any person.
4. All patients shall be taken to hospitals as determined by applicable Minnesota Statutes and/or Rules. All patients shall be taken to the hospital of their choice within a reasonable distance if said choice is not contrary to applicable Minnesota Statutes and/or Rules. Should the patient indicate a preference, said patient shall be taken to the hospital where the appropriate care can be provided.
5. The County agrees to pay the Contractor a fee of \$20.00 per request for service, and \$55.00 per no load runs up to a maximum of \$2000.00. **This agreement shall not include transfers from the local hospital to other tertiary care facilities outside the County.** The County will reimburse the Contractor on a monthly basis after receiving a monthly receipt of ambulance runs in Aitkin County. This itemization will include dates of service, type of **service (emergency or no load run)**. In addition, the Contractor shall be privileged to charge each person requesting transportation a reasonable service fee in accordance with a schedule from time to time set by the Contractor.
6. Each of the parties shall defend, indemnify, save and hold the other party harmless from the liability arising out of the actions of the indemnifying party in connection with the operation of the ambulances or any other services performed under the terms of the contract.
7. The Contractor 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 this contract, have and keep in force a liability insurance policy **naming the County as an insured or additional insured** in the amount at least equal to the maximum liability limits set forth in Minnesota Statutes 466.04, subd. 1(a)(3), of at least **\$500,000** bodily injury per occurrence, up to **\$1,500,000.00** per accident and \$50,000.00 property damage and agrees to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the County.

8. Contractor shall also procure motor vehicle insurance and worker's compensation insurance as required under applicable Minnesota laws and agrees to provide certificates of insurance or other documents demonstrating that such insurance has been procured.
9. The term of the contract shall be for a period of twelve (12) months, commencing not later than January 1, 2015, and terminating December 31, 2015.
10. The Contractor shall not sell, assign, or in any way divest itself of its interest herein without prior written notice by registered mail of at least 120 days to the County.
11. The Contractor agrees to comply in all requests with the requirements of the State of Federal laws or City Ordinances which may be applicable hereto in the operation of its ambulance service.
12. Either party may cancel this Agreement, with or without cause, upon written notice by registered mail of at least 120 days.
13. All notices to either party must be in writing mailed by certified mail, return receipt requested, to the address of each party. Notices are effective on the date of mailing.
14. That said Mille Lacs Health System Ambulance shall submit to the County of Aitkin, an annual complete itemized financial statement detailing the ambulance activities, by February 1, 2016. Document shall be mailed to:

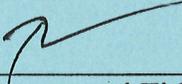
TOM BURKE, DIRECTOR  
 AITKIN COUNTY HEALTH & HUMAN SERVICES  
 204 1st STREET N.W.  
 AITKIN, MN 56431

\_\_\_\_\_  
 Tom Burke, Director of ACH&HS

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chairperson – Aitkin County Board of Commissioners

\_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Contractor and Title

10-27-14  
 \_\_\_\_\_  
 Date

Bill Nelson, CEO  
 \_\_\_\_\_  
 Printed Name of Contractor signing this document

Approved as to form and execution:

\_\_\_\_\_  
 Aitkin County Attorney

\_\_\_\_\_  
 Date

AMBULANCE SERVICE CONTRACT

**THIS AGREEMENT** between the Aitkin County Board of Commissioners, Aitkin, Minnesota, hereinafter referred to as the "County" and d/b/a North Memorial Medical Transportation Services, Robbinsdale, Minnesota, hereinafter referred to as the "Contractor". The Contractor agrees to furnish ambulance service in Aitkin County, Minnesota, under the following terms and conditions:

1. Contractor agrees to furnish efficient and prompt ambulance service to all persons desiring the same within the state license service area, and shall have not less than one (1) ambulance in service capable of rendering efficient service. Ambulances shall be equipped in accordance with the current State of Minnesota regulations and licensure.
2. Contractor shall man ambulances with personnel in sufficient number to furnish service adequate to the needs of calls or emergencies normally encountered. Ambulance drivers and attendants shall have received training, which meet the requirements of Minnesota Statutes.
3. Ambulance service shall be provided by the Contractor on a twenty-four (24) hour, seven (7) day a week basis. The Contractor shall immediately respond to requests for service initiated by any person.
4. All patients shall be taken to hospitals as determined by applicable Minnesota Statutes and/or Rules. All patients shall be taken to the hospital of their choice within a reasonable distance if said choice is not contrary to applicable Minnesota Statutes and/or Rules. Should the patient indicate a preference, said patient shall be taken to the hospital where the appropriate care can be provided.
5. The County agrees to pay the Contractor a fee of \$45.00 per request for service, and only if a patient is transported, to a maximum of \$20,000.00 per calendar year. This agreement shall not include transfers from the local hospital to other tertiary care facilities outside the County. The County will reimburse the Contractor on a monthly basis after receiving a monthly receipt of ambulance runs in Aitkin County. This itemization will include dates of service, type of service (emergency or no load run). In addition, the Contractor shall be privileged to charge each person requesting transportation a reasonable service fee in accordance with a schedule from time to time set by the Contractor.
6. Each of the parties shall defend, indemnify, save and hold the other party harmless from the liability arising out of the actions of the indemnifying party in connection with the operation of the ambulances or any other services performed under the terms of the contract.
7. The Contractor 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 this contract, have and keep in force a liability insurance policy **naming the County as an insured or additional insured** in the amount at least equal to the maximum liability limits set forth in Minnesota Statutes 466.04, subd. 1(a)(3), of at least **\$500,000** bodily injury per occurrence, up to **\$1,500,000.00** per accident and \$50,000.00 property damage and agrees to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the County.

8. Contractor shall also procure motor vehicle insurance and worker's compensation insurance as required under applicable Minnesota laws and agrees to provide certificates of insurance or other documents demonstrating that such insurance has been procured.
9. The term of the contract shall be for a period of twelve (12) months, commencing not later than January 1, 2015, and terminating December 31, 2015.
10. The Contractor shall not sell, assign, or in any way divest itself of its interest herein without prior written notice by registered mail of at least 120 days to the County.
11. The Contractor agrees to comply in all requests with the requirements of the State of Federal laws or City Ordinances which may be applicable hereto in the operation of its ambulance service.
12. Either party may cancel this Agreement, with or without cause, upon written notice by registered mail of at least 120 days.
13. All notices to either party must be in writing mailed by certified mail, return receipt requested, to the address of each party. Notices are effective on the date of mailing.
14. That said North Memorial Medical Transportation Services shall submit to the County of Aitkin, an annual complete itemized financial statement detailing the ambulance activities, February 1, 2016. Document shall be mailed to:

TOM BURKE, DIRECTOR  
 AITKIN COUNTY HEALTH & HUMAN SERVICES  
 204 1st STREET N.W.  
 AITKIN, MN 56431

\_\_\_\_\_  
 Tom Burke, Director of ACH&HS

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chairperson – Aitkin County Board of Commissioners

\_\_\_\_\_  
 Date

*MRP Vice President*  
 \_\_\_\_\_  
 Contractor and Title

*10/28/14*  
 \_\_\_\_\_  
 Date

*Michael R Parrish (North Memorial)*  
 \_\_\_\_\_  
 Printed Name of Contractor signing this document

Approved as to form and execution:

\_\_\_\_\_  
 Aitkin County Attorney

\_\_\_\_\_  
 Date

LETTER OF AGREEMENT

Aitkin County Health and Human Services hereafter referred to as "ACH&HS" and Mark Heggem, MD, a medical doctor practicing at Riverwood Healthcare Center, 200 Bunker Hill Drive, Aitkin, MN 56431, enter into this agreement for the purpose of Public Health Medical Consultant, beginning January 1, 2015 through December 31, 2015.

Witnessed

Whereas, Aitkin County Health and Human Services is desirous of contracting with Dr. Mark Heggem, medical consultant; and

Whereas, Mark Heggem, MD, is desirous of providing Medical Consultation, the following is agreed upon:

1. Mark Heggem, MD will review and sign all new and existing standing medical orders and vaccine protocols on an annual basis or as requested.
2. Authorize approval of vaccine orders as noted in ACH&HS vaccine protocols.
3. To be the Public Health medical contact regarding Public Health DP&C (Disease, Prevention & Control) issues as they arise.
4. To provide general consultative services as needed.
5. The agreement will be reviewed on an annual basis.
6. The Contractor agrees to carry all necessary Workers' Comp. and Liability Insurance.
7. This agreement may be canceled by either party with a 30 day written notice.

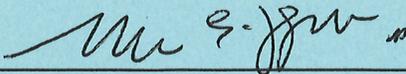
IN WITNESS WHEREOF, ACH&HS and the Provider have executed this agreement as of the day and year first above written:

\_\_\_\_\_  
Thomas Burke, Director, Aitkin County Health and Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mark Wedel, Chairperson, Aitkin County Board of Commissioners

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Dr. Mark Heggem

\_\_\_\_\_  
10/28/14  
Date

\_\_\_\_\_  
James Ratz, Aitkin County Attorney

\_\_\_\_\_  
Date

## 2015 Family Planning Contract

This agreement is made and entered into on January 1, 2015, by and between Aitkin County Health and Human Services, Public Health Unit, hereinafter referred to as "ACH&HS" of 204 1<sup>st</sup> Street NW, Aitkin, MN 56431 and Riverwood HealthCare Center of 200 Bunker Hill Drive, Aitkin, MN 56431, hereinafter referred to as the "Medical Services".

Goal: To coordinate efforts to provide family planning method services for no/low income individuals seeking family planning medical services in Aitkin County through age 18.

In consideration of the mutual promises, agreements and understanding hereinafter set forth, it is hereby agreed:

Medical services shall be rendered by an M.D., a Nurse Practitioner or Licensed Physician's Assistant under the supervision of Licensed Physicians. Laboratory tests with prior authorization shall be conducted by personnel trained to conduct such tests.

Medical services with prior authorization shall include:

1. Social and medical/surgical history with emphasis on the reproductive system
2. Height, weight, and blood pressure measurements
3. Bimanual pelvic exam for females
4. Breast examinations and instructions on self-examination for females.
5. Pap Smear
6. Include with written authorization as indicated by history and/or symptoms, pregnancy test, STI testing and treatment (Chlamydia &/or GC &/or Syphilis only).

Medical Services shall:

1. Provide family planning method services utilizing approved standards of medical practices to:
  - a. Ensure that counseling was provided prior to provision of selected method.
  - b. Ensure voluntary selection of method by service recipient.
  - c. Inform on the advisability of females obtaining a gynecological examination with pap smear prior to initiating any family planning method.
  - d. Educate on the use of selected family planning method, including risks and benefits of the method and will not prescribe methods if in the physician's judgment, the client is high-risk.
  - e. Include methods as requiring medical intervention for:
    1. Prescription
    2. Fitting
    3. Insertion procedures
2. Collect information and maintain records of patients receiving family planning services as necessary.

