

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING AGENDA
October 27, 2015**

- 9:05 A.M.**
- I. Attendance**
 - II. Approval of Health & Human Services Board Agenda**
 - III. Review September 22, 2015 Health & Human Service Board Minutes**
 - IV. Review Bills**
 - V. FYI**
 - A. State of Minnesota Proclamation – County Financial Worker & Case Aide Day – Wednesday, October 28, 2015.
 - B. DHS Certificate of Congratulations to ACH&HS Income Maintenance Staff for achieving 100% timeliness for SNAP 30-Day Processing between July 2014 and June 2015.
 - C. Anoka County Hold Order Costs – Tom Burke / Kathleen Ryan
 - VI. Contracts/Agreements**
 - A. Purchase of Service Agreement between ACHHS and Dr. George Petrangelo, dba Family Assessment Services for the period October 1, 2015 to December 31, 2016.
 - B. County Board Approval of the 2016-2017 County MFIP Biennial Service Agreement
 - VII. Administrative Reports:**
 - A. Financial & Transportation Reports
 - VIII. Committee Reports from Commissioners**
 - A. H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte Committee Members attending today: Jim Carlson and Jessica Seibert October 7th meeting minutes.
 - B. AEOA Committee Update – Commissioner Westerlund
 - C. NEMOJT Committee Update – 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 – November 24, 2015**

AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING MINUTES
September 22, 2015

III.

I. Attendance

The Aitkin County Board of Commissioners met this 22nd day of September, 2015, at 9:04 a.m. as the Aitkin County Health & Human Services Board, with the following members present: Chairperson Commissioner Mark Wedel; Commissioners, Ann Marcotte, Brian Napstad, Don Niemi, and Laurie Westerlund; and others present included: County Administrator Nathan Burkett; H&HS Staff Members Tom Burke, Director; Jessi Schutlz, & Ann Rivas, Social Service Supervisors; Erin Melz, Public Health Supervisor; Jessica Goble, Income Maintenance Supervisor; Julie Lueck, Clerk to the Health & Human Services Board; and guests; Adam Hoogenakker, Aitkin Independent Age; and Roberta Elvecrog, Jessica Seibert, and Marlene Abear, H&HS Advisory Committee Member; Bob Harwarth & Georgia Johnson, citizens.

II. Approval of Health & Human Services Board Agenda

Motion by Commissioner Westerlund, seconded by Commissioner Niemi, and carried; the vote was to approve the Agenda.

III. Review August 25, 2015 Health & Human Service Board Minutes

Motion by Commissioner Napstad, seconded by Commissioner Niemi, and carried; the vote was to approve the Minutes.

IV. Review Bills

Motion by Commissioner Napstad, seconded by Commissioner Westerlund, and carried; the vote was to approve the Bills.

V. General/Miscellaneous Information

- A. CHIP Photo Voice – Erin Melz & Amy Wyant gave a PowerPoint presentation showing the progress made and accomplishments to date of the Aitkin-Itasca-Koochiching CHS Community Health Improvement Plan noting our three priorities are 1) Eating Habits; 2) Parenting/Family Systems; and 3) Healthy Start for Children-Adolescents. It was noted that each of the sections describe each community health priority, including: *Why do we care? *What do we know? *Where do we want to be? And *What needs to happen? See attached CHIP Photo Voice PowerPoint Slides.
- B. Caseload Trends – Tom Burke reviewed the charts and graphs included in the packet noting we will continue to update these and review them in the future for staffing purposes and services to offer to avoid high end crisis situations. Commissioner Napstad asked for “trend lines” on these charts.
- C. NACO Nominations
1. Health Policy Steering Committee – Tom Burke
 2. Healthy Counties Initiative Advisory Board – Tom Burke
- Motion by Commissioner Westerlund, seconded by Commissioner Marcotte, and carried, the vote was to approve the participation and appointment of Tom Burke to the following two NACO committee positions:
1. Health Policy Steering Committee – Tom Burke
 2. Healthy Counties Initiative Advisory Board – Tom Burke
- D. Jail Programming Update - Ann Rivas updated the Board that she gave the “Make it Okay” presentation to 11 males who volunteered to attend on September 9, 2015. The out of county inmates informed Ann that this was the first time they were able to openly talk about Mental

Illness issues in a corrections facility. Various discussions ensued including co-occurring disorders, positive and negative coping mechanisms, medications and how do you cope with mental illness without medications. Feedback from inmates included a veteran asking for information for veterans and how they can get help. Inmates also asked that there be training done with the staff in the jail to help them understand anxiety and depression. We received one request for Discharge Planning. Ann will be doing another presentation on October 7th. She also noted that there was a recent article in the Age about this program and watch for additional articles in the Age in October during Mental Health Awareness Month.

VI. FYI

- A. Minnesota WIC Everyday Hero Award – Erin Melz updated the Board that Naomi Larson was nominated and the recipient of the WIC Everyday Hero Award out of all of the NE WIC Staff. Congratulations were extended to Naomi Larson.
- B. Hill City Wellness Expo – Amy Wyant and Erin Melz reviewed the data gathered for the September 1, 2015, Hill City Back to School Health & Wellness EXPO and Dinner. She noted the dinner was funded 100% by three organizations that included: \$500 from the Hill City Lions; \$300 from the Hill City Fire Department and \$250 from the Blandin Foundation. Please see the handout included in the packet for all the statistical information surrounding the success of this event.

VII. Contracts

- A. WIC Agreement – Hill City for the period October 1, 2015 to September 30, 2016 between Aitkin County Health & Human Services and the Hill City Assembly of God Church. *Motion by Commissioner Marcotte, seconded by Commissioner Napstad, and carried; the vote was to approve the WIC Agreement – Hill City for the period October 1, 2015 to September 30, 2016 between Aitkin County Health & Human Services and the Hill City Assembly of God Church.*

VIII. Administrative Reports:

- A. Financial & Transportation Reports – Kathy Ryan reviewed the Fiscal Reports noting the previous discussion with respect to the extensive costs for the Anoka County facility bill. Overall budget is looking good. She has updated the Foster Care Reimbursement fees. The transportation piece appears to be lower due to various reasons, i.e. self-transports, we don't pay for no load miles, and the cost of gas has dropped removing the per diems.

IX. Committee Reports from Commissioners

- A. H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte Committee Members attending today: Jessica Seibert & Marlene Abear
No September 2nd meeting held. It was noted the committee will be serving the Aitkin Community Meal on Monday, September 28th.
- B. AEOA Committee Update – Commissioner Westerlund – No meeting. Will meet in October.
- C. NEMOJT Committee Update – Commissioner Napstad – No meeting.
- D. CJI (Children's Justice Initiative) – Commissioner Westerlund – No meeting.
- E. Lakes & Pines Update – Commissioner Niemi met recently and noted there is a lack of HeadStart enrollees this year.

X. Break at 10:12 a.m. for 15 minutes

Next Meeting –October 27, 2015

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 10/23/15 2:04PM
 Health & Human Services

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.</u> <u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
33 88284 AITKIN CO RECORDER 05-430-710-3930-6020		26.00	Certified Birth Certificate fo 10/02/2015 10/02/2015	General Case Management
50 05-430-710-3930-6020		45.00	Birth certificate for adoption 10/22/2015 10/22/2015	General Case Management
88284 AITKIN CO RECORDER		71.00	2 Transactions	
58 86222 AITKIN INDEPENDENT AGE 05-430-720-3020-6069		72.60	Child Care Advertising - Commu 09/16/2015 09/19/2015	Community Ed & Prevent/Advertising
86222 AITKIN INDEPENDENT AGE		72.60	1 Transactions	
51 360 ARROWHEAD ECON OPP AGENCY 05-430-720-3370-6038		2,834.75	DWP Empl Service- Qtrly Pmt 10/01/2015 12/31/2015	Mfip- Employment Services
52 05-430-720-3370-6038		14,923.50	MFIP Empl Service- Qtrly Paymen 10/01/2015 12/31/2015	Mfip- Employment Services
360 ARROWHEAD ECON OPP AGENCY		17,758.25	2 Transactions	
29 13136 BAUER/JOHN 05-430-710-3890-6057		300.00	Respite Care 09/27/2015 10/02/2015	Respite Care- Foster Care
13136 BAUER/JOHN		300.00	1 Transactions	
19 9791 BieganeK/Joan M 05-430-760-3950-6020		105.00	Guardianship/Conservator Activ 09/01/2015 09/30/2015	Guardianship/Conservatorship
9791 BieganeK/Joan M		105.00	1 Transactions	
34 12734 CARITAS MENTAL HEALTH CLINIC 05-430-745-3085-6020		1,162.50	Adult outpatient diagnostic as 09/02/2015 09/06/2015	Adult Outpat Diagnostic Assess/Psyc
12734 CARITAS MENTAL HEALTH CLINIC		1,162.50	1 Transactions	
36 12191 COOPER/SHIRLIE 05-430-710-3820-6040		87.00	Relative custody assistance 10/01/2015 10/31/2015	Relative Custody Assistance

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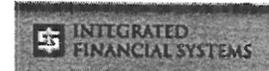