3. Coordinate family planning methods services a patient receives with other family planning services by the individual as provided by ACH&HS through follow-up with the family planning worker.
4. Bill ACH&HS for services with written authorization provided by the medical services to patients who have no/low income for payment including:

PROCEDURE/CLINIC BILLING	CODES	2015 PRICES
Pelvic + Physical Exam-New Patient	99384	204.00
	99385	276.00
Pelvic + Physical Exam-Est. Patient	99394	170.00
	99395	228.00
Office Visit	99201	106.00
	99202	131.00
	99203	171.00
	99204	243.00
	99211	60.00
	99212	85.00
	99213	106.00
	99214	152.00
	99215	243.00
Depo Povera Serum	90782(J1050)	50.00
Administer Injection (Depo)	96372	14.00
Implanon		
<b>PROCEDURE/HOSPITAL BILLING</b>		
Pregnancy Test	81025	54.00
PAP	88142	94.00
Chlamydia & GC	87491	214.00
	87591	214.00
RPR Syphilis serology	86592	48.00

**\*\*Above prices will receive a 10% discount at the time of payment per negotiated agreement with Heidi Price.**

5. Make available upon request, with written authorization from patient to Public Health, all case management and financial management records maintained by the medical services as pertaining to clients receiving family planning services.

ACH&HS shall:

1. Provide outreach, information/referral, counseling, education and follow-up regarding all methods and all choices for the medical services as pertaining to clients receiving family planning services.
2. Coordinate family planning services a client receives with medical services received by the individual as provided by the physician through follow-up through the physician with the patient.
3. Reimburse the medical service for the family planning method services provided to eligible individuals.

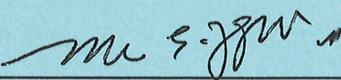
This agreement shall commence January 1, 2015 and continue through December 31, 2015 with an interagency evaluation of the services on or before May 31, 2015. Termination of this agreement may be made with sixty (60) days written notice of intention to the other party. This agreement may be amended by written consent of both parties and all amendments shall be attached to this agreement and made part thereof.

\_\_\_\_\_  
Mark Wedel, Chairperson, Aitkin County Board of Commissioners

\_\_\_\_\_  
Date

\_\_\_\_\_  
Thomas Burke, Director, Aitkin County Health & Human Services

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Senior Physician, Riverwood HealthCare Center

10/28/14  
\_\_\_\_\_  
Date

*Mark E. Heggen MD*  
\_\_\_\_\_  
**Printed Name of Senior Physician, Riverwood HealthCare Center**

Approved as to form and execution:

\_\_\_\_\_  
Aitkin County Attorney

\_\_\_\_\_  
Date

## PURCHASE OF SERVICE AGREEMENT

The **Aitkin County Health & Human Services**, 204 – 1<sup>st</sup> Street NW, Aitkin, Minnesota 56431, hereafter referred to as the Department and **Compass Counseling Partners**, 25282 Hazelwood Drive, Nisswa, MN 56468, hereafter referred to as Contractor; enter into this agreement for the period from **January 1, 2015, to December 31, 2015**.

WHEREAS, Minnesota Statutes, section 245.461 to 245.486 and 245.487 to 245.4888 establishes the Comprehensive Adult Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department is required to provide Mental Health services in accordance with the Comprehensive Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department pursuant to Minnesota statutes, section 373.01, 373.02, 245.465(4), and 256E.08 wishes to purchase mental health services from multi-disciplinary service Contractor; and

WHEREAS, the Contractor is an autonomous mental health provider in private practice, and in multiple disciplines and is qualified and willing to perform such services;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Department and Contractor agree as follows:

### I SERVICES TO BE PROVIDED OR PURCHASED

The Department agrees to purchase and the Contractor agrees to furnish services as listed in Attachment A.

Psychological evaluations and tests ordered by the court system will be subject to review by the Department to determine whether said evaluations and tests appropriately fall under the terms of this agreement. If Department determines that said evaluations and tests fall outside the scope of this agreement, Contractor will be notified upon referral by Department.

### II COST AND DELIVERY OF PURCHASED SERVICES

Statements will be submitted by the 10<sup>th</sup> of each month in the approved format detailing services provided in the prior month. Payment by the Department to Contractor will be by the end of the month and will be based on actual billing.

### III DELIVERY OF CARE AND SERVICES:

Except as otherwise provided herein, Contractor shall maintain in all respects its present control over and autonomy with respect to:

## VIII BONDING, INDEMNITY, AND INSURANCE CLAUSE:

1. The Contractor shall save and hold the County of Aitkin and the Department harmless from all liability for damages to persons or property arising out of the services performed under the terms of the contract. The Contractor shall indemnify the County of Aitkin and the Department for any liability assessed to the county and the Department on account of the services performed under the terms of the contract. The Contractor agrees to purchase liability insurance naming Aitkin County Department of Health & Human Services as an additional insured in an amount at least equal to the maximum liability limits set forth in Minnesota Statutes, 466.04, Subd.1, of \$500,000 per person and \$1,500,000 per occurrence and agrees to provide the County of Aitkin and the Department a certificate of insurance or other document demonstrating that such insurance has been procured. Contractor shall provide proof of insurance prior to commencement of Contractor's performance under this agreement.
2. Insurance: The Contractor does further agree that, in order to protect itself as well as the Department 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 liability insurance policy in the amount of \$1,000,000.

## IX CONDITIONS OF THE PARTIES' OBLIGATIONS:

1. Before the termination date specified in the Introduction of this agreement, the Department may evaluate the performance of the Contractor in regard to the terms of this agreement to determine whether such performance merits renewal of this agreement.
2. Any alterations, variations, modifications or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
3. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Department, nor shall the Contractor do any work or furnish any material not covered by the agreement unless this is approved in writing by the Department. Such approval shall be considered to be a modification of the agreement.
4. If the Department determines that funds are not being administered in accordance with the approved plan and budget, they may be withdrawn after reasonable notice to the Contractor. It is understood and agreed that the parties do not anticipate that Contractor will administer funds as a result of this agreement.
5. In the event that there is a revision of Federal regulations which might make this agreement ineligible for Federal financial participation, all parties will review the agreement and renegotiate those items necessary to bring the agreement into compliance with the new Federal regulations.

6. In accordance with Minnesota Statutes, Section 245.466, Subd.3 (1), the Commissioner of Minnesota Department of Human Services is a third party beneficiary to this contract.

## X SUBCONTRACTING

The Contractor shall not enter into subcontracts for any of the work contemplated under this agreement without written approval of the Department. All subcontracts shall be subject to the requirements of this contract. The Contractor shall be responsible for the performance of any subcontractor.

## XI COMPLIANCE WITH THE CLEAN AIR ACT:

The Contractor certifies that it meets lawful conditions of the Clean Air Act, as required by 45 CFR 228.70 and 74.159 (4).

## XII MISCELLANEOUS

1. Entire Agreement: It is understood and agreed that the entire agreement of the parties contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and Aitkin County Health and Human Services Department relating to the subject matter hereof.
2. This contract may be terminated or renegotiated upon 30 days written notification by either party.
3. **Compass Counseling Partners** agrees to provide Aitkin County Health & Human Services, (attached to the contract):
  - A. Description of staffing, including job descriptions and professional qualifications of all personnel under this agreement (Attachment B).
4. Program and fiscal records shall be retained in the Contractor facility for a minimum of five years.
5. This contract may be extended for a period of six months at the option of the County of Aitkin. If the county desires to extend the term of the contract, it shall notify the Contractor in writing at least sixty days before the expiration of the contract. All terms of this contract will remain in effect pending execution of a contract amendment, execution of new contract or notice of termination.

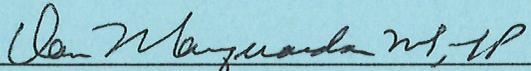
IN WITNESS WHEREOF the Department (Aitkin County Health & Human Services) and the Contractor (Compass Counseling Partners) have executed this agreement as of the day and year first above written:

BY: \_\_\_\_\_  
Mark Wedel, Chairperson  
Aitkin County Board of Commissioners

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Thomas Burke, Director  
Aitkin County Health & Human Services

DATE: \_\_\_\_\_

BY:   
Dan Marquardsen, MS, LP  
Compass Counseling Partners

DATE: 10-29-14

BY:   
Jennifer Vaughn, MS, LMFT  
Compass Counseling Partners

DATE: 10-29-14

APPROVED AS TO FORM AND EXECUTION

BY: \_\_\_\_\_  
James Ratz, Aitkin County Attorney

DATE: \_\_\_\_\_

**COST & DELIVERY OF PURCHASED SERVICES**

A.	Pre-Petition Screens	\$100.00/hour
B.	Psychological Assessment	Flat Rate \$600.00
	Additional Charges for:	
	WAIS	\$200.00
	WISC	\$200.00
	WRAT	\$ 80.00
C.	Outpatient Psychiatric Evaluation	Flat Rate \$440.00

**PURCHASE OF SERVICE AGREEMENT**

The Aitkin County Health & Human Services, 204 - 1<sup>st</sup> Street NW, Aitkin, MN 56431, hereafter referred to as the AGENCY, and New Pathways, Inc., PO Box 366, 310 South Ashland Street, Cambridge, MN 55008 (Program Facility located at: 714 South 6<sup>th</sup> Street, Brainerd, MN 56401), hereafter referred to as the CONTRACTOR enter into this agreement for the period from January 1, 2015 to December 31, 2015.

**WITNESSETH**

**WHEREAS**, the AGENCY understands that New Pathways, Inc. has partnered with area churches to provide a program called New Pathways' The Path to Home - Brainerd Site.

**WHEREAS**, New Pathways provides case management services during the daytime and the area churches provide hospitality of food, companionship, and overnight lodging within the church building during the nighttime; and

**WHEREAS**, the CONTRACTOR represents that it is duly qualified and willing to perform such services;

**NOW, THEREFORE**, in consideration of the mutual understandings and agreements set forth, the AGENCY and CONTRACTOR agree as follows:

**I. CONTRACTOR DUTIES:**

- A. The CONTRACTOR agrees to furnish services to a population of homeless families with children from Aitkin County.
- B. Services and hospitality will be provided 24 hours a day, 7 days a week, including holidays, in the following manner:
  1. The day center will provide services between the hours of 8:00 a.m. and 4:45 p.m.
  2. The local churches will provide hospitality between the hours of 5:00 p.m. and 7:30 a.m.
  3. Transportation to the host church will be provided at 4:45 p.m.
  4. Transportation to the day center will be provided at 7:30 a.m.
- C. Day center services will include:
  1. Case Management
  2. On-site skills training consisting of job skills, parenting skills, life skills, and healthy living.
  3. On-site school teacher for children who were in a school district other than District 482, when appropriate
  4. Personal care items
  5. Transportation
  6. Clothing
  7. Shower facilities
  8. Laundry facilities
  9. Telephone numbers and addresses
  10. Internet and computer access
  11. Advocacy
  12. 6 month follow-up after discharging from the program
  13. Assistance locating housing and employment

D. Host church services include:

1. Three meals a day (dinner, breakfast, and a packed lunch)
2. Hospitality
3. Overnight lodging
4. Health and wellness checks at churches that have a parish nurse

**II. COST AND DELIVERY OF PURCHASED SERVICES**

- A. The total amount to be paid for services performed and goods or material supplied by the CONTRACTOR pursuant to this Agreement shall be paid by the AGENCY at the rate of \$25.00 per family per day. This rate applies to any family from Aitkin County that is served by New Pathways' The Path to Home and only for the actual days served. "Family from Aitkin County" is defined to be a family having established a residence in Aitkin County for at least thirty (30) days. Contractor and Agency will be in communication in order to ascertain this residency requirement.
- B. The CONTRACTOR certifies that the services to be provided under this agreement are not otherwise available without cost to eligible clients. The CONTRACTOR further certifies that payment claims for Purchased Services will be in accordance with rates of payment which do not exceed amounts reasonable and necessary to assure quality of service. The CONTRACTOR further certifies that rates of payment do not reflect any administrative or program costs assignable to private pay or third-party pay service recipients.

**III. PAYMENT FOR PURCHASED SERVICES**

- A. Certification of expenditures: The CONTRACTOR must, within fifteen working days following the last day of each calendar month, submit a standard invoice for services purchased to the Aitkin County Health & Human Services AGENCY. The invoice must show a monthly record of units served.
- B. Payment: The AGENCY must, within 30 days of the date of receipt of the Invoice, make payment to the CONTRACTOR for all eligible clients identified on the invoice.

**IV. DUTIES OF THE AGENCY**

The AGENCY agrees to the following:

When/if the AGENCY has determined that a unit is not eligible, the AGENCY shall notify the CONTRACTOR within 24 hours of that determination.

**V. AUDIT AND RECORD DISCLOSURES**

The CONTRACTOR will:

- A. Submit all reports requested by the AGENCY under this section within thirty (30) days of the request, unless an extension of time is approved by the AGENCY.
- B. Allow personnel of the AGENCY, the Minnesota Department of Human Services, and the U.S. Department of Health and Human Services, access to the CONTRACTOR'S facility and records at reasonable hours to exercise their responsibility to monitor purchased services.
- C. If the collection of social service fees is delegated to the CONTRACTOR, the CONTRACTOR must provide the AGENCY with information about fees collected and the fee sources.

- D. Maintain all Direct Service records pertaining to the contract at New Pathways, Inc, 714 South 6<sup>th</sup> Street, Brainerd, MN 56401 and all financial records will be maintained at New Pathways' Business Address, PO Box 366, 310 S. Ashland St., Cambridge, MN 55008 for four years for audit purposes.
- E. Comply with policies of the Minnesota Department of Human Services regarding social services recording and monitoring procedures, as defined and described in Department of Human Services rules and manuals.

**VI. DATA PRACTICES**

- A. The collection, maintenance, and dissemination of data pertaining to eligible persons shall be in accordance with Minnesota Statutes Chapter 13.
- B. HIPAA Protocol:  
The CONTRACTOR provides assurances to the AGENCY that it will comply with Health Information Portability and Accountability Act (HIPAA) requirements necessary to protect individual identifying health information (IIHI). Use and disclosure will require that all IIHI be:
  - 1. appropriately safeguarded;
  - 2. any misuse of IIHI will be reported to the AGENCY;
  - 3. secure satisfactory assurances from any subcontractor;
  - 4. grant individuals access and ability to amend their IIHI;
  - 5. make available an accounting of disclosures; release applicable records to the AGENCY or Department of Human Services if requested; and
  - 6. upon termination, return or destroy all IIHI in accordance with conventional record destruction practices.

**VII. EQUAL EMPLOYMENT OPPORTUNITY-CIVIL RIGHTS**

- A. In accordance with the AGENCY'S Affirmative Action Policy and the County Commissioners' policies against discrimination, no person shall illegally, on the grounds of race, color, religion, sex, marital status, handicap, age, or national origin, be excluded from full employment rights in, participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, service, or activity hereunder in accordance with the provisions of any and all applicable federal and state laws against discrimination. The CONTRACTOR agrees to comply with the requirements of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.
- B. The CONTRACTOR certifies that it has received a certificate of compliance from the Commissioner of Human Rights pursuant to Minnesota Statutes, Section 363.073. This section only applies if the grant is for more than \$100,000 and the CONTRACTOR has employed forty or more full-time employees within the State of Minnesota on a single working day during the previous 12 months.

**VIII. FAIR HEARING AND GRIEVANCE PROCEDURE**

- A. The AGENCY will advise applicants and eligible recipients of all of their rights to a fair hearing and the appeal process including, but not limited to , the right to appeal, a denial or exclusion from the program or failure to recognize an eligible recipient's choice of a service and of his/her right to a fair hearing in these respects. The AGENCY will make arrangements to provide such hearings.

- B. The CONTRACTOR will establish a system through which eligible recipients may present grievances about the operation of the service program, and the CONTRACTOR will advise eligible recipients of this right.

## IX. INDEMNITY

- A. The CONTRACTOR agrees to defend, indemnify, and hold harmless the AGENCY and its commissioners, officers, employees, volunteer workers, and agents against any and all liability, loss, damages, costs and expenses, including attorney's fees which the AGENCY may sustain, incur, or be required to pay:
1. By reason of any eligible recipient suffering bodily or personal injury, death, or property loss or damage either while participating in or receiving the care and services to be furnished under this Agreement, or while on premises owned, leased, or operated by the CONTRACTOR, or while being transported to or from the premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for by the CONTRACTOR or any officer, agent, or employee thereof;
  2. By reason of any eligible recipient causing injury to, or damage to, the property of another person during any time when the CONTRACTOR or any officer, agent, or employee thereof has undertaken or is furnishing the care and services called for under this Agreement;
  3. By reason of any person employed by the CONTRACTOR or who acts as an agent of the CONTRACTOR, its agents, officers, or employees during the performance of purchased services under this Agreement;
  4. By reason of any negligent act or omission or intentional act or omission of the CONTRACTOR, its agents, officers, or employees during the performance of purchased services under this Agreement.

## X. INSURANCE

- A. The CONTRACTOR agrees that to protect itself as well as the AGENCY under the indemnity clause in this Agreement, it will at all times during the term of this Agreement have and keep in force the following insurance:
1. A general liability insurance policy in an amount of not less than \$500,000 for bodily injury or property damage to any one person, and \$1,500,000 for total injuries or damages arising from any one incident. This clause does not constitute a waiver of the County's governmental immunity or liability limits under Minnesota Statute 466 or other law.
  2. An automobile liability insurance policy covering owned, non-owned, and hired vehicles used in the provision of services under this Agreement, in an amount not less than \$1,000,000 per accident for property damage, \$1,000,000 for bodily injuries or death or damages to any one person, and \$2,000,000 for total bodily injuries or damages arising from any one accident or occurrence.
  3. Professional liability insurance policy covering personnel providing purchased services under this Agreement in an amount of not less than \$600,000 for bodily injuries, property damage, and personal injuries.
  4. Worker's Compensation in the required statutory amounts, if applicable.
- B. The CONTRACTOR shall maintain at all times during the term of this Agreement a fidelity bond in the amount of at least \$10,000 subject to a deductible not to exceed \$500, covering the activities of each person handling monies under the terms of this Agreement.
- C. This insurance requirement is intended to protect the AGENCY at a minimum to the liability limits set forth in Minnesota Statutes, Section 466.04. If the liability limits of

Minnesota Statutes, Section 466.04 are amended, the CONTRACTOR agrees to renegotiate this Agreement with the AGENCY to provide insurance coverage in conformance with the requirements of Minnesota Statutes, Section 466.04.

**XI. CONTRACTOR DEBARMENT, SUSPENSION, AND RESPONSIBILITY CERTIFICATION**

Federal Regulation 45 CFR 92.35 prohibits the State/Agency from purchasing goods or services with federal money from vendors who have been suspended or debarred by the federal government. Similarly, Minnesota Statute, Section 16C.03, subd. 2 provides the Commissioner of Administration with the authority to debar and suspend vendors who seek to contract with the State/Agency. Vendors may be suspended or debarred when it is determined, through a duly authorized hearing process, that they have abused the public trust in a serious manner.

By Signing This Contract, The CONTRACTOR Certifies That It And Its Principals\* And Employees:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transacting business by or with any federal, state, or local governmental department or agency; and
- B. Have not within a three-year period preceding this contract:
  - 1. been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract;
  - 2. violated any federal or state antitrust statutes; or
  - 3. committed embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property; and
- C. Are not presently indicated or otherwise criminally or civilly charged by a governmental entity for:
  - 1. commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction;
  - 2. violating any federal or state antitrust statutes; or
  - 3. committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and
- D. Are not aware of any information and possess no knowledge that any subcontractor(s) that will perform work pursuant to this contract are in violation of any of the certifications set above.
- E. Shall immediately give written notice to the Contracting Officer should CONTRACTOR come under investigation for allegations of fraud or a criminal offense in connection with obtaining, or performing; a public (federal, state, or local government) transaction; violating any federal or state antitrust statutes; or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

\* "Principals" for the purposes of this certification means officers; directors; owners; partners; and persons having primary management or supervisory responsibilities within a business entity (e.g. general manager; plant manager; head of a subsidiary, division, or business segment and similar positions).

## **XII. CONDITIONS OF THE PARTIES' OBLIGATION:**

- A. It is understood and agreed that in the event the reimbursement to the AGENCY from State and Federal sources is not obtained and continued at a level sufficient to allow for the purchase of the indicated quantity of Purchased Services, the obligations of each party hereunder must thereupon be terminated.
- B. This Agreement may be canceled by either party at any time, with or without cause, upon 30 days' notice, in writing, delivered by mail or in person.
- C. Before the termination date specified in Section 1 of this Agreement, the AGENCY may evaluate the performance of the CONTRACTOR in regard to terms of this Agreement to determine whether such performance merits renewal of this Agreement.
- D. Any alterations, variations, modifications, or waivers of provisions of this Agreement must be valid only when they have been reduced to writing, duly signed, and attached to the original of this Agreement.
- E. No claim for services furnished by the CONTRACTOR not specifically provided in the Agreement will be allowed by the AGENCY, nor must the CONTRACTOR do any work or furnish any material not covered by the Agreement, unless this is approved in writing by the AGENCY. Such approval must be considered to be a modification of the Agreement.
- F. In the event that there is a revision of Federal regulations which might make this Agreement ineligible for Federal financial participation, all parties will review the Agreement and renegotiate those items necessary to bring the Agreement into compliance with the new Federal regulations.
- G. The CONTRACTOR shall provide Exposure Control Training for its employees and agents as described in laws or rules governing OSHA Regulations. Further, the CONTRACTOR hereby releases and holds harmless Aitkin County from any loss or injury suffered by the CONTRACTOR, its employees or agents, as a result of contact with infectious agents.

## **XIII. SUBCONTRACTING**

- A. The CONTRACTOR agrees not to enter into subcontracts for any of the work contemplated under this contract without written approval of the AGENCY.
- B. All subcontractors must be subject to and must meet all the requirements of this contract.
- C. The CONTRACTOR must ensure that any and all subcontracts to provide services under this contract must contain the following language:

The subcontractor acknowledges and agrees that the Minnesota Department of Human Services is a third-party beneficiary, and as a third-party beneficiary, is an affected party under this contract. The subcontractor specifically acknowledges and agrees that the Minnesota Department of Human Services has standing to and may take any appropriate administrative action or may sue the provider for any appropriate relief in law or equity, including but not limited to rescission, damages, or specific performance, of all or any part of the contract. Minnesota Department of Human Services is entitled to and may recover from the provider reasonable attorney's fees, costs, and disbursements associated with any action taken under this paragraph that is successfully maintained. This provision must not be construed to limit the rights of any party to a contract or any other third party beneficiary, nor must it be construed as a waiver of immunity under the Eleventh Amendment to the United States Constitution or any other waiver or immunity.

- D. The CONTRACTOR agrees to be responsible for the performance of any subcontractor to ensure compliance to the subcontract and Minnesota Rules, part 9525.1870, subpart 3.