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10	05-430-750-3950-6020	105.00	09/01/2015 09/30/2015 Public guardianship	Public Guardianship Dd
17	05-430-760-3950-6020	105.00	09/01/2015 09/30/2015 Guardianship/Conservatorship	Guardianship/Conservatorship
38	05-430-760-3950-6020	70.00	09/01/2015 09/30/2015 Guardianship/Conservatorship	Guardianship/Conservatorship
91345	Elvecrog/Roberta C	315.00	09/01/2015 09/30/2015 4 Transactions	
49	13701 GARDNER II/ROBERT T 05-430-710-3810-6057	95.19	09/28/2015 09/30/2015 Child Family Foster Care	Family Foster Care
	13701 GARDNER II/ROBERT T	95.19	1 Transactions	
27	13504 Gruhlke/Amanda 05-430-710-3890-6057	100.00	09/25/2015 09/26/2015 Respite Care	Respite Care- Foster Care
30	05-430-710-3890-6057	100.00	09/25/2015 09/26/2015 Respite Care	Respite Care- Foster Care
	13504 Gruhlke/Amanda	200.00	2 Transactions	
39	12811 Guimont/Laura 05-430-710-3810-6057	1,342.80	09/01/2015 09/30/2015 Child family foster care	Family Foster Care
18	05-430-740-3890-6020	100.00	09/25/2015 09/27/2015 Child Respite Care	Child Mh Respite
	12811 Guimont/Laura	1,442.80	2 Transactions	
3	7525 HOMETOWN BLDG SUPPLY 05-430-760-3410-6075	121.89	09/29/2015 09/29/2015 RAMP supplies and construction	Environment Access,Adapt,Special Supply
	7525 HOMETOWN BLDG SUPPLY	121.89	1 Transactions	
45	13705 HURD/GARRETT 05-430-710-3810-6057	227.85	09/24/2015 09/30/2015 Child Family Foster Care - Rel	Family Foster Care
46	05-430-710-3810-6057	50.32	09/29/2015 09/30/2015 Child Family Foster Care	Family Foster Care

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<u>No.</u> <u>Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
41	05-430-740-3050-6020		322.25	Child Outpatient Diagnostic As	09/11/2015 09/11/2015		Child Outpat Assess/Psyc. Testing
42	05-430-740-3050-6020		322.24	Child Outpatient Diagnostic As	09/11/2015 09/11/2015		Child Outpat Assess/Psyc. Testing
44	05-430-740-3050-6020		322.24	Child Outpatient Diagnostic As	09/11/2015 09/11/2015		Child Outpat Assess/Psyc. Testing
60	05-430-740-3900-6020		360.00	Clinical supervision- Child Rul	09/04/2015 09/04/2015		Child Rule 79 Case Mgmt
61	05-430-745-3910-6020		450.00	Clinical supervision- Adult Rul	09/04/2015 09/21/2015		Adult Rule 79 Case Mgmt
10977	Northern Psychiatric Associates		1,776.73	5 Transactions			
65	3639 Northland Counseling Ctr Inc 05-430-730-3710-6020		5,850.00	Detoxification (Category I)	09/04/2015 09/30/2015		Detoxification - Grand Rapids
	3639 Northland Counseling Ctr Inc		5,850.00	1 Transactions			
37	88193 Oakridge Homes Of Aitkin 05-430-740-3890-6057		407.22	Child Respite Care	10/02/2015 10/04/2015		Mh Respite - Foster Care
	88193 Oakridge Homes Of Aitkin		407.22	1 Transactions			
7	90748 Oakridge Homes Sils 05-430-750-3340-6073		555.06	Semi-Independent Living Servic	09/03/2015 09/26/2015		Semi-Independent Living Serv (Sils)
16	05-430-750-3340-6073		538.24	Semi-Independent Living Servic	09/11/2015 09/29/2015		Semi-Independent Living Serv (Sils)
21	05-430-750-3340-6073		479.37	Semi-Independent Living Servic	09/03/2015 09/29/2015		Semi-Independent Living Serv (Sils)
	90748 Oakridge Homes Sils		1,572.67	3 Transactions			
11	12676 OESTREICH/LINDA J 05-430-710-3820-6040		70.00	Relative custody assistance	10/01/2015 10/31/2015		Relative Custody Assistance
	12676 OESTREICH/LINDA J		70.00	1 Transactions			
56	87514 Pine Manors Inc 05-430-730-3170-6050		165.00	Detoxification transportation			Detox Transportation

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13501 Thrifty White Pharmacy #728		83.56	09/05/2015 09/09/2015 1 Transactions	
6 4739 Thrifty White Pharmacy- Plymouth 05-430-710-3850-6057		5.99	06/05/2015 06/05/2015 Prescriptions not covered by M	Correctional Facilities
13 05-430-710-3850-6057		0.79	03/10/2015 03/10/2015 Prescriptions not covered by M	Correctional Facilities
26 05-430-710-3850-6057		19.79	05/19/2015 05/19/2015 Prescriptions not covered by M	Correctional Facilities
4739 Thrifty White Pharmacy- Plymouth		26.57	3 Transactions	
15 13607 WARNER/SARA 05-430-750-3350-6020		371.67	10/01/2015 10/31/2015 Monthly grant - Family Support	Family Support Program
13607 WARNER/SARA		371.67	1 Transactions	
14 11571 WOODLAND HILLS - RSDL TRMT MENTAL 05-430-740-3830-6057		3,947.10	09/01/2015 09/30/2015 Children's Residential Treatme	Rule 5- Children's Residential Trmt
11571 WOODLAND HILLS - RSDL TRMT MENTAL		3,947.10	1 Transactions	
Final Total		114,889.44	38 Vendors	67 Transactions

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Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Recap by Fund</u>	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	5	114,889.44	Health & Human Services
All Funds		114,889.44	Total

Approved by,

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 Health & Human Services

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<u>No. Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
86359 Aitkin Co Attorney			67.50	FRAUD BILLING JUL'15- SEP'15		Contract Legal Services- Fraud
2 05- 420- 600- 4800- 6263				07/01/2015 09/30/2015		
86359 Aitkin Co Attorney			6,682.50	IVD BILLING JUL'15- SEP- 15		Contract Legal Services Iv- D
1 05- 420- 640- 4800- 6263				07/01/2015 09/30/2015		
86359 Aitkin Co Attorney			6,750.00	2 Transactions		
85003 Aitkin County DAC			15.34	PAPER SHREDDING		Services/Labor/Contracts
3 05- 400- 440- 0410- 6231				09/14/2015 09/28/2015		
85003 Aitkin County DAC			2.85	CLEANING		Services/Labor/Contracts
4 05- 400- 440- 0410- 6231				09/15/2015 09/22/2015		
85003 Aitkin County DAC			35.79	PAPER SHREDDING		Services/Labor/Contracts
3 05- 420- 600- 4800- 6231				09/14/2015 09/28/2015		
85003 Aitkin County DAC			6.65	CLEANING		Services/Labor/Contracts
4 05- 420- 600- 4800- 6231				09/15/2015 09/22/2015		
85003 Aitkin County DAC			51.14	PAPER SHREDDING		Services/Labor/Contracts
3 05- 430- 700- 4800- 6231				09/14/2015 09/28/2015		
85003 Aitkin County DAC			9.51	CLEANING		Services/Labor/Contracts
4 05- 430- 700- 4800- 6231				09/15/2015 09/22/2015		
85003 Aitkin County DAC			121.28	6 Transactions		
86222 Aitkin Independent Age			2,552.08	SHIP- HSF ADVERTISING		Services/Labor/Contracts
5 05- 400- 450- 0451- 6231				09/01/2015 10/31/2015		
86222 Aitkin Independent Age			2,552.08	1 Transactions		
88023 American Payment Centers			12.00	BOX SERVICE	15- 11555	Equipment Lease/Space Rental
6 05- 400- 440- 0410- 6301				10/01/2015 12/31/2015		
88023 American Payment Centers			28.00	BOX SERVICE	15- 11555	Equipment Lease/Space Rental
6 05- 420- 600- 4800- 6301				10/01/2015 12/31/2015		
88023 American Payment Centers			40.00	BOX SERVICE	15- 11555	Equipment Lease/Space Rental
6 05- 430- 700- 4800- 6301				10/01/2015 12/31/2015		
88023 American Payment Centers			80.00	3 Transactions		
8239 Ameripride Linen & Apparel Services			4.44	CLEANING SUPPLIES	2200692690	Janitorial Services/Supplies
7 05- 400- 440- 0410- 6422						