**XIV. NONCOMPLIANCE**

- A. If the CONTRACTOR fails to comply with the provisions of this contract, the AGENCY may seek any available legal remedy.
- B. Either party must notify the other party within 30 days when a party has reasonable grounds to believe that this contract has been or will be breached in a material manner. The party receiving such notification must have 30 days, or any other such period of time as mutually agreed to by the parties, to cure the breach or anticipatory breach.

**XV. MISCELLANEOUS**

The CONTRACTOR acknowledges and agrees that the Minnesota Department of Human Services is a third-party beneficiary, and as third-party beneficiary, is an affected party under this agreement. The CONTRACTOR specifically acknowledges and agrees that the Minnesota Department of Human Services has standing to and may take any appropriate administrative action or may sue the CONTRACTOR for any appropriate relief in law or performance of all or any part of the agreement between the County Welfare Board and the CONTRACTOR. The CONTRACTOR specifically acknowledges that the Aitkin County Health & Human Services Board and the Minnesota Department of Human Services are entitled to and may recover from the Contractor reasonable attorney's fees, costs, and disbursements associated with any action taken under this paragraph that is successfully maintained. This provision must not be construed to limit the rights of any party to the agreement of any other third-party beneficiary, nor must it be construed as a waiver of immunity under the Eleventh Amendment to the United States Constitution or any other waiver of immunity.

**XVI ENTIRE AGREEMENT**

It is understood and agreed that the entire contract of the parties is contained herein and this contract supersedes all oral agreements and negotiations between the parties relating to the subject matter thereof.

IN WITNESS WHEREOF, the AGENCY and the CONTRACTOR have executed this agreement as of the day and year first written above.

BY: \_\_\_\_\_  
Thomas Burke, Director, Aitkin County Health & Human Services

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

BY: \_\_\_\_\_  
Mark Wedel, Chairperson, Aitkin County Board of Commissioners

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

BY: Cheryl Gray  
New Pathways Representative

Date: 10/31/14

Cheryl Gray, Executive Director  
*Printed Name & Title of Person Signing for New Pathways*

APPROVED AS TO FORM AND EXECUTION:

BY: \_\_\_\_\_  
Jim Ratz, Aitkin County Attorney

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

## PURCHASE OF SERVICE AGREEMENT

The Aitkin County Health & Human Services Courthouse, Aitkin, Minnesota 56431, hereafter referred to as the Department and Northern Psychiatric Associates, 7115 Forthun Road, Suite 105, Baxter, MN 56425-8598, hereafter referred to as Contractor; enter into this agreement for the period from January 1, 2015, to December 31, 2015.

WHEREAS, Minnesota Statutes, section 245.461 to 245.486 and 245.487 to 245.4888 establishes the Comprehensive Adult Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department is required to provide Mental Health services in accordance with the Comprehensive Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department pursuant to Minnesota statutes, section 373.01, 373.02, 245.465(4), and 256E.08 wishes to purchase mental health services from multi-disciplinary service Contractor; and

WHEREAS, the Contractor is an autonomous mental health provider in private practice, and in multiple disciplines and is qualified and willing to perform such services;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Department and Contractor agree as follows:

### I SERVICES TO BE PROVIDED OR PURCHASED

The Department agrees to purchase and the Contractor agrees to furnish services as listed in Attachment A.

Diagnostic Assessments and psychological testing requested by the Department for the purpose of fulfilling requirements for ongoing county mental health services for children and adults will be subject to review by the Department to determine whether said assessments and evaluations appropriately fall under the terms of this agreement. If Department determines that said assessments and evaluations fall outside the scope of this agreement, Contractor will be notified upon referral by Department.

### II COST AND DELIVERY OF PURCHASED SERVICES

Statements will be submitted by the 10<sup>th</sup> of each month in the approved format detailing services provided in the prior month. Payment by the Department to Contractor will be by the end of the month and will be based on actual billing. Northern Psychiatric will bill the appropriate third-party payer if the client is covered by a health insurance plan.

### III DELIVERY OF CARE AND SERVICES:

Except as otherwise provided herein, Contractor shall maintain in all respects its present control over and autonomy with respect to:

1. The application of its intake procedures and requirements to clients.
2. The methods, times, means and personnel for furnishing Purchased Services to eligible clients.
3. The determination of when to terminate the furnishing of Purchased Services to eligible clients.

Nothing in this agreement shall be construed as requiring Contractor to provide or continue Purchased Services to or for any eligible clients.

### IV AUDIT AND RECORD DISCLOSURE

1. Allow personnel of the Department, the Minnesota Department of Human Services, and the Department of Health and Human Services, access to the Contractors records, in accordance with state and federal laws and regulations, at reasonable hours in order to exercise their responsibility to monitor the services.
2. Maintain records at Northern Psychiatric Associates for audit purposes.
3. Comply with Minnesota Code for Agency Rule - Minnesota Department of Public Welfare and the Minnesota Government Practice Act, M.S. 15.1611 - 16.1698. (Suppl. 1979)

### V SAFEGUARD OF CLIENT INFORMATION:

1. The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality of for any purpose not directly connected with the administration of the Departments or Contractors responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client or his/her responsible parent or guardian.
2. The individual employed by the Contractor who is designated to assure compliance with Minnesota Government Data Practices Act, in accordance with Minnesota Statutes, section 13.46, subdivision 10, paragraph (d), shall be David Anderholm, M.D. Contractor reserves the right to designate an alternate individual to assure such compliance by written notice to Department.

### VI EQUAL EMPLOYMENT OPPORTUNITY AND CIVIL RIGHTS CLAUSE:

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (43 USC 2000e), including Executive Order No. 11246, and Title VI (42 USC 2000d).

VII FAIR HEARING AND GRIEVANCE PROCEDURES:

The Contractor agrees that a fair hearing and grievance procedure will be established.

VIII BONDING, INDEMNITY, AND INSURANCE CLAUSE:

1. The Contractor shall save and hold the County of Aitkin and the Department harmless from all liability for damages to persons or property arising out of the services performed under the terms of the contract. The Contractor shall indemnify the County of Aitkin and the Department for any liability assessed to the county and the Department on account of the services performed under the terms of the contract. The Contractor agrees to purchase liability insurance naming Aitkin County Department of Health & Human Services as an additional insured in an amount at least equal to the maximum liability limits set forth in Minnesota Statutes, 466.04, Subd.1, of \$500,000 per person and \$1,500,000 per occurrence and agrees to provide the County of Aitkin and the Department a certificate of insurance or other document demonstrating that such insurance has been procured. Contractor shall provide proof of insurance prior to commencement of Contractors performance under this agreement.
2. Insurance: The Contractor does further agree that, in order to protect itself as well as the Department 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 liability insurance policy in the amount of \$1,500,000.

IX CONDITIONS OF THE PARTIES OBLIGATIONS:

1. Before the termination date specified in the Introduction of this agreement, the Department may evaluate the performance of the Contractor in regard to the terms of this agreement to determine whether such performance merits renewal of this agreement.
2. Any alterations, variations, modifications or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
3. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Department, nor shall the Contractor do any work or furnish any material not covered by the agreement unless this is approved in writing by the Department. Such approval shall be considered to be a modification of the agreement.
4. If the Department determines that funds are not being administered in accordance with the approved plan and budget, they may be withdrawn after reasonable notice to the Contractor. It is understood and agreed that the parties do not anticipate

that Contractor will administer funds as a result of this agreement.

5. In the event that there is a revision of Federal regulations which might make this agreement ineligible for Federal financial participation, all parties will review the agreement and renegotiate those items necessary to bring the agreement into compliance with the new Federal regulations.
6. In accordance with Minnesota Statutes, Section 245.466, Subd.3 (1), the Commissioner of Minnesota Department of Human Services is a third party beneficiary to this contract.

## X SUBCONTRACTING

The Contractor shall not enter into subcontracts for any of the work contemplated under this agreement without written approval of the Department. All subcontracts shall be subject to the requirements of this contract. The Contractor shall be responsible for the performance of any subcontractor.

## XI COMPLIANCE WITH THE CLEAN AIR ACT:

The Contractor certifies that it meets lawful conditions of the Clean Air Act, as required by 45 CFR 228.70 and 74.159 (4).

## XII MISCELLANEOUS

1. Entire Agreement: It is understood and agreed that the entire agreement of the parties contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and Aitkin County Health and Human Services Department relating to the subject matter hereof.
2. This contract may be terminated or renegotiated upon 30 days written notification by either party.
3. Northern Psychiatric Associates agrees to provide Aitkin County Health & Human Services, (attached to the contract):
  - A. Description of staffing, including job descriptions and professional qualifications of all personnel under this agreement (Attachment B).
4. Program and fiscal records shall be retained in the Contractor facility for a minimum of five years.
5. This contract may be extended for a period of six months at the option of the

County of Aitkin. If the county desires to extend the term of the contract, it shall notify the Contractor in writing at least sixty days before the expiration of the contract. All terms of this contract will remain in effect pending execution of a contract amendment, execution of new contract or notice of termination.

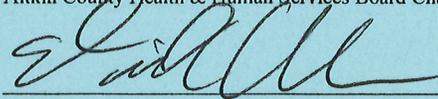
IN WITNESS WHEREOF the Department (Aitkin County Health & Human Services) and the Contractor (Northern Psychiatric Associates) have executed this agreement as of the day and year first above written:

BY: \_\_\_\_\_  
Thomas Burke  
Aitkin County Health & Human Services Director

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Commissioner Mark Wedel  
Aitkin County Health & Human Services Board Chairperson

DATE: \_\_\_\_\_

BY:  \_\_\_\_\_  
Northern Psychiatric Associates Clinical Director

DATE: 10/30/14

\_\_\_\_\_  
Printed Name of Clinical Director

APPROVED AS TO FORM AND EXECUTION

BY: \_\_\_\_\_  
County Attorney or Assistant

DATE: \_\_\_\_\_

**COST & DELIVERY OF PURCHASED SERVICES**

**Doctorate-level Psychologist for** \$150.00/hour  
Diagnostic Assessments and  
Psychological Evaluations

Clinician will be on-site at Aitkin County Health & Human Services one day per month; seven hours on site with one hour of travel.

Northern Psychiatric Associates will bill for all services and provide a monthly reconciliation of receivables less 10% contract billing, less 25% administration fee. Aitkin County will guarantee a minimum collected of \$150 per hour.

**Mental Health Professional Time as follows:**

Clinical Supervision for three staff at one hour each	@	\$90.00/hour
Group Supervision	@	\$90.00/hour
Consultation with staff upon appointment	@	\$90.00/hour
Pre-petition screens for mental health and/or chemical dependency commitments	@	\$90.00/hour
Read and approve LOCUS, functional assessments, and adult mental health case plans	@	\$90.00/hour

Mental Health professional will be on-site at Aitkin County Health & Human Services one day per month; seven hours on site with one hour of travel.

Since the request for pre-petition screens is unpredictable, this service will be provided upon the availability of the mental health professional.

Both parties have agreed to increase the time to two (2) days per month should the need for this service increase.

Northern Psychiatric Associates will bill for all services and provide a monthly reconciliation of receivables less 10% contract billing, less 25% administration fee. Aitkin County will guarantee a minimum collected of \$90 per hour.



7701 France Avenue South, Suite 500  
 Minneapolis, MN 55435-5288  
 800.328.5532 ▪ Fax 952.838.6808  
 MMICgroup.com

**Physician and Surgeon Professional Liability Policy**

**MMIC Insurance, Inc.**

**Declarations**  
 Policy No: 107670

- Item 1. Named Insured: David C. Anderholm MD
- Item 2. Address: 7115 Forthun Rd  
Ste 105  
Baxter, MN 56425
- Item 3. Premium: \$5,110
- Item 4. Limit of Liability:  
\$2,000,000 each **claim**  
\$4,000,000 aggregate
- Item 5. Deductible  
\$0 each claim  
\$0 aggregate
- Item 6. Policy Period: From 01/01/2015 to 01/01/2016  
12:01 a.m., central standard time at the address of the **named insured** as stated herein.
- Item 7. Forms and Endorsements forming a part of the Policy at issue:
 

<u>Form Name</u>	<u>Form Name</u>
Declarations	DECC107P
Schedule of Insureds	SCHE798P
Cyber Solutions	CYBR213
Entity as Named Insured - Shared Limits	ESLI107P
Increased Aggregate Limits for Cyber Solutions	CYBRAGG213P
Minnesota Amendatory Endorsement	MNCA107P
Named Insured Consent to Settle Endorsement	NCTS0112P
Physicians Admin Defense Coverage Endorsement	FRAM106P
Revised Reporting Endorsement Provision	RPRE110P
Physicians Professional Liability Insuring Agreement	PHY307P

William J. McDonough - President & CEO

Policy No: 107670  
 Effective Date: 01/01/2015  
 Issue Date: 10/20/2014

AGREEMENT Between  
NORTHLAND COUNSELING CENTER, INC.  
AND AITKIN COUNTY  
FOR DETOXIFICATION SERVICES

THIS AGREEMENT, made and entered into the 1st day of January, 2015, by and between the NORTHLAND COUNSELING CENTER, INC., hereinafter sometimes referred to as Northland, and AITKIN COUNTY, hereinafter sometimes referred to as the COUNTY:

WITNESSETH:

WHEREAS, the COUNTY is required under Minnesota Statutes, Chapter 254A.08, to provide receiving center services to persons; and

WHEREAS, the COUNTY wishes to purchase such detoxification services from NORTHLAND:

NOW, THEREFORE, the parties hereto agree as follows:

1. SERVICES TO BE PURCHASED:

Now, therefore, in consideration of the agreements hereinafter set forth, the COUNTY agrees to purchase, and NORTHLAND agrees to furnish, for the period of January 1, 2015, through December 31, 2015, the following services for AITKIN COUNTY residents to be provided in accordance with the above statutes:

- A. Surveillance and protection during crisis periods:
- B. Evaluation of chemical dependency and psychosocial functioning.
- C. On-site nursing health assessment and assistance in securing diagnostic, preventive, remedial and ameliorative health-related services;
- D. Referral to acute medical facility, if necessary;
- E. Education to motivate clients to address alcohol and/or other chemical problems;
- F. Discharge planning, referral to appropriate treatment resources and follow-up;
- G. Other services as may be required by Rule 32 Minnesota State Statutes.

It is expected that these services will be provided for a period of up to 72 hours, exclusive of Saturday, Sunday and holidays.

NORTHLAND shall make every reasonable effort to maintain sufficient staff, facilities, equipment, etc., to deliver the contracted services to be purchased by the COUNTY. NORTHLAND shall, in writing within ten (10) days, notify the COUNTY whenever it is unable to, or going to be unable to, provide the required quality or quantity of the contracted services. Upon such notification, NORTHLAND and the COUNTY shall determine whether such inability will require a modification or cancellation of the contract.

NORTHLAND agrees to comply with all federal, state, and local laws, statutes, ordinances, rules, regulations, and execution orders, now in effect or hereinafter adopted, pertaining to this contract or to the facilities, programs and staff for which NORTHLAND is responsible and pertaining to unlawful discrimination on account of race, color, creed, religion, national origin, gender, sexual orientation, marital status, status with regard to public assistance, disability, or age.

Any violations of or failure to comply with federal, state, or local laws, statutes, ordinances, rules, regulations or executive orders, as well as loss of any applicable license or certificates by NORTHLAND shall constitute a material break of this contract, whether or not intentional, and shall entitle the COUNTY to terminate this contract upon delivery of written notice of termination to NORTHLAND. Notwithstanding any other provision of this contract, such termination shall be effective as of the date of such violation, failure, or loss.

2. COST AND DELIVERY OF CONTRACTED SERVICES:

- A. As of January 1, 2015, the COUNTY will pay for such purchased services in the amount of \$325.00 per patient day for the remaining calendar year 2015. Billing will be submitted by the contractor on a monthly basis.
- B. Service
  - (1) Bed capacity: 4
  - (2) Average length of stay: 3 days
- C. Contracted services will be provided at Northland Recovery Center located at Grand Rapids, Minnesota.
- D. Starting March 1, 2006, no charges will be billed to the County for a client's date of discharge.

3. ELIGIBILITY FOR SERVICES:

- A. Any person shall be eligible to receive services regardless of personal income.
- B. Services shall be available to individuals having a problem relating to chemical use. At least one of the factors listed below should be present before a person is admitted for services:

- (1) Any person who appears intoxicated;
- (2) Any person who has apparent need for evaluation of chemical use or abuse;
- (3) Any person in danger of relapse or seeking entry into the continuum of care and/or legal placement into the continuum of care.

4. PAYMENT FOR CONTRACTED SERVICES:

- A. NORTHLAND shall, within fifteen (15) days after the last day of each month, submit an invoice which includes patient name, admit date, discharge date, total days and resident status. In addition, a Statement for Detoxification Services will be attached to the invoice for each patient seen (Attachment B). The patient will also be given a copy of the statement upon discharge.
- B. The COUNTY shall, within the month the invoice is received, make payment to NORTHLAND.
- C. COUNTY will not pay for extensions beyond three days, unless prior authorization has been given by the COUNTY AGENCY.

5. AUDIT AND RECORD DISCLOSURES:

NORTHLAND shall:

- A. Furnish the COUNTY with information about sources of funding and fees paid, as well as other statistical data necessary to meet reporting requirements.
- B. Maintain at its office, records for five (5) years for auditing purposes.

6. SAFEGUARD OF CLIENT INFORMATION:

The use or disclosure by any party of information concerning a client in violation of the State's Data Privacy Act, Minnesota Statutes 15.162 et. Seq., or for any purpose not directly connected with the administration of NORTHLAND'S or COUNTY'S responsibility with respect to the contracted services hereunder is prohibited, except upon written consent of such service recipient, his/her attorney, or his/her responsible parent or guardian.

7. BONDING, INDEMNITY, AND INSURANCE CLAUSE:

- A. NORTHLAND shall obtain and maintain at all times during the terms of this agreement, a fidelity bond covering the activities of its personnel authorized to receive or distribute monies.

- B. Indemnity: NORTHLAND does hereby agree that at all times hereafter during the existence of this agreement indemnify and hold harmless the COUNTY against any and all liability, loss, damages, costs or expenses, which the COUNTY may hereafter sustain, incur or be required to pay 1) by reason of any service recipient suffering personal injury, death or property loss or damage either while participating in or receiving from NORTHLAND the care and services to be furnished by NORTHLAND under this agreement or while on premises owned, leased or operated by NORTHLAND, or while being transported to or from said premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for by NORTHLAND or any officer, agency, or employee thereof; 2) by reason of any service recipient causing injury to, or damage to the property of another person during any time when NORTHLAND or any officer, agency or employee thereof has undertaken or is furnishing the care and services call for under this agreement, or 3) by reason of NORTHLAND negligence of any kind.
- C. Insurance: NORTHLAND does further agree that in order to protect itself as well as the COUNTY under the indemnity agreement provision above set forth, it will at all times during the term of this contract, have and keep in force a liability insurance policy of at least **\$500,000.00 bodily injury per claimant**, up to **\$1,500,000 per occurrence** and \$50,000 property damage and agrees to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the COUNTY.

8. CONDITIONS OF THE PARTIES' OBLIGATIONS:

- A. At least sixty (60) days before the termination date specified in Section 1 of this contract, the COUNTY may evaluate the performance of NORTHLAND in regard to the terms of this contract to determine whether such performance merits renewal of this contract.
- B. Any alterations, variations, modifications, or waivers or provisions of this contract shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this contract.
- C. Upon thirty (30) days written notice from either party, this contract shall be null and void.

9. SUBCONTRACTING:

- A. NORTHLAND shall not enter into subcontracts for any of the work contemplated under this contract without written approval of COUNTY.
- B. A description for services purchased by NORTHLAND shall be attached to this contract.

10. MISCELLANEOUS:

Entire Agreement: It is understood and agreed that the entire contract is contained herein and that this contract supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements in effect between NORTHLAND and any county welfare department(s) relating to the subject matter hereof. NORTHLAND RECOVERY CENTER is not guaranteeing Aitkin County a bed for detox use. If a need arises for AITKIN COUNTY and NORTHLAND has a bed available, NORTHLAND RECOVERY CENTER will provide detox services.

IN WITNESS HEREOF, the COUNTY and NORTHLAND have executed this contract as of the day and year first above written.

By: \_\_\_\_\_  
Thomas Burke  
Aitkin County Health & Human Services Director

Dated \_\_\_\_\_

By: \_\_\_\_\_  
Commissioner Mark Wedel  
Chair, Aitkin County Board of Commissioners

Dated \_\_\_\_\_

By: \_\_\_\_\_  
Jim Ratz  
Aitkin County Attorney

Dated \_\_\_\_\_

By: Colleen MacKay  
Director of CD & Detox Services at  
Northland Recovery Center

Dated 10-28-2014

Colleen MacKay, Director of Services  
Printed Name and Title of Person Signing this document

**ADDENDUM  
DETOXIFICATION SERVICES CONTRACT - AITKIN COUNTY**

Northland Counseling Center, Inc. provides all services identified in the contract directly with the exception of:

- 1) Emergency Acute Medical Care  
Northland transfers all patients in need of acute medical care to Itasca Medical Center.
  
- 2) Physician Service  
Northland refers to Itasca County and Aitkin County physicians for identified physician care and medication orders.

STATEMENT FOR DETOX SERVICES

PAYABLE TO: AITKIN COUNTY HEALTH & HUMAN SERVICES AITKIN COUNTY RESIDENT? \_\_\_ Yes \_\_\_ No
204 FIRST ST NW
AITKIN, MN 56431
(218) 927-7200
1-800-328-3744

CLIENT NAME: \_\_\_\_\_ DATE OF SERVICE \_\_\_\_\_ CHARGE \$325/DAY
ADDRESS: \_\_\_\_\_
PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_
SOCIAL SECURITY #: \_\_\_\_\_
HEALTH INS: \_\_\_\_\_
Client is responsible for filing own insurance claim
-MEDICAL ASSISTANCE DOES NOT COVER DETOX-
TOTAL DUE FROM CLIENT \$ \_\_\_\_\_

-YOU MAY BE ELIGIBLE FOR A FEE REDUCTION FOR THESE DETOX CHARGES-

Please forward the Total Family Income form, with required proof, to the Accounting Department at Aitkin County Health & Human Services within thirty (30) days of discharge to determine if you are eligible for a fee reduction.