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7 05- 420- 600- 4800- 6422		10.37	CLEANING SUPPLIES 09/30/2015 09/30/2015	2200692690 Janitorial Services/Supplies
7 05- 430- 700- 4800- 6422		14.82	CLEANING SUPPLIES 09/30/2015 09/30/2015	2200692690 Janitorial Services/Supplies
8239 Ameripride Linen & Apparel Services		29.63	3 Transactions	
89185 Bethesda Lutheran Church Of Malmo				
8 05- 400- 410- 0413- 6301		45.00	WIC RENT JUL- SEP'15 07/01/2015 09/30/2015	Wic Space Rentals
89185 Bethesda Lutheran Church Of Malmo		45.00	1 Transactions	
13715 CENTER FOR INTERNAL CHANGE INC				
9 05- 400- 450- 0451- 6406		166.27	HE- I- SIGHT R & L FAIR 09/28/2015 09/28/2015	PH Program Related Supplies
13715 CENTER FOR INTERNAL CHANGE INC		166.27	1 Transactions	
10855 Culligan				
10 05- 400- 440- 0410- 6301		20.25	COOLER RENTAL SERVICE 10/01/2015 10/31/2015	150- 10016285- 1 Equipment Lease/Space Rental
10 05- 420- 600- 4800- 6301		47.25	COOLER RENTAL SERVICE 10/01/2015 10/31/2015	150- 10016285- 1 Equipment Lease/Space Rental
10 05- 430- 700- 4800- 6301		67.50	COOLER RENTAL SERVICE 10/01/2015 10/31/2015	150- 10016285- 1 Equipment Lease/Space Rental
10855 Culligan		135.00	3 Transactions	
88628 Dalco				
11 05- 400- 440- 0410- 6422		36.11	TOWELS/TOISSUE 10/07/2015 10/07/2015	2940587 Janitorial Services/Supplies
11 05- 420- 600- 4800- 6422		84.27	TOWELS/TOISSUE 10/07/2015 10/07/2015	2940587 Janitorial Services/Supplies
11 05- 430- 700- 4800- 6422		120.38	TOWELS/TOISSUE 10/07/2015 10/07/2015	2940587 Janitorial Services/Supplies
88628 Dalco		240.76	3 Transactions	
11051 Department of Human Services				
16 05- 400- 440- 0410- 6231		331.65	MERIT SYSTEM QE 09/30/15 07/01/2015 09/30/2015	A300MR01N8I Services/Labor/Contracts

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15 05- 420- 640- 4800- 6231		14.65	CS MONTHLY FED OFFSET FEE 09/01/2015 09/30/2015	A300C528301 Services/Labor/Contracts
12 05- 420- 650- 4400- 6025		935.40	MA LTC UN 65 09/01/2015 09/30/2015	A300MM7Q01I State/Fed Share - MA
13 05- 420- 650- 4400- 6025		45,211.69	MA ESTATE COLLECTIONS- FED 09/01/2015 09/30/2015	A300MM7Q01I State/Fed Share - MA
14 05- 420- 650- 4400- 6025		22,605.84	MA ESTATE COLLECTIONS- ST 09/01/2015 09/30/2015	A300MM7Q01I State/Fed Share - MA
16 05- 420- 600- 4800- 6231		773.85	MERIT SYSTEM QE 09/30/15 07/01/2015 09/30/2015	A300MR01N8I Services/Labor/Contracts
16 05- 430- 700- 4800- 6231		1,105.50	MERIT SYSTEM QE 09/30/15 07/01/2015 09/30/2015	A300MR01N8I Services/Labor/Contracts
11051 Department of Human Services		70,978.58	7 Transactions	
9590 Fff Enterprises				
19 05- 400- 400- 0402- 6401		577.73	FLU VACCINE 10/01/2015 10/01/2015	6390096 Vaccine Cost
18 05- 400- 400- 0402- 6401		1,925.76	FLU VACCINE 10/02/2015 10/02/2015	6390961 Vaccine Cost
17 05- 400- 400- 0402- 6401		764.76	FLU VACCINE 10/12/2015 10/12/2015	6397754 Vaccine Cost
9590 Fff Enterprises		3,268.25	3 Transactions	
89084 Glaxosmithkline Pharmaceuticals				
20 05- 400- 400- 0402- 6401		731.00	FLU VACCINE 10/06/2015 10/06/2015	32822315 Vaccine Cost
21 05- 400- 400- 0402- 6401		731.00	FLU VACCINE 10/06/2015 10/06/2015	32822345 Vaccine Cost
89084 Glaxosmithkline Pharmaceuticals		1,462.00	2 Transactions	
2340 Hyytinen Hardware Hank				
22 05- 400- 440- 0410- 6422		6.26	PAINT FOR OFFICES- SS & IM 09/24/2015 09/24/2015	1289430 Janitorial Services/Supplies
23 05- 400- 440- 0410- 6422		4.46	PAINT FOR OFFICES- SS & IM 09/28/2015 09/28/2015	1290144 Janitorial Services/Supplies
22 05- 420- 600- 4800- 6422		14.60	PAINT FOR OFFICES- SS & IM 09/24/2015 09/24/2015	1289430 Janitorial Services/Supplies
23 05- 420- 600- 4800- 6422		10.41	PAINT FOR OFFICES- SS & IM	1290144 Janitorial Services/Supplies

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22	05- 430- 700- 4800- 6422	20.86	09/28/2015 09/28/2015 PAINT FOR OFFICES- SS & IM	1289430 Janitorial Services/Supplies
23	05- 430- 700- 4800- 6422	14.87	09/24/2015 09/24/2015 PAINT FOR OFFICES- SS & IM	1290144 Janitorial Services/Supplies
2340	Hyytinen Hardware Hank	71.46	09/28/2015 09/28/2015 6 Transactions	
2386	Information Systems Corp			
24	05- 400- 440- 0410- 6300	148.50	DR9080C- SCANNER MAINT AGRMNT 12/22/2015 12/21/2016	7409 Maintenance/Service Contracts
24	05- 420- 600- 4800- 6300	346.50	DR9080C- SCANNER MAINT AGRMNT 12/22/2015 12/21/2016	7409 Maintenance/Service Contracts
24	05- 430- 700- 4800- 6300	495.00	DR9080C- SCANNER MAINT AGRMNT 12/22/2015 12/21/2016	7409 Maintenance/Service Contracts
2386	Information Systems Corp	990.00	3 Transactions	
11406	Innovative Office Solutions			
67	05- 400- 440- 0410- 6405	2.84	AGENCY SUPPLIES 09/22/2015 09/22/2015	IN0917118 Office Supplies
67	05- 420- 600- 4800- 6405	6.62	AGENCY SUPPLIES 09/22/2015 09/22/2015	IN0917118 Office Supplies
67	05- 430- 700- 4800- 6405	9.46	AGENCY SUPPLIES 09/22/2015 09/22/2015	IN0917118 Office Supplies
11406	Innovative Office Solutions	18.92	3 Transactions	
90182	Laboratory Corp Of America Holdings			
25	05- 420- 640- 4800- 6397	56.00	IVD GENETIC TEST 0011031219- 02 09/18/2015 09/18/2015	49754681 Genetic Tests Iv- D
68	05- 420- 640- 4800- 6397	84.00	IVD GENETIC TEST 0015447093- 01 10/17/2015 10/17/2015	49827980 Genetic Tests Iv- D
90182	Laboratory Corp Of America Holdings	140.00	2 Transactions	
9525	Lueck/Larry W			
26	05- 400- 440- 0410- 6231	36.41	INSTALL CARPET/BASE- 2 OFFICES 10/03/2015 10/03/2015	Services/Labor/Contracts
26	05- 420- 600- 4800- 6231	84.96	INSTALL CARPET/BASE- 2 OFFICES 10/03/2015 10/03/2015	Services/Labor/Contracts
26	05- 430- 700- 4800- 6231	121.38	INSTALL CARPET/BASE- 2 OFFICES	Services/Labor/Contracts

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<u>No. Account/Formula</u>			<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
		<u>Amount</u>			
9525 Lueck/Larry W		242.75	10/03/2015 3 Transactions		
13624 MailFinance					
27 05- 400- 440- 0410- 6300		64.58	MAIL MACHINE CONTRACT 08/05/2015	11/04/2015 N5558205	Maintenance/Service Contracts
27 05- 420- 600- 4800- 6300		150.70	MAIL MACHINE CONTRACT 08/05/2015	11/04/2015 N5558205	Maintenance/Service Contracts
27 05- 430- 700- 4800- 6300		215.28	MAIL MACHINE CONTRACT 08/05/2015	11/04/2015 N5558205	Maintenance/Service Contracts
13624 MailFinance		430.56	3 Transactions		
3010 Marco Business Products Inc					
28 05- 400- 440- 0410- 6239		368.55	HOSTED ZIX GATEWAY- ANNUAL FEE 10/31/2015	09/30/2016 2863903	Software Fees/License Fees
28 05- 420- 600- 4800- 6239		859.95	HOSTED ZIX GATEWAY- ANNUAL FEE 10/31/2015	09/30/2016 2863903	Software Fees/License Fees
28 05- 430- 700- 4800- 6239		1,228.50	HOSTED ZIX GATEWAY- ANNUAL FEE 10/31/2015	09/30/2016 2863903	Software Fees/License Fees
3010 Marco Business Products Inc		2,457.00	3 Transactions		
89079 McGregor Area Ambulance Service					
29 05- 400- 401- 0000- 6812		410.00	AMBULANCE RUNS- AUG'15 08/01/2015	08/31/2015	Mcgregor Area Ambulance
89079 McGregor Area Ambulance Service		410.00	1 Transactions		
89078 Mille Lacs Health System					
30 05- 400- 401- 0000- 6814		205.00	AMBULANCE RUNS- SEPT'15 09/01/2015	09/30/2015	Isle Ambulance/Mille Lacs Health System
89078 Mille Lacs Health System		205.00	1 Transactions		
89765 Minnesota Elevator, Inc					
31 05- 400- 440- 0410- 6300		24.09	ELEVATOR SERVICE- OCT'15 10/01/2015	10/31/2015 639236	Maintenance/Service Contracts
31 05- 420- 600- 4800- 6300		56.22	ELEVATOR SERVICE- OCT'15 10/01/2015	10/31/2015 639236	Maintenance/Service Contracts
31 05- 430- 700- 4800- 6300		80.32	ELEVATOR SERVICE- OCT'15 10/01/2015	10/31/2015 639236	Maintenance/Service Contracts