I have received the Tax Intercept Notice as well as the Total Family Income form to be completed and returned by client to Aitkin County Health & Human Services within thirty (30) days of leaving the detox facility.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_
PARENT'S SIGNATURE (if Minor): \_\_\_\_\_ DATE: \_\_\_\_\_
DETOX TECH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

White: NRC

Yellow: ACH&HS

Pink: Client

# PURCHASE OF SERVICE AGREEMENT

VII. - D. - 5.

The Aitkin County Health & Human Services Courthouse, Aitkin, Minnesota 56431, hereafter referred to as the Department and **George Tetreault, MA, LP, 11614 River Vista Drive, Baxter, MN 56425**, hereafter referred to as Contractor; enter into this agreement for the period from **January 1, 2015, to December 31, 2015**.

WHEREAS, Minnesota Statutes, section 245.461 to 245.486 and 245.487 to 245.4888 establishes the Comprehensive Adult Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department is required to provide Mental Health services in accordance with the Comprehensive Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department pursuant to Minnesota statutes, section 373.01, 373.02, 245.465(4), and 256E.08 wishes to purchase mental health services from Contractor; and

WHEREAS, the Contractor is an autonomous mental health provider in private practice, and is qualified and willing to perform such services;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Department and Contractor agree as follows:

## I SERVICES TO BE PROVIDED OR PURCHASED

The Department agrees to purchase and the Contractor agrees to furnish services as listed in Attachment A.

**Diagnostic assessments of children, including those aged 0-3.**

**Parenting capacity assessments**

**Case consultation**

## II COST AND DELIVERY OF PURCHASED SERVICES

Statements will be submitted by the 10<sup>th</sup> of each month in the approved format detailing services provided in the prior month. Payment by the Department to Contractor will be by the end of the month and will be based on actual billing. **George Tetreault** will bill the appropriate third-party payer if the client is covered by a health insurance plan.

## III DELIVERY OF CARE AND SERVICES:

Except as otherwise provided herein, Contractor shall maintain in all respects its present control over and autonomy with respect to:

1. The application of its intake procedures and requirements to clients.

2. The methods, times, means and personnel for furnishing Purchased Services to eligible clients.
3. The determination of when to terminate the furnishing of Purchased Services to eligible clients.

Nothing in this agreement shall be construed as requiring Contractor to provide or continue Purchased Services to or for any eligible clients.

#### IV AUDIT AND RECORD DISCLOSURE

1. Allow personnel of the Department, the Minnesota Department of Human Services, and the Department of Health and Human Services, access to the Contractors records, in accordance with state and federal laws and regulations, at reasonable hours in order to exercise their responsibility to monitor the services.
2. Maintain records for audit purposes.
3. Comply with Minnesota Code for Agency Rule - Minnesota Department of Public Welfare and the Minnesota Government Practice Act, M.S. 15.1611 - 16.1698. (Suppl. 1979)

#### V SAFEGUARD OF CLIENT INFORMATION:

1. The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality for any purpose not directly connected with the administration of the Department's or Contractor's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client or his/her responsible parent or guardian.
2. The Contractor assures compliance with Minnesota Government Data Practices Act, in accordance with Minnesota Statutes, section 13.46, subdivision 10, paragraph (d).

#### VI EQUAL EMPLOYMENT OPPORTUNITY AND CIVIL RIGHTS CLAUSE:

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (43 USC 2000e), including Executive Order No. 11246, and Title VI (42 USC 2000d).

#### VII FAIR HEARING AND GRIEVANCE PROCEDURES:

The Contractor agrees that a fair hearing and grievance procedure will be established.

VIII BONDING, INDEMNITY, AND INSURANCE CLAUSE:

1. The Contractor shall save and hold the County of Aitkin and the Department harmless from all liability for damages to persons or property arising out of the services performed under the terms of the contract. The Contractor shall indemnify the County of Aitkin and the Department for any liability assessed to the county and the Department on account of the services performed under the terms of the contract. The Contractor agrees to purchase liability insurance naming Aitkin County Department of Health & Human Services as an additional insured in an amount at least equal to the maximum liability limits set forth in Minnesota Statutes, 466.04, Subd.1, of \$500,000 per person and \$1,500,000 per occurrence and agrees to provide the County of Aitkin and the Department a certificate of insurance or other document demonstrating that such insurance has been procured. Contractor shall provide proof of insurance prior to commencement of Contractor's performance under this agreement.
2. Insurance: The Contractor does further agree that, in order to protect himself as well as the Department 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 liability insurance policy in the amount of \$1,500,000.

IX CONDITIONS OF THE PARTIES OBLIGATIONS:

1. Before the termination date specified in the Introduction of this agreement, the Department may evaluate the performance of the Contractor in regard to the terms of this agreement to determine whether such performance merits renewal of this agreement.
2. Any alterations, variations, modifications or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
3. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Department, nor shall the Contractor do any work or furnish any material not covered by the agreement unless this is approved in writing by the Department. Such approval shall be considered to be a modification of the agreement.
4. If the Department determines that funds are not being administered in accordance with the approved plan and budget, they may be withdrawn after reasonable notice to the Contractor. It is understood and agreed that the parties do not anticipate that Contractor will administer funds as a result of this agreement.
5. In the event that there is a revision of Federal regulations which might make this agreement ineligible for Federal financial participation, all parties will review the

agreement and renegotiate those items necessary to bring the agreement into compliance with the new Federal regulations.

6. In accordance with Minnesota Statutes, Section 245.466, Subd.3 (1), the Commissioner of Minnesota Department of Human Services is a third party beneficiary to this contract.

#### X SUBCONTRACTING

The Contractor shall not enter into subcontracts for any of the work contemplated under this agreement without written approval of the Department. All subcontracts shall be subject to the requirements of this contract. The Contractor shall be responsible for the performance of any subcontractor.

#### XI COMPLIANCE WITH THE CLEAN AIR ACT:

The Contractor certifies that it meets lawful conditions of the Clean Air Act, as required by 45 CFR 228.70 and 74.159 (4).

#### XII MISCELLANEOUS

1. Entire Agreement: It is understood and agreed that the entire agreement of the parties contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and Aitkin County Health and Human Services Department relating to the subject matter hereof.
2. This contract may be terminated or renegotiated upon 30 days written notification by either party.
3. **George Tetreault** agrees to provide Aitkin County Health & Human Services, (attached to the contract):
  - A. Verification of professional qualifications and licensure. (Attachment B).
4. Program and fiscal records shall be retained in the Contractor facility for a minimum of five years.
5. This contract may be extended for a period of six months at the option of the County of Aitkin. If the county desires to extend the term of the contract, it shall notify the Contractor in writing at least sixty days before the expiration of the contract. All terms of this contract will remain in effect pending execution of a contract amendment, execution of new contract or notice of termination.

IN WITNESS WHEREOF the Department (Aitkin County Health & Human Services) and the Contractor (**George Tetreault**) have executed this agreement as of the day and year first above written:

BY: \_\_\_\_\_  
Thomas Burke, Director  
Aitkin County Health & Human Services

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Mark Wedel, Chairperson  
Aitkin County Health & Human Services Board

DATE: \_\_\_\_\_

BY:                       
George Tetreault, MA, LP

DATE: 11/4/2014

APPROVED AS TO FORM AND EXECUTION

BY: \_\_\_\_\_  
County Attorney or Assistant

DATE: \_\_\_\_\_

**COST & DELIVERY OF PURCHASED SERVICES**

Diagnostic Assessment	\$90.00/hour
Parenting Capacity Assessment	\$90.00/hour
Case Consultation	\$90.00/hour

## PURCHASE OF SERVICE AGREEMENT

The Aitkin County Health & Human Services Courthouse, Aitkin, Minnesota 56431, hereafter referred to as the Department and CORE Professional Services, P.A., 617 Oak Street, Brainerd, MN 56401, hereafter referred to as Contractor, enter into this agreement for the period from January 1, 2015, to December 31, 2015.

WHEREAS, Minnesota Statutes, section 245.461 to 245.486 and 245.487 to 245.4888 establishes the Comprehensive Adult Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department is required to provide Mental Health services in accordance with the Comprehensive Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department pursuant to Minnesota statutes, section 373.01, 373.02, 245.465(4), and 256E.08 wishes to purchase mental health services from multi-disciplinary service Contractor; and

WHEREAS, the Contractor is an autonomous mental health provider in private practice, and in multiple disciplines and is qualified and willing to perform such services;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Department and Contractor agree as follows:

### I SERVICES TO BE PROVIDED OR PURCHASED

The Department agrees to purchase and the Contractor agrees to furnish services as listed in Attachment A.

Psychological evaluations and tests ordered by the court system will be subject to review by the Department to determine whether said evaluations and tests appropriately fall under the terms of this agreement. If Department determines that said evaluations and tests fall outside the scope of this agreement, Contractor will be notified upon referral by Department.

### II COST AND DELIVERY OF PURCHASED SERVICES

Statements will be submitted by the 10<sup>th</sup> of each month in the approved format detailing services provided in the prior month. Payment by the Department to Contractor will be by the end of the month and will be based on actual billing.

### III DELIVERY OF CARE AND SERVICES:

Except as otherwise provided herein, Contractor shall maintain in all respects its present control over and autonomy with respect to:

1. The application of its intake procedures and requirements to clients.

2. The methods, times, means and personnel for furnishing Purchased Services to eligible clients.
3. The determination of when to terminate the furnishing of Purchased Services to eligible clients.

Nothing in this agreement shall be construed as requiring Contractor to provide or continue Purchased Services to or for any eligible clients.

#### IV AUDIT AND RECORD DISCLOSURE

1. Allow personnel of the Department, the Minnesota Department of Human Services, and the Department of Health and Human Services, access to the Contractor's records, in accordance with state and federal laws and regulations, at reasonable hours in order to exercise their responsibility to monitor the services.
2. Maintain records at CORE for audit purposes.
3. Comply with Minnesota Code for Agency Rule - Minnesota Department of Public Welfare and the Minnesota Government Practice Act, M.S. 15.1611 - 16.1698. (Suppl. 1979)

#### V SAFEGUARD OF CLIENT INFORMATION:

1. The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality of for any purpose not directly connected with the administration of the Department's or Contractor's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client or his/her responsible parent or guardian.
2. The individual employed by the Contractor who is designated to assure compliance with Minnesota Government Data Practices Act, in accordance with Minnesota Statutes, section 13.46, subdivision 10, paragraph (d), shall be Frank Weber. Contractor reserves the right to designate an alternate individual to assure such compliance by written notice to Department.

#### VI EQUAL EMPLOYMENT OPPORTUNITY AND CIVIL RIGHTS CLAUSE:

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (43 USC 2000e), including Executive Order No. 11246, and Title VI (42 USC 2000d).

#### VII FAIR HEARING AND GRIEVANCE PROCEDURES:

The Contractor agrees that a fair hearing and grievance procedure will be established.

## VIII BONDING, INDEMNITY, AND INSURANCE CLAUSE:

1. The Contractor shall save and hold the County of Aitkin and the Department harmless from all liability for damages to persons or property arising out of the services performed under the terms of the contract. The Contractor shall indemnify the County of Aitkin and the Department for any liability assessed to the county and the Department on account of the services performed under the terms of the contract. The Contractor agrees to purchase liability insurance naming Aitkin County Department of Health & Human Services as an additional insured in an amount at least equal to the maximum liability limits set forth in Minnesota Statutes, 466.04, Subd.1, of \$500,000 per person and \$1,500,000 per occurrence and agrees to provide the County of Aitkin and the Department a certificate of insurance or other document demonstrating that such insurance has been procured. Contractor shall provide proof of insurance prior to commencement of Contractor's performance under this agreement.
2. Insurance: The Contractor does further agree that, in order to protect itself as well as the Department 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 liability insurance policy in the amount of \$1,000,000.