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<u>No. Account/Formula</u>	<u>Accr</u>		<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
89765 Minnesota Elevator, Inc		160.63	3 Transactions		
32 13716 MINNESTALGIA FOODS 05- 400- 450- 0451- 6406		121.50	SHIP- HSF- FARM TO SCHOOL SUPP 09/29/2015 09/29/2015		PH Program Related Supplies
13716 MINNESTALGIA FOODS		121.50	1 Transactions		
33 11132 Mn Dept Of Health 05- 420- 640- 4800- 6379		40.00	IVD PATRNTY AJUD 0010482849- 06 09/28/2015 09/28/2015	1025715	Other Iv- D Charges
34 05- 420- 640- 4800- 6379		40.00	IVD PATRNTY AJUD 0015395675- 01 10/05/2015 10/05/2015	1025783	Other Iv- D Charges
11132 Mn Dept Of Health		80.00	2 Transactions		
35 3810 Paulbeck's County Market 05- 400- 440- 0410- 6405		4.54	AGENCY SUPPLIES 09/15/2015 09/15/2015	005001151718	Office Supplies
35 05- 420- 600- 4800- 6405		10.60	AGENCY SUPPLIES 09/15/2015 09/15/2015	005001151718	Office Supplies
35 05- 430- 700- 4800- 6405		15.15	AGENCY SUPPLIES 09/15/2015 09/15/2015	005001151718	Office Supplies
3810 Paulbeck's County Market		30.29	3 Transactions		
36 4205 Rowe Funeral Home 05- 420- 650- 4800- 6810		1,650.00	COUNTY BURIAL 09/30/2015 09/30/2015		County Burials
4205 Rowe Funeral Home		1,650.00	1 Transactions		
37 89003 Seven County Process Servers LLC 05- 420- 640- 4800- 6379		15.00	IVS SERVICE 0014017650- 01 10/01/2015 10/01/2015	20151526	Other Iv- D Charges
38 05- 420- 640- 4800- 6379		55.00	IVS SERVICE 0014931223- 02 10/06/2015 10/06/2015	20151548	Other Iv- D Charges
89003 Seven County Process Servers LLC		70.00	2 Transactions		
39 86177 Sheriff Aitkin County 05- 420- 600- 4800- 6265		585.50	FRAUD- JUL- SEP'15 07/01/2015 09/30/2015	15- 0276	Sheriff - Fraud Investigation

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<u>No. Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
40 05-430-700-4800-6231			50.00	RR DETOX 10/13/2015 10/13/2015	20150486	Services/Labor/Contracts
86177 Sheriff Aitkin County			635.50	2 Transactions		
41 05-400-450-0451-6406			4,775.00	SHIP- HSF- FARM 2 SCHOOL SHIRTS 10/07/2015 10/07/2015	62105	PH Program Related Supplies
4425 Shirts Plus			4,775.00	1 Transactions		
42 05-400-440-0410-6405			8.99	MICROWAVE FOR PH LUNCHROOM 09/09/2015 09/09/2015		Office Supplies
42 05-420-600-4800-6405			21.00	MICROWAVE FOR PH LUNCHROOM 09/09/2015 09/09/2015		Office Supplies
42 05-430-700-4800-6405			30.00	MICROWAVE FOR PH LUNCHROOM 09/09/2015 09/09/2015		Office Supplies
12214 Shopko Store Operating Co. LLC			59.99	3 Transactions		
43 05-420-650-4800-6810			2,100.00	COUNTY BURIAL 09/30/2015 09/30/2015		County Burials
4507 Sorenson Root Thompson Funeral Home			2,100.00	1 Transactions		
45 05-400-440-0410-6231			38.03	PH SERVICE 09/01/2015 10/03/2015	2914287	Services/Labor/Contracts
44 05-420-600-4800-6231			312.88	IM SERVICE 09/01/2015 10/03/2015	2914287	Services/Labor/Contracts
88859 Spee*Dee- St Cloud			350.91	2 Transactions		
46 05-420-600-4800-6239			2,289.95	REG 3 EDMS- IT SUPPORT 07/01/2015 09/30/2015	00000632	Software Fees/License Fees
13025 ST LOUIS COUNTY AUDITOR			2,289.95	1 Transactions		
47 05-400-440-0410-6405			0.24	AGENCY SUPPLIES 09/03/2015 09/03/2015	989785-0	Office Supplies

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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>
48 05-400-440-0410-6405		15.89	AGENCY SUPPLIES 09/08/2015 09/08/2015	990020-0 Office Supplies
49 05-400-440-0410-6405		11.92	ACCTG PRINTER TONER 09/11/2015 09/11/2015	990192-0 Office Supplies
50 05-400-440-0410-6405		6.59	COPIER PAPER 09/10/2015 09/10/2015	990230-0 Office Supplies
51 05-400-440-0410-6405		2.88	AGENCY BATTERIES 09/11/2015 09/11/2015	990246-0 Office Supplies
52 05-400-440-0410-6405		5.71	AGENCY BATTERIES 09/11/2015 09/11/2015	990250-0 Office Supplies
53 05-400-440-0410-6405		15.97	ACCTG PRINTER TONER 09/16/2015 09/16/2015	990287-0 Office Supplies
54 05-400-440-0410-6405		4.94	COPIER PAPER 09/11/2015 09/11/2015	990312-0 Office Supplies
55 05-400-450-0451-6405		79.56	SHIP- LABELS 09/15/2015 09/15/2015	990487-0 Office Supplies
56 05-400-440-0410-6405		25.92	AGENCY SUPPLIES 09/16/2015 09/16/2015	990544-0 Office Supplies
57 05-400-440-0410-6405		0.48	ACCTG CALC RIBBON 09/16/2015 09/16/2015	990544-0 Office Supplies
58 05-400-440-0410-6405		7.21	AGENCY SUPPLIES 09/18/2015 09/18/2015	990544-1 Office Supplies
60 05-400-440-0410-6405		73.20	ACCTG PRINTER TONER 09/28/2015 09/28/2015	991035-0 Office Supplies
61 05-400-440-0410-6405		2.39	AGENCY SUPPLIES 09/25/2015 09/25/2015	991263-0 Office Supplies
63 05-400-440-0410-6405		17.82	PH LASER PAPER 09/25/2015 09/25/2015	991263-0 Office Supplies
47 05-420-600-4800-6405		0.58	AGENCY SUPPLIES 09/03/2015 09/03/2015	989785-0 Office Supplies
48 05-420-600-4800-6405		37.10	AGENCY SUPPLIES 09/08/2015 09/08/2015	990020-0 Office Supplies
49 05-420-600-4800-6405		27.82	ACCTG PRINTER TONER 09/11/2015 09/11/2015	990192-0 Office Supplies
50 05-420-600-4800-6405		15.39	COPIER PAPER 09/10/2015 09/10/2015	990230-0 Office Supplies
51 05-420-600-4800-6405		6.71	AGENCY BATTERIES 09/11/2015 09/11/2015	990246-0 Office Supplies
52 05-420-600-4800-6405		13.34	AGENCY BATTERIES 09/11/2015 09/11/2015	990250-0 Office Supplies