## IX CONDITIONS OF THE PARTIES' OBLIGATIONS:

1. Before the termination date specified in the Introduction of this agreement, the Department may evaluate the performance of the Contractor in regard to the terms of this agreement to determine whether such performance merits renewal of this agreement.
2. Any alterations, variations, modifications or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
3. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Department, nor shall the Contractor do any work or furnish any material not covered by the agreement unless this is approved in writing by the Department. Such approval shall be considered to be a modification of the agreement.
4. If the Department determines that funds are not being administered in accordance with the approved plan and budget, they may be withdrawn after reasonable notice to the Contractor. It is understood and agreed that the parties do not anticipate that Contractor will administer funds as a result of this agreement.
5. In the event that there is a revision of Federal regulations which might make this agreement ineligible for Federal financial participation, all parties will review the agreement and renegotiate those items necessary to bring the agreement into compliance with the new Federal regulations.

6. In accordance with Minnesota Statutes, Section 245.466, Subd.3 (1), the Commissioner of Minnesota Department of Human Services is a third party beneficiary to this contract.

## X SUBCONTRACTING

The Contractor shall not enter into subcontracts for any of the work contemplated under this agreement without written approval of the Department. All subcontracts shall be subject to the requirements of this contract. The Contractor shall be responsible for the performance of any subcontractor.

## XI COMPLIANCE WITH THE CLEAN AIR ACT:

The Contractor certifies that it meets lawful conditions of the Clean Air Act, as required by 45 CFR 228.70 and 74.159 (4).

## XII MISCELLANEOUS

1. Entire Agreement: It is understood and agreed that the entire agreement of the parties contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and Aitkin County Health and Human Services Department relating to the subject matter hereof.
2. This contract may be terminated or renegotiated upon 30 days written notification by either party.
3. CORE agrees to provide Aitkin County Health & Human Services, (attached to the contract):
  - A. Description of staffing, including job descriptions and professional qualifications of all personnel under this agreement (Attachment B).
4. Program and fiscal records shall be retained in the Contractor facility for a minimum of five years.
5. This contract may be extended for a period of six months at the option of the County of Aitkin. If the county desires to extend the term of the contract, it shall notify the Contractor in writing at least sixty days before the expiration of the contract. All terms of this contract will remain in effect pending execution of a contract amendment, execution of new contract or notice of termination.

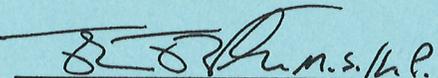
IN WITNESS WHEREOF the Department (Aitkin County Health & Human Services) and the Contractor (CORE Professional Services, P.A.) have executed this agreement as of the day and year first above written:

BY: \_\_\_\_\_  
Aitkin County Health & Human Services Director

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Aitkin County Health & Human Services Board Chairperson

DATE: \_\_\_\_\_

BY:   
CORE Professional Services, P.A. President

DATE: 11/5/14

APPROVED AS TO FORM AND EXECUTION

BY: \_\_\_\_\_  
County Attorney or Assistant

DATE: \_\_\_\_\_

**COST & DELIVERY OF PURCHASED SERVICES**

Case Consultation \$90.00/hour

Between a member of CORE staff and an outside professional (listed below) regarding a client who is active in our agency. This includes phone and/or in-person contact. Outside professional is defined as:

- 1) Social Workers at Aitkin County Health & Human Services
- 2) Probation Officer
- 3) Aitkin County Sheriff's Dept.
- 4) Aitkin County Attorney
- 5) Guardian Ad Litem

Pre-Petition Screens \$100.00/hour

Psychological Assessment	Flat Rate	\$600.00
Additional Charges for:		
	WAIS	\$200.00
	WISC	\$200.00
	WRAT	\$ 80.00

### DETOXIFICATION SERVICES CONTRACT

This service agreement is for the period of January 1, 2015 through December 31, 2015.

Central Minnesota Mental Health Center agrees to accept appropriate referrals from Aitkin County Health and Human Services for the purpose of providing the following detoxification services:

1. Initial health assessment and, if needed, provision of medical services either on-site or by transfer to the appropriate medical facility.
2. Detoxification surveillance and protection of client
3. Evaluation of chemical dependency and psycho-social functioning.
4. Short-term counseling related to assessment of social and health problems and oriented to development of a negotiated treatment plan.
5. Discharge planning, referral to appropriate treatment resources and follow up.

Aitkin County Health and Human Services shall reimburse Central Minnesota Mental Health Center at a daily rate of \$430.00 per client, plus charges for necessary and agreed upon medical care not included as part of the regular program and less third party payments received. When transportation is provided by Central Minnesota Mental Health Center, Aitkin County Health and Human Services shall reimburse the sum of \$150.00 for each trip.

APPROVED AS TO FORM AND EXECUTION:

\_\_\_\_\_  
Aitkin County Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Aitkin County Board Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Thomas Burke, Director  
Aitkin County Health & Human Services

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Lori M. Schmidt  
CMMHC Executive Director

11-5-14  
Date

## PURCHASE OF SERVICE AGREEMENT

The **Aitkin County Health & Human Services**, 204 – 1<sup>st</sup> Street NW, Aitkin, Minnesota 56431, hereafter referred to as the Department and **Nystrom & Associates**, 13021 Evergreen Drive, Baxter, MN 56425, hereafter referred to as Contractor, enter into this agreement for the period from **January 1, 2015, to December 31, 2015**.

WHEREAS, Minnesota Statutes, section 245.461 to 245.486 and 245.487 to 245.4888 establishes the Comprehensive Adult Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department is required to provide Mental Health services in accordance with the Comprehensive Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department pursuant to Minnesota statutes, section 373.01, 373.02, 245.465(4), and 256E.08 wishes to purchase mental health services from multi-disciplinary service Contractor; and

WHEREAS, the Contractor is an autonomous mental health provider in private practice, and in multiple disciplines and is qualified and willing to perform such services;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Department and Contractor agree as follows:

### I SERVICES TO BE PROVIDED OR PURCHASED

The Department agrees to purchase and the Contractor agrees to furnish services as listed in Attachment A.

Psychological evaluations and tests ordered by the court system will be subject to review by the Department to determine whether said evaluations and tests appropriately fall under the terms of this agreement. If Department determines that said evaluations and tests fall outside the scope of this agreement, Contractor will be notified upon referral by Department.

### II COST AND DELIVERY OF PURCHASED SERVICES

Statements will be submitted by the 10<sup>th</sup> of each month in the approved format detailing services provided in the prior month. Payment by the Department to Contractor will be by the end of the month and will be based on actual billing.

### III DELIVERY OF CARE AND SERVICES:

Except as otherwise provided herein, Contractor shall maintain in all respects its present control over and autonomy with respect to:

1. The application of its intake procedures and requirements to clients.
2. The methods, times, means and personnel for furnishing Purchased Services to eligible clients.
3. The determination of when to terminate the furnishing of Purchased Services to eligible clients.

Nothing in this agreement shall be construed as requiring Contractor to provide or continue Purchased Services to or for any eligible clients.

#### IV AUDIT AND RECORD DISCLOSURE

1. Allow personnel of the Department, the Minnesota Department of Human Services, and the Department of Health and Human Services, access to the Contractor's records, in accordance with state and federal laws and regulations, at reasonable hours in order to exercise their responsibility to monitor the services.
2. Maintain records at **Nystrom & Associates** for audit purposes.
3. Comply with Minnesota Code for Agency Rule - Minnesota Department of Public Welfare and the Minnesota Government Practice Act, M.S. 15.1611 - 16.1698. (Suppl. 1979)

#### V SAFEGUARD OF CLIENT INFORMATION:

1. The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality of for any purpose not directly connected with the administration of the Department's or Contractor's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client or his/her responsible parent or guardian.
2. The individual employed by the Contractor who is designated to assure compliance with Minnesota Government Data Practices Act, in accordance with Minnesota Statutes, section 13.46, subdivision 10, paragraph (d), shall be Frank Weber. Contractor reserves the right to designate an alternate individual to assure such compliance by written notice to Department.

#### VI EQUAL EMPLOYMENT OPPORTUNITY AND CIVIL RIGHTS CLAUSE:

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (43 USC 2000e), including Executive Order No. 11246, and Title VI (42 USC 2000d).

#### VII FAIR HEARING AND GRIEVANCE PROCEDURES:

The Contractor agrees that a fair hearing and grievance procedure will be established.

## VIII BONDING, INDEMNITY, AND INSURANCE CLAUSE:

1. The Contractor shall save and hold the County of Aitkin and the Department harmless from all liability for damages to persons or property arising out of the services performed under the terms of the contract. The Contractor shall indemnify the County of Aitkin and the Department for any liability assessed to the county and the Department on account of the services performed under the terms of the contract. The Contractor agrees to purchase liability insurance naming Aitkin County Department of Health & Human Services as an additional insured in an amount at least equal to the maximum liability limits set forth in Minnesota Statutes, 466.04, Subd.1, of **\$500,000** per person and **\$1,500,000** per occurrence and agrees to provide the County of Aitkin and the Department a certificate of insurance or other document demonstrating that such insurance has been procured. Contractor shall provide proof of insurance prior to commencement of Contractor's performance under this agreement.
2. Insurance: The Contractor does further agree that, in order to protect itself as well as the Department 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 liability insurance policy in the amount of \$1,000,000.

## IX CONDITIONS OF THE PARTIES' OBLIGATIONS:

1. Before the termination date specified in the Introduction of this agreement, the Department may evaluate the performance of the Contractor in regard to the terms of this agreement to determine whether such performance merits renewal of this agreement.
2. Any alterations, variations, modifications or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
3. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Department, nor shall the Contractor do any work or furnish any material not covered by the agreement unless this is approved in writing by the Department. Such approval shall be considered to be a modification of the agreement.
4. If the Department determines that funds are not being administered in accordance with the approved plan and budget, they may be withdrawn after reasonable notice to the Contractor. It is understood and agreed that the parties do not anticipate that Contractor will administer funds as a result of this agreement.
5. In the event that there is a revision of Federal regulations which might make this agreement ineligible for Federal financial participation, all parties will review the agreement and renegotiate those items necessary to bring the agreement into compliance with the new Federal regulations.

6. In accordance with Minnesota Statutes, Section 245.466, Subd.3 (1), the Commissioner of Minnesota Department of Human Services is a third party beneficiary to this contract.

## X SUBCONTRACTING

The Contractor shall not enter into subcontracts for any of the work contemplated under this agreement without written approval of the Department. All subcontracts shall be subject to the requirements of this contract. The Contractor shall be responsible for the performance of any subcontractor.

## XI COMPLIANCE WITH THE CLEAN AIR ACT:

The Contractor certifies that it meets lawful conditions of the Clean Air Act, as required by 45 CFR 228.70 and 74.159 (4).