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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>	
53	05- 420- 600- 4800- 6405	37.27	09/11/2015 ACCTG PRINTER TONER	09/11/2015 990287- 0	Office Supplies
54	05- 420- 600- 4800- 6405	11.54	09/16/2015 COPIER PAPER	09/16/2015 990312- 0	Office Supplies
56	05- 420- 600- 4800- 6405	60.48	09/11/2015 AGENCY SUPPLIES	09/11/2015 990544- 0	Office Supplies
57	05- 420- 600- 4800- 6405	1.14	09/16/2015 ACCTG CALC RIBBON	09/16/2015 990544- 0	Office Supplies
58	05- 420- 600- 4800- 6405	16.82	09/16/2015 AGENCY SUPPLIES	09/16/2015 990544- 1	Office Supplies
59	05- 420- 640- 4800- 6300	495.40	09/18/2015 CS COPIER REPAIR	09/18/2015 990798- 0	Maintenance/Service Contracts
60	05- 420- 600- 4800- 6405	170.80	09/19/2015 ACCTG PRINTER TONER	09/19/2015 991035- 0	Office Supplies
61	05- 420- 600- 4800- 6405	5.60	09/28/2015 AGENCY SUPPLIES	09/28/2015 991263- 0	Office Supplies
47	05- 430- 700- 4800- 6405	0.83	09/25/2015 AGENCY SUPPLIES	09/25/2015 989785- 0	Office Supplies
48	05- 430- 700- 4800- 6405	53.00	09/03/2015 AGENCY SUPPLIES	09/03/2015 990020- 0	Office Supplies
49	05- 430- 700- 4800- 6405	39.75	09/08/2015 ACCTG PRINTER TONER	09/08/2015 990192- 0	Office Supplies
50	05- 430- 700- 4800- 6405	21.98	09/11/2015 COPIER PAPER	09/11/2015 990230- 0	Office Supplies
51	05- 430- 700- 4800- 6405	9.59	09/10/2015 AGENCY BATTERIES	09/10/2015 990246- 0	Office Supplies
52	05- 430- 700- 4800- 6405	19.05	09/11/2015 AGENCY BATTERIES	09/11/2015 990250- 0	Office Supplies
53	05- 430- 700- 4800- 6405	53.25	09/11/2015 ACCTG PRINTER TONER	09/11/2015 990287- 0	Office Supplies
54	05- 430- 700- 4800- 6405	16.49	09/16/2015 COPIER PAPER	09/16/2015 990312- 0	Office Supplies
56	05- 430- 700- 4800- 6405	86.40	09/11/2015 AGENCY SUPPLIES	09/11/2015 990544- 0	Office Supplies
57	05- 430- 700- 4800- 6405	1.63	09/16/2015 ACCTG CALC RIBBON	09/16/2015 990544- 0	Office Supplies
58	05- 430- 700- 4800- 6405	24.03	09/16/2015 AGENCY SUPPLIES	09/16/2015 990544- 1	Office Supplies
			09/18/2015	09/18/2015	

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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>
60 05-430-700-4800-6405		244.00	ACCTG PRINTER TONER 09/28/2015 09/28/2015	991035-0 Office Supplies
61 05-430-700-4800-6405		8.00	AGENCY SUPPLIES 09/25/2015 09/25/2015	991263-0 Office Supplies
62 05-430-700-4800-6405		17.19	CBS PAPER 09/25/2015 09/25/2015	991263-0 Office Supplies
86235 The Office Shop Inc		1,765.90	43 Transactions	
10930 Tidholm Productions				
64 05-430-700-4800-6405		79.95	BUSINESS CARDS(JS) 10/07/2015 10/07/2015	79745231 Office Supplies
65 05-430-700-4800-6405		69.95	BUSINESS CARDS(CR) 10/07/2015 10/07/2015	79745235 Office Supplies
10930 Tidholm Productions		149.90	2 Transactions	
10657 Totalfunds By Hasler				
66 05-430-000-0000-1205		900.00	POSTAGE 09/22/2015 09/22/2015	79000110005968 Postage Account
10657 Totalfunds By Hasler		900.00	1 Transactions	
Final Total		105,934.11	36 Vendors	128 Transactions

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Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	105,934.11	Health & Human Services	
All Funds		105,934.11	Total	Approved by,
			
			



STATE of MINNESOTA

Proclamation

WHEREAS: County Financial Workers and Case Aides are dedicated to providing outstanding services to the people of Minnesota through their administration of public assistance programs; and

WHEREAS: County Financial Workers and Case Aides are responsible for the prudent expenditure of millions of dollars annually and must meet high standards of job performance in determining eligibility for public assistance; and

WHEREAS: The duties performed by County Financial Workers and Case Aides require that they be well versed in a number of areas in order to effectively provide services to clients and the general public; and

WHEREAS: The nature of federal and state legislation necessitates that County Financial Workers and Case Aides continually expand their knowledge, skills, and expertise related to their profession; and

WHEREAS: It is important to recognize the valuable service County Financial Workers and Case Aides provide to Minnesota's citizens.

NOW, THEREFORE, I, MARK DAYTON, Governor of Minnesota, do hereby proclaim Wednesday, October 28, 2015, as:

COUNTY FINANCIAL WORKER AND CASE AIDE DAY

in the state of Minnesota.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the state of Minnesota to be affixed at the State Capitol this 19th day of October.

A handwritten signature in black ink, reading "Mark Dayton", written over a horizontal line.

GOVERNOR

A handwritten signature in black ink, reading "Steve Pimon", written over a horizontal line.

SECRETARY OF STATE

Minnesota Department of **Human Services**

Congratulations to

Aitkin County Health and Human Services

For achieving 100% timeliness for

SNAP 30-Day Processing

July 2014 – June 2015

Presented September 2015



Minnesota Department of **Human Services**

A handwritten signature in dark ink, appearing to read "Ruth Maloney".

Ruth Maloney, Quality Assurance & Accountability Section
Economic Assistance and Employment Supports Division

A handwritten signature in dark ink, appearing to read "Ramona Scarpace".

Ramona Scarpace, SNAP Director
Economic Assistance and Employment Supports Division

Aitkin County Health & Human Services

204 First St. NW
AITKIN, MINNESOTA 56431-1291
PHONE 1-800-328-3744 or 1-218-927-7200 - FAX # 927-7210

DATE: October 21, 2015

TO: Aitkin County Board of Commissioners
Nathan Burkett, County Administrator

FROM: Tom Burke, Director

SUBJECT: Anoka County Hold Order Costs

After the Board meeting on September 22, I contacted Kate Lerner at the Dept. of Human Services requesting assistance in our case where we were being charged approximately \$1,290.32 per day. Ms. Lerner connected us with Jennifer DeCubelius who began to work on the matter immediately. Placement was found for our consumer who was then placed on October 1st. We will be responsible to pay for the months of August (\$40,000) and September (approximately \$38,709.68).

Further discussion occurred on this topic at the MACSSA Conference. Many counties weighed in on this cost and the lack of facilities in our state for services for all ages. Ms DeCubelius was present and was able to show us how DHS plans to address the lack of placements going forward. I feel Ms. DeCubelius, who worked in Hennepin County for some time, has a good plan and if given time, will deliver a better system in the next few years. It is a very complicated problem.

I have asked Ms. Lerner what would happen if a county decided not to pay a bill. I have not received that information as I write this late morning on 10/21/15. Ms. Lerner has been very good to work with and I am sure I will get some feedback soon.



Minnesota Department of Human Services

Bulletin

NUMBER

#15-76-02

DATE

July 1, 2015

OF INTEREST TO

County Directors

Social Services Supervisors
and Staff

ACTION/DUE DATE

Please read information
and prepare for
implementation

EXPIRATION DATE

July 1, 2017

County Portion of Cost of Care at State Operated Services Regional Treatment Centers

TOPIC

Cost of care for adult mental health programs at the State Operated Services (SOS) Regional Treatment Centers. This bulletin replaces bulletin #13-76-03.

PURPOSE

identify changes made by the 2015 legislative session
review the changes made by the 2013 legislative session
define criteria used to determine length of stay
define criteria used to determine medical necessity
outline client appeal process

CONTACT

Shirley Jacobson
CFO – State Operated Services
(651) 431 – 3696

SIGNED

ANNE BARRY
Deputy Commission
Direct Care & Treatment

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of “People First” language.

I. Background

This bulletin is intended to provide information on the billing practices for the adult mental health inpatient services provided at State Operated Regional Treatment Centers as directed by Minnesota Statutes, section 246.54, subdivision 1, and amended by the 2015 Legislative Session by Laws of Minnesota 2015, chapter 71, article 4, section 2 as follows:

Subdivision 1. County portion for cost of care.

(a) EXCEPT for chemical dependency services provided under sections 254B.01 to 254B.09, the client's county shall pay to the state of Minnesota a portion of the cost of care provided in a regional treatment center or a state nursing facility to a client legally settled in that county. A county's payment shall be made from the county's own sources of revenue and payments shall equal a percentage of the cost of care, as determined by the commissioner, for each day, or the portion thereof, that the client spends at a regional treatment center or a state nursing facility according to the following schedule:

- 1) zero percent for the first 30 days;
- 2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate for the client;
- 3) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged.

(b) IF payments received by the state under sections 246.50 to 246.53 exceed 80 percent of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause (2), the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53.

The percent change made during the 2015 Legislative Session for individuals who meet paragraph (a), clause (3), will be effective for all patients in-house or admitted on or after July 1, 2015.

II. Length of stay determination

In accordance with the law, the following methods will be used to determine length of stay:

- DATE of admission to the program after release of any hold order will be counted as day one for the county cost of care determination

- DISCHARGE from the inpatient episode will end the length of stay calculation for the episode unless a client is re-admitted to the program within 72 hours. If the client is readmitted within 72 hours from the discharge (provisional or full), the length of stay will continue from the previous episode

III. SOS – Hospital Level Medical Necessity Criteria – Determination Process

Minnesota Statutes, section 246.54, subdivision 1(b) requires the treatment facility determines the clinical appropriateness of discharge is as follows:

Step 1 - Utilization management reviewer identifies a client treatment episode that may no longer meet hospital level medical necessity criteria using LOCUS (Levels of Care Utilization System).

Step 2 - Utilization management reviewer reviews the client case with attending clinician to determine if clinical data supports hospital level medical necessity criteria, or “does not meet criteria” (DNMC).