## XII MISCELLANEOUS

1. Entire Agreement: It is understood and agreed that the entire agreement of the parties contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and Aitkin County Health and Human Services Department relating to the subject matter hereof.
2. This contract may be terminated or renegotiated upon 30 days written notification by either party.
3. **Nystrom & Associates** agrees to provide Aitkin County Health & Human Services, (attached to the contract):
  - A. Description of staffing, including job descriptions and professional qualifications of all personnel under this agreement (Attachment B).
4. Program and fiscal records shall be retained in the Contractor facility for a minimum of five years.
5. This contract may be extended for a period of six months at the option of the County of Aitkin. If the county desires to extend the term of the contract, it shall notify the Contractor in writing at least sixty days before the expiration of the contract. All terms of this contract will remain in effect pending execution of a contract amendment, execution of new contract or notice of termination.

IN WITNESS WHEREOF the Department (Aitkin County Health & Human Services) and the Contractor (Nystrom & Associates, Ltd.) have executed this agreement as of the day and year first above written:

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Aitkin County Health & Human Services Director

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Aitkin County Health & Human Services Board Chairperson

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Nystrom & Associates, President

\_\_\_\_\_  
**Printed Name and Title of Person Signing this document**

APPROVED AS TO FORM AND EXECUTION

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Aitkin County Attorney

## COST &amp; DELIVERY OF PURCHASED SERVICES

A. Case Consultation \$90.00/hour

Between a member of Nystrom & Associates staff and an outside professional (listed below) regarding a client who is active in our agency. This includes phone and/or in-person contact. Outside professional is defined as:

- 1) Social Workers at Aitkin County Health & Human Services
- 2) Probation Officer
- 3) Aitkin County Sheriff's Dept.
- 4) Aitkin County Attorney
- 5) Guardian Ad Litem

B. Pre-Petition Screens \$100.00/hour

C. Psychological Assessment	Flat Rate	\$600.00
Additional Charges for:		
	WAIS	\$200.00
	WISC	\$200.00
	WRAT	\$ 80.00

D. Outpatient Psychiatric Evaluation Flat Rate \$440.00

E. Outpatient Psychiatric Med Check Flat Rate \$205.00

F. Outpatient Therapy Flat Rate \$136.00

G. Travel \$.45/minute

**WIC AGREEMENT—Malmo**

**THIS AGREEMENT** is made and entered into the 1st day of January, 2015 by and between Aitkin County Health and Human Services for the Aitkin County WIC Program, hereinafter referred to as the “Agency” and the Bethesda Lutheran Church of Malmo, hereinafter referred to as the “Bethesda Lutheran Church”.

**IN CONSIDERATION** of the mutual promises, agreements, and understanding hereinafter set forth, it is agreed as follows:

1. The Bethesda Lutheran Church will provide space within their premises for the Agency to administer the Aitkin County WIC Program for eligible Women, Infants, and Children through WIC Clinics at a rate of \$15.00 per day of use.
2. The Agency will hold the Clinic at the contracted location once a month.
3. The time and dates of the WIC Clinic will be:  
  
Every third Wednesday of the month: 9:00 a.m. – 4:30 p.m.  
  
Any changes in rental fees, times or dates will be negotiated between the Agency and the Bethesda Lutheran Church.
4. The Bethesda Lutheran Church will provide tables, chairs, heat and light for the Agency to carry out the WIC Clinic. The Agency agrees to leave the premises in the same condition as at the beginning of the Clinic.
5. The Bethesda Lutheran Church shall take all necessary steps to maintain and keep the premises in a safe and clean condition. This shall include (a) sidewalks and parking areas cleared of snow and ice and other obstructions; (b) stairways and walkways cleared of clutter and in safe repair; (c) electrical hazards removed from the Department’s area.
6. This agreement shall continue and be binding upon both parties until December 31st, 2015. Termination of this agreement may be made by either party with sixty (60) days written notice of intention to the other party.
7. The Lessor agrees to abide by all Federal and State nondiscrimination legislation to the effect that no person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination on the basis of race, color, national origin, age, sex, or handicap in regards to the WIC Program.

**WIC AGREEMENT—Malmo**

Aitkin County Health and Human Services

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

Printed Name: Tom Burke

Its: Director

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

Malmo Bethesda Lutheran Church

By: Gerald M Morris

Printed Name: GERALD M MORRIS

Its: Council Pres.

Date: Oct 30, 2014

Aitkin County Board of Commissioners

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

Printed Name: Mark Wedel

Its: Chairperson

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

Approved as to form and execution:

By: \_\_\_\_\_  
Jim Ratz, County Attorney

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

Revised 10/14

JI-h:\Contracts\Pubhealth\WIC\2015\Malmo-2015

**AITKIN COUNTY HEALTH & HUMAN SERVICE  
ADVISORY COMMITTEE MEETING MINUTES  
Wednesday, November 5, 2014**

**Committee Members Present:** Jim Carlson  
Mickey Gault  
Kami Genz, CMCC  
Darlene Hlidek  
Gayle Janzen  
Joy Janzen  
Kristine Layne, Riverwood HealthCare  
Dave Leaf  
Robert Lewis  
Bob Marcum  
Cheryl Meld, Kids Plus  
Bev Mensing, Red Cross  
Katie Nelson, Riverwood HealthCare  
Kari Paulsen, NEMOJT  
Jessi Schultz, AFSCME Union Rep  
Jessica Seibert, HRA  
Commissioner Laurie Westerlund

**Others Present:** Sue Tange, Social Service Supervisor  
Ann Rivas, Social Service Supervisor  
Erin Melz, Public Health Supervisor  
Julie Lueck, Clerk to the H&HS Advisory Committee

**Absent:** Commissioner Anne Marcotte

**Guests:** Roberta Elvecrog  
Joel Hoppe

- I. Approval of Agenda**  
*Motion by Bob Lewis, seconded by Jessica Seibert, and carried; the vote was to approve the Agenda as mailed.*
- II. Approval of Minutes of the October 1, 2014 Meeting**  
*Motion by Bob Lewis, seconded by Joy Janzen, and carried; the vote was to approve the October 1, 2014, minutes.*
- III. Out-of-Home Placements/Foster Care Placements/MLB - Sue Tange & Kami Genz** reviewed a "Placement of Children" handout and answered questions with respect to the placement of children by various agencies, methods of placement, licensing, funding and reimbursement. (See Handout.)
- IV. Task Force Reports/Updates:**
  - A. Corrections - Cheryl Meld/Kami Genz** attended the Central Minnesota Community Corrections Advisory Committee meeting and reviewed the Comprehensive Plan from the State

Dept. of Corrections where the local Board sets goals and objectives that fall in line with the Dept. of Corrections goals for each agency. This year they will continue with evidence based practice which is pretty standard. The local Advisory Board will review these goals and objectives and make sure everyone understands and agrees with them and then it is sent to the State for approval and is put into place for two years.

- B. **Public Health** – Bob Lewis / Bob Marcum / Kristine Layne – Bob Marcum noted that being on this committee compliments another group he joined which is the State Medicaid Advisory Committee and how he was able to help a local family in a pharmacy situation. Joel is now on the DHS Quality of Care Committee and he noted that they have not met yet but they are looking at ways to avoid causing additional problems for folks when they are making rules. Bob Lewis noted that Riverwood is on top of the Ebola issues and they will be doing a drill tomorrow morning.
- C. **Children’s Social Services/Mental Health** – Bev Mensing/Katie Nelson/Darlene Hlidek - No report at this time.
- D. **Adult Social Services/Mental Health** – Jessica Seibert / Bob Marcum - Haven't met since our last meeting. Ann Rivas asked folks to mark their calendars for January 29, 2015, for a half day training in either the morning or afternoon at the Aitkin Public Library. Jody Freyholtz-London who is the executive director for a non-profit organization out of the Wadena area to address Mental Health issues for folks in crisis situations. Ann will be sending out an e-mail with a brochure to remind folks that they are invited and welcome to attend.

V. **Budget Committee Report/Update** – Jim Carlson / Jessica Seibert note that they haven't met since our last meeting.

VI. **Goals & Objectives Update/Discussion** – Darlene Hlidek/Cheryl Meld - Discussed trying to determine measurable goals and possibly putting a photo of this group in the paper letting everyone know that this group is a conduit between the Board or the Agency and the public. Darlene Hlidek made some hypothetical goals and objectives as follows:

**Goal 1: Expanding our knowledge -**

- Objectives: A) Attend meetings & learn about available services  
B) Have outside speakers, ie Salvation Army.

**Goal 2: Collecting information from the community**

- Objectives: A) Photos in the paper  
B) Surveys – can use current information & provide inexpensive give-away items to encourage responses.

**Goal 3: Getting information about the H&HS Advisory out there to the public**

- Objectives: A) Picture of the group in the paper  
B) Continue to post information for the public to see  
C) Each member reach out to a neighbor & report back (“I did this”)

**Goal 4: Community Services**

- Objectives: A) Continue to serve Community Meals  
B) Participate in Operation Christmas

Darlene noted she will send out e-mails to everyone (on the committee, supervisors, commissioners) asking for ideas for both Goals and Objectives (measurable) and asking folks to respond to her via e-mail so she can compile all the ideas and suggestions and bring them back to the December meeting.

VII. **Discussion Topics/Schedule of Presentations for first six month of 2015 Committee Meetings** – Review list of topics and choose presentation topics. Reviewed the recent topics and the list on the back of the handout which breaks down the various units of the agency and the areas covered for possible topics for presentations.

**VIII. Comments:**

**A. Comments from the Committee Members for the Commissioners relative to HHS -**

Nothing noted.

**B. Feedback from the Board Meeting – October 28 – Jessica Seibert/Jim Carlson/Bob Lewis**  
Arrowhead Transit discussion relative to the establishment of an Advisory Committee that Jessica Seibert is on and that met in October and will be meeting again in November.

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

<i>November 25</i>	Cheryl Meld	Bob Marcum	
<i>December 23</i>	Cheryl Meld	Bob Lewis	Darlene Hlidek

The 2015 monthly schedule was circulated for committee members to begin signing up to attend upcoming H&HS Board meetings.

**IX. Miscellaneous Discussion**

**A. Dave Leaf** pointed out the handout regarding the need for Salvation Army Bell Ringers for the upcoming Red Kettle Campaign noting that if folks are interested, they should contact the folks scheduling days, times and locations.

**B. Dave Leaf** asked that the H&HS Supervisors get involved with the selection of topics for presentations as it is felt that the committee members often don't know what to ask with respect to the information they need to learn about in order to talk to or assist the public. So they want guidance with respect to what information is presented to them. Bob Marcum questioned whether the committee should ask the H&HS Board of Commissioners what they expect of this committee and how would this body of members be able to help the Board. Commissioner Westerlund suggested the committee members learn what the staff at H&HS do and learn about their jobs and duties in order to be better able to assist the public and respond to their questions.

**C. Task Force List** – Julie handed out the list of Task Force Members and encouraged the new members to this committee to look over the task forces and see if there are any they would like to join or if current members would like to switch to other groups now and let Julie know at the December meeting.

**X. Adjourn**

*Motion by Bob Lewis, seconded by Mickey Gault, and carried; the vote was to adjourn the meeting at 4:46 p.m.*

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Dave Leaf, Chairperson

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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 October 1, 2014, Advisory Committee Meeting
- Schedule of 2015 Health & Human Services Advisory Committee Meetings
- Draft copy of the October 28, 2014 Health & Human Services Board Meeting Minutes
- Presentation Outline from Sue Tange
- Topics for Discussion/Presentations and Breakdown of Health & Human Services by Topics for Presentations
- List of Members on Task Forces and Budget Committee
- FYI - Bell Ringers needed for Aitkin County Salvation Army Service Unit Kettle Campaign