Step 3 – Utilization management supervisor reviews case with the utilization management reviewer to assure appropriate justification for DNMC and writes DNMC letter.

Step 4 – SOS chief medical officer (CMO) reviews the case with the utilization management supervisor and if SOS CMO is in agreement, signs the DNMC letter.

Step 5 – DNMC letter is sent to the client (or designee) and to the county case manager.

IV. Process for appealing medical necessity determination

Clients have the right to appeal this determination. Clients may file an appeal with the Appeals Unit of the Minnesota Department Human Services. The address is below. Clients must submit their appeal within 30 days of when they receive notice. If the client can show good cause for failing to appeal within 30 days, the client might be able to appeal within 60 days. The human services judge decides if the client has good cause.

Representation: If the client requests an appeal, they may represent themselves or ask a lawyer, a friend or others to help them.

Appeals Units
Minnesota Department of Human Services
PO Box 64941
St. Paul, MN 55164-0941
(651) 431-3600

Bulletin #15-76-02

July 1, 2015

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Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-3676 (voice) or toll free at (800) 627-3529 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

2015 Minnesota Statutes

[Authenticate](#)

246.54 LIABILITY OF COUNTY; REIMBURSEMENT.

Subdivision 1. **County portion for cost of care.** (a) Except for chemical dependency services provided under sections [254B.01](#) to [254B.09](#), the client's county shall pay to the state of Minnesota a portion of the cost of care provided in a regional treatment center or a state nursing facility to a client legally settled in that county. A county's payment shall be made from the county's own sources of revenue and payments shall equal a percentage of the cost of care, as determined by the commissioner, for each day, or the portion thereof, that the client spends at a regional treatment center or a state nursing facility according to the following schedule:

(1) zero percent for the first 30 days;

(2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate for the client; and

(3) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged.

(b) If payments received by the state under sections [246.50](#) to [246.53](#) exceed 80 percent of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause (2), the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section [246.53](#).

Subd. 2. **Exceptions.** (a) Subdivision 1 does not apply to services provided at the Minnesota Security Hospital. For services at the Minnesota Security Hospital, a county's payment shall be made from the county's own sources of revenue and payments. Excluding the state-operated forensic transition service, payments to the state from the county shall equal ten percent of the cost of care, as determined by the commissioner, for each day, or the portion thereof, that the client spends at the facility. For the state-operated forensic transition service, payments to the state from the county shall equal 50 percent of the cost of care, as determined by the commissioner, for each day, or the portion thereof, that the client spends in the program. If payments received by the state under sections [246.50](#) to [246.53](#) for services provided at the Minnesota Security Hospital, excluding the state-operated forensic transition service, exceed 90 percent of the cost of care, the county shall be responsible for paying the state only the remaining amount. If payments received by the state under sections [246.50](#) to [246.53](#) for the state-operated forensic transition service exceed 50 percent of the cost of care, the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section [246.53](#).

(b) Regardless of the facility to which the client is committed, subdivision 1 does not apply to the following individuals:

(1) clients who are committed as sexual psychopathic personalities under section [253D.02](#), subdivision 15; and

(2) clients who are committed as sexually dangerous persons under section [253D.02](#), subdivision 16.

History: [1959 c 578 s 5](#); [1971 c 637 s 6](#); [1981 c 360 art 2 s 17](#); [1985 c 21 s 18](#); [1986 c 394 s 6](#); [1989 c 282 art 2 s 91, 218](#); [1Sp2003 c 14 art 3 s 4](#); [2007 c 147 art 8 s 12, 13](#); [2009 c 79 art 3 s 8](#); [2013 c 59 art 2 s 9](#); [2013 c 108 art 4 s 10](#); [2013 c 49 s 22](#); [2015 c 71 art 4 s 2](#)

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PURCHASE OF SERVICE AGREEMENT

The **Aitkin County Health & Human Services**, 204 – 1st Street NW, Aitkin, Minnesota 56431, hereafter referred to as the *Department* and **Dr. George Petrangelo, M.S.; Ed.D., dba Family Assessment Services**, PO Box 5005, St. Cloud, MN 56302, hereafter referred to as *Contractor*; enter into this agreement for the period from **October 1, 2015, to December 31, 2016**.

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 10th 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 **Family Assessment Services** 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. **Family Assessment Services** 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.

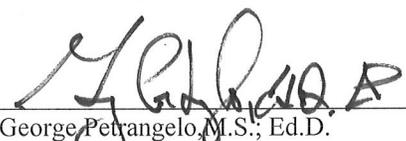
IN WITNESS WHEREOF the Department (Aitkin County Health & Human Services) and the Contractor (Compass Counseling Partners) have executed this agreement as of the day and year first above written:

BY: _____
Mark Wedel, Chairperson
Aitkin County Board of Commissioners

DATE: _____

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

DATE: _____

BY:  _____
George Petrangolo, M.S., Ed.D.
dba Family Assessment Services

DATE: 10-14-15

APPROVED AS TO FORM AND EXECUTION

BY: _____
James Ratz, Aitkin County Attorney

DATE: _____

COST & DELIVERY OF PURCHASED SERVICES

- A. Assessment Process** **\$125.00 per hour**
(Assessment process will include client interviews, collateral contacts, test administration and scoring, observations of parent-child interaction, report writing, consultation with social workers, and other tasks directly related to the assessment process.)
- B. Travel Time** **\$40.00 per hour**
(Travel time will include drive-time to/from meetings with the client and /or social worker and /or home visits with the family and all other driving requirements directly required to complete the assessment.)

The Agency will reimburse the Contractor for prior-authorized, rendered services only.



Minnesota Department of Human Services

2016-2017 County MFIP Biennial Service Agreement

January 1, 2016 - December 31, 2017

DHS-3863-ENG 8-15

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Enter the county's unique ID number

Contact Information

COUNTY/CONSORTIUM NAME

PLAN YEAR

CONTACT PERSON

TITLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS (where correspondence related to this form will be sent)

CONFIRM EMAIL ADDRESS

Note: Please review the 2016-2017 MFIP Biennial Service Agreement Bulletin for more details before you complete this document.

A. Needs Statement

1. Besides funding, what is the single biggest challenge you are facing in financial assistance services?

As a small county, our Financial Workers are unable to specialize in a singular program area. It is a challenge to keep all program rules clear due to the different policy per program. Creating simplicity and standardization of program rules and manuals would assist my staff immensely.

A better support for challenging cases from DHS would be helpful. When the county has an issue with a case or program, finding the correct person to speak with in regards to programs is a challenge. Perhaps a "White Pages" type directory broken down by specific programs would be helpful.

As a new supervisor some training on the security peice of the work would help me. Not to mention the length of time for any security to be granted has been very challenging. It took a month for me to receive my accesses when I came to this county from a previous county this summer. This has also been a concern for the Supervisors group in my region. We cannot set up time for training in St. Paul due to how long it take a worker to obtain SIR access to work on trainings.

6940 characters remaining

2. Besides funding, what is the single biggest challenge you are facing in employment services?

Many of our MFIP participants have been on public assistance two or more times because they have multiple barriers that prevent them from maintaining long term self-sufficiency.

7819 characters remaining

County MFIP Biennial Service Agreement

A. Needs Statement (continued)

3. What strengths and resources do you have available to address the needs of your participants?

Please **check all** the resources available to participants in your service area and check whether the resource is available within MFIP financial or employment services "in-house" or from a partner organization (county resources with developed connections to MFIP), and/or an external community resource or both. If you lack sufficient resources in your area, check the Resource Gaps column, even if there are some resource sources. Add any "other" resources that you consider necessary.

MFIP Resources	Partner Resources	Community Resources	Resource Gaps	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ABE/GED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult/elder services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Career planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Childcare funds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical health services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer lab access
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit counseling/financial literacy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English Language Learner (ELL)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food shelf
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing assistance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job club
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job development
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job placement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job retention
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job search workshops
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental health services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On-the-job training program
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post-secondary education planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short-term training
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supported work
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid work experience
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation assistance (gas cards, bus cards)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle repair funds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer opportunities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other

4. County Program Contact Information

Please name contacts for the following programs if different from the contact on the cover page. You only need to give a person's phone and email once.

MFIP STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Jessica Goble	218-927-7200	jessica.goble@co.aitkin.mn.us
DWP STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Jessica Goble	218-927-7200	jessica.goble@co.aitkin.mn.us
FINANCIAL ASSISTANCE SERVICES STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Jessica Goble	218-927-7200	jessica.goble@co.aitkin.mn.us

County MFIP Biennial Service Agreement

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A. Needs Statement (continued)

Employment Services Provider(s) Information

Statute 256J.50, subdivision.8: Each county, or group of counties working cooperatively, shall make available to participants the choice of at least two employment and training service providers as defined under Minnesota Statutes, section 256J.49, subdivision 4, except in counties contracting with workforce centers that use multiple employment and training services or that offer multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs.

List your current employment services provider(s) and check the respective box to indicate which population served. If a Workforce Center is the only employment services provider, list the multiple employment and training services among which participants can choose. Section G of this form addresses provider choice.

NAME	ADDRESS	CONTACT PERSON	PHONE NUMBER
Arrowhead Economic Opportunity Agency	20 3rd Street NE, Aitkin MN 56431	Aileen DeMenge	218-735-6123
Population Served	<input checked="" type="checkbox"/> MFIP ES	<input checked="" type="checkbox"/> DWP ES	<input checked="" type="checkbox"/> FSS
	<input checked="" type="checkbox"/> Teen Parents	<input checked="" type="checkbox"/> 200% FPG	

NAME	ADDRESS	CONTACT PERSON	PHONE NUMBER
Northeast Minnesota Office of Job Training	20 3rd Street NE, Aitkin MN 56431	Kari Paulsen	218-735-6121
Population Served	<input checked="" type="checkbox"/> MFIP ES	<input checked="" type="checkbox"/> DWP ES	<input checked="" type="checkbox"/> FSS
	<input checked="" type="checkbox"/> Teen Parents	<input checked="" type="checkbox"/> 200% FPG	

County MFIP Biennial Service Agreement

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B. Service Models**Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP)**

1. Do you have culturally specific employment services for different racial/ethnic groups?

 No Yes *Check all that apply.*

- African American African immigrant Asian American Asian immigrant
 American Indian Hispanic/Latino Other

2. What strategies do you use for hard-to-engage participants? *Check all that apply.*

- Home visits Sanction outreach services Incentives SPECIFY: _____
 Off-site meeting opportunities Other

3. What types of job development do you do? *Check all that apply.*

- Sector job development Individual job development Other

4. Do you have an ongoing job development partnership or sector based job development with community employers to help participants with employment?

 No Yes *Check all activities employers provide.*

- Interview opportunities Job skills training Job placement Job shadowing On-site job training
 Work experience Helps plan training programs Other

5. Do you provide job retention services to employed participants while they are receiving MFIP?

 No Yes *Check all that apply.*

- Available to assist with issues that develop on the job Financial planning Soft skills training
 Mentoring Transportation Personal contact with the employee HOW OFTEN? _____
 Other SPECIFY: Outreach

How long do you provide job retention services?

 Less than 3 months 3-6 months 7-12 months More than one year

6. Do you provide job advancement services to employed participants?

 No Yes *Check all that apply.*

- Career laddering Networking Coaching/mentoring Ongoing job search
 Education/training Other

7. Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

 No Yes *Check all that apply.*

- FastTRAC Work Keys National Career Readiness Certificate (NCRC) Other

County MFIP Biennial Service Agreement

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B. Service Models (continued)**Family Stabilization Services (FSS)**

1. Do you have professionals available to assist with FSS cases?

 No Yes *Check all that apply*

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Adult Mental Health professional | <input checked="" type="checkbox"/> Psychologist | <input checked="" type="checkbox"/> Adult Rehabilitation Mental Health Services (ARMHS) worker |
| <input checked="" type="checkbox"/> Public Health Nurse | <input checked="" type="checkbox"/> Chemical Health professional | <input checked="" type="checkbox"/> Social Worker |
| <input checked="" type="checkbox"/> Children's Mental Health professional | <input checked="" type="checkbox"/> Vocational Rehabilitation worker | <input checked="" type="checkbox"/> Other SPECIFY: <u>Advocates Against Domestic Abuse (AA</u> |

2. Do you make referrals for children of FSS participants?

 No Yes *Check all that apply*

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Children's Mental Health Services | <input checked="" type="checkbox"/> Public Health Nurse home visiting services | <input checked="" type="checkbox"/> Child Wellness Check-ups |
| <input type="checkbox"/> Women, Infants and Children Program (WIC) | <input checked="" type="checkbox"/> Other SPECIFY: <u>Child Care Assistance Program</u> | |

3. Are any of these services for children offered to non-FSS families?

 No Yes**Services for families no longer on MFIP/DWP but under 200% of Federal Poverty Guideline**

1. Do you provide services to families who are not receiving DWP or MFIP assistance but are under 200% of the Federal Poverty Guideline (FPG)?

 No Yes *Check all the services that apply*

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> ABE/ELL Classes | <input checked="" type="checkbox"/> Job retention services | <input checked="" type="checkbox"/> Child care | <input checked="" type="checkbox"/> Referral to other programs |
| <input checked="" type="checkbox"/> Computer Lab Access | <input checked="" type="checkbox"/> Support Services | <input checked="" type="checkbox"/> GED | <input checked="" type="checkbox"/> Training/Job Skills Classes |
| <input checked="" type="checkbox"/> Job postings | <input type="checkbox"/> Other | | |

B. Service Models (continued)

Minnesota Family Investment Program (MFIP) Services for Teen Parents

1. Are there specialized workers who work primarily with teens (for example, child care worker provides child care resources to teens only)?

No Yes *Check all that apply for each age group*

Minors (under age 18)	Age 18/19	
<input type="checkbox"/>	<input type="checkbox"/>	Financial worker
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment service worker
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Social worker (Social Services)
<input type="checkbox"/>	<input type="checkbox"/>	Public health nurse
<input type="checkbox"/>	<input type="checkbox"/>	Child care worker
<input type="checkbox"/>	<input type="checkbox"/>	Other job role

2. Is there a single point of contact for teens, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services? Respond for each age group separately. If yes for an age group, check the one position that serves this function within that age group.

No Yes

Minors (under age 18)

- Financial worker
- Employment service worker
- Social worker (Social Services)
- Public health nurse
- Child care worker
- Other job role

Age 18/19

- Financial worker
- Employment service worker
- Social worker (Social Services)
- Public health nurse
- Child care worker
- Other job role

3. Does your county have an active partnership with the local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? *Check one for each age group.*

Minors (under age 18)

- Yes, mandatory
- Yes, voluntary
- No

Age 18/19

- Yes, mandatory
- Yes, voluntary
- No

C. Measures

Performance Measures

1. Performance-based funding is determined by a service area's annualized Self-Support Index value. Review the information and report links in this section to see the effect of performance on funding and reporting, based on Statute 256J.626, subdivision 7.

Starting for calendar year 2016, each service area funding allocation starts at 100 percent. Each year starting with the 2016 allocation, a bonus to a service area's Consolidated Fund allocation will be based on its performance on the Self-Support Index in the previous April to March year. While some service areas will get a bonus starting in 2016, there will be no performance-based decreases for the coming biennium.

The **three-year Self-Support Index (S-SI)**: This measure starts with all adults receiving MFIP or DWP cash assistance in a quarter and tracks what percentage of them, three years later, are no longer receiving family cash assistance or are working an average of 30 hours a week if still receiving cash assistance. Those who left MFIP after reaching 60 counted months and those who left due to 100 percent sanction are only counted as a success if they worked an average of 30 hours per week in their last month of eligibility or if they began receiving Supplemental Security Income (SSI) after family cash assistance ended. To provide fair comparisons across service areas, DHS calculates a "Range of Expected Performance" for the S-SI that is based on local caseload characteristics and economic conditions. The service area's Self-Support Index value is whether the service area was above, within, or below its expected Range.

The S-SI and Range are annualized for the four quarters in the April through March year ending in the reporting year before the funding year. See the MFIP Annualized S-SI and WPR report for 2015 on the MFIP Reports page on the DHS website. A service area with an annualized S-SI "above" its customized Range of Expected Performance for 2015 will receive a 2.5 percent bonus added to its Consolidated Fund allocation for calendar year 2016.

[MFIP Annualized S-SI and WPR report](#)

If your service area is receiving a bonus, congratulations! Please share a success strategy here:

In Aitkin County, MFIP and DWP rules and policies are communicated clearly to each family so that they understand what the expectations are. Additionally, we set high standards so that families are expected to be at their best and are rewarded by their success. We also focus on providing follow up services to those families who have left MFIP and DWP with a strong focus in job retention.

760 characters remaining

In the future, if your service area has an annualized S-SI below its range for two consecutive years, you will have to **negotiate a multi-year improvement plan** with the commissioner. If no improvement is shown by the end of the second year of the multi-year plan, the next year's allocation must be decreased by 2.5 percent, to remain in effect until the service area performs within or above its Range of Expected Performance. For example, a service area scoring "below" for 2016 and 2017 would need to put in place a multi-year improvement plan. If continuing "below" for 2018 and 2019, there would be a 2.5 percent decrease for the 2020 Consolidated Fund allocation which would continue until an annualized S-SI above or within its Range. Then the service area would receive 100 percent of the allocation.

C. Measures (continued)

Racial/Ethnic Disparities

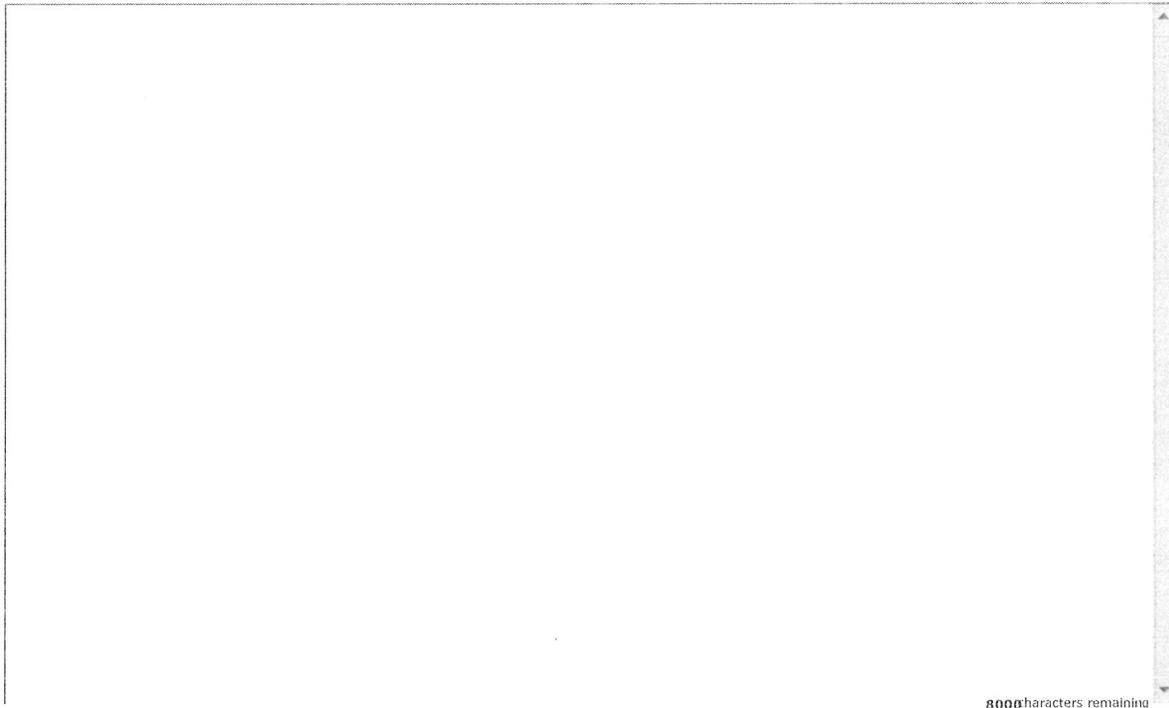
2. A **racial/ethnic disparity** for a service area is defined as a **one-year Self-Support Index** that is five or more percentage points lower for a non-white racial/ethnic group than for the white group of MFIP/DWP-eligible adults in that area. Access the report "Two-Year Performance Trends of Racial/Ethnic and Immigrant Group". This report lists (1) service areas that have any racial/ethnic disparities requiring action and (2) the table of differences for all service areas.

Note: The link to this report will be available in early September.

If your service area is in the disparity list, please answer the following question:

DHS will work with you to reduce these disparities.

What strategies and action steps for each of the groups with disparities do you plan for the coming biennium?



8000 characters remaining

D. Program Monitoring/Compliance

1. What procedures do you have in place to ensure that program funds are being used appropriately as directed in law? *Check all that apply.*

- Budget control procedures for approving expenditures
 Cash management procedures for ensuring program income is used for permitted activities
 Internal policies around use of funds, i.e. participant support services
 Other

2. What procedures do you have in place to ensure program policies are followed and applied accurately? *Check all that apply.*

- Case consultation Sample case review by workers Sample case review by supervisors
 Other

If your service area has not made changes to your random drug testing policy since the last BSA, go to Section E.

3. What procedures/policies do you have in place for administering random drug tests of convicted drug felons on MFIP as required by Minnesota Statutes, section 256J.26, subdivision 1?

- Written policy within the MFIP unit Coordination with Corrections
 Currently establishing new policy/procedure(s) Other

If your random drug testing policy has changed since the last BSA, please submit a copy to Larry Hosch at Larry.Hosch@state.mn.us

E. Collaboration and Communication with Others

1. How many employment services front-line staff are employed in your county or consortium?

3

How many employment services front-line staff in your county or consortium have MAXIS access?

1

How many managers/supervisors have MAXIS access?

0

2. Describe the process your service area uses to identify and resolve discrepancies between MAXIS and WF1 data in areas such as Family Stabilization Services coding, employment/hours, sanction status, etc.

Employment Service staff work very closely with Aitkin County Health and Human Services Financial Workers to clarify any discrepancies. We meet monthly for caseload reviews where Maxis access is available so that cases can be reviewed and any shortcomings can be discussed and corrected.

7712 characters remaining

F. Emergency Services

1. Does your county provide emergency or crisis services from your Consolidated Fund?

No Yes

If yes, please submit your most up-to-date emergency/crisis services plan to tria.chang@state.mn.us

G. Other

Administrative Cap Waiver

Minnesota Family Investment Program (MFIP) allows counties to request a waiver of the MFIP administrative cap (currently at 7.5%) for providing supported employment, uncompensated work or community work experience program for a major segment of the county's MFIP population. Counties that are operating such a program may request up to 15% administrative costs.

If your county is interested in applying for the waiver for the coming biennium, please complete the following four questions. Email Brandon.Riley@state.mn.us if you need assistance with the waiver.

1. Describe the activity(s) you will provide.

4000 characters remaining

2. Explain the reasons for the increased administrative cost.

4000 characters remaining

3. Describe the target population and number of people expected to be served.

4000 characters remaining

4. Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

4000 characters remaining

G. Other (continued)**Addendum for Unpaid Work Experience Activities**

If your county is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please fill out the IPP form. Email the completed form to dhs.dwp-mfib@state.mn.us

Provider Choice

Does your county:

- Have at least two employment and training services providers. Go to Section H.
- Have a workforce center that provides multiple employment and training services, offers multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs. Go to Section H.
- Intend to submit a financial hardship request.

G. Other (continued)

Financial Hardship Request

FINANCIAL HARDSHIP - Exception to Choice of Employment Service Providers Requirement

MFIP provisions require counties to make a choice of at least two employment service providers available to participants unless a workforce center is being utilized (Minnesota Statutes, section 256J.50, subdivision 8). Counties may request an exception if meeting this requirement results in a financial hardship (Minnesota Statutes, section 256J.50, subdivision 9).

A financial hardship is defined as a county's inability to provide the minimum level of service for all programs if a disproportionate amount of the MFIP consolidated fund must be used to cover the costs of purchasing employment services from two providers or the cost of contracting with a workforce center.

To request approval of a financial hardship exception from the choice of provider requirement, please provide the following information.

1. If the county had a choice of providers in calendar year 2015, describe:
 - factors that have changed which indicate a financial hardship
 - why the hardship is expected to persist in the near future and
 - the magnitude of the hardship, which makes limiting delivery of employment services the best financial option for the county.

2000 characters remaining

2. Summarize options explored by the county, including use of other partners in a workforce center or other community agencies, such as a Community Action Program or a technical college. The summary should also include:
 - major factors which prevent the county from utilizing these options and include a cost analysis of each option considered; and
 - the process used to determine the cost of other options (RFP or other county process).

2000 characters remaining

3. If the county proposes to directly deliver MFIP employment services, provide a budget and staffing plan that clearly indicates consolidated funds will not be used to supplant county funds. The description should include information about what steps will be taken to ensure that county staff have the experience and skills to deliver employment services.

2000 characters remaining

The Department of Human Services (DHS) and the Department of Employment and Economic (DEED) will also review the amount budgeted by the county for employment and training during calendar year 2015 and use this amount as a guide to determine whether the amount budgeted by the county for calendar year 2016 is reasonable.

If a financial hardship is approved, DHS and DEED will closely monitor county programs to ensure outcomes are achieved and services are being delivered consistent with state law.

County MFIP Biennial Service Agreement

H. Budget

Click on the link below to review your service area's 2014 and 2015 MFIP allocations:

[MFIP Consolidated Fund Support Services \(PDF\)](#)

In the budget table, indicate the amount and percentage for each item listed for the budget line items for calendar years 2016-2017. Also note:

- Total percent must equal 100.
- MFIP administration is capped at 7.5 percent unless the county is applying for an administrative cap waiver. To apply for the administrative cap waiver, respond to the questions in Section G under Administrative Cap Waiver.
- If "other" is used, briefly describe the line item.

2016 Budget

Budgeted Amount	Percent	Line Items
22,678.00	11.07%	Employment Services (DWP)
104,038.00	50.80%	Employment Services (MFIP)
30,129.00	14.71%	Emergency Services/Crisis Fund
15,361.00	7.50%	Administration (cap at 7.5%)
32,601.00	15.92%	Income Maintenance Administration
	0.00%	Other 1
	0.00%	Other 2
\$204,807.00	100.00%	Total

2017 Budget

Budgeted Amount	Percent	Line Items
	0.00%	Employment Services (DWP)
	0.00%	Employment Services (MFIP)
	0.00%	Emergency Services/Crisis Fund
	0.00%	Administration (cap at 7.5%)
	0.00%	Income Maintenance Administration
	0.00%	Other 1
	0.00%	Other 2
\$0.00	0.00%	Total

Certifications and Assurances

Public Input

Prior to submission, did the county solicit public input for at least 30 days on the contents of the agreement?

No Yes

Was public input received?

No Yes

If received but not used, please explain.

This is my first time doing this and I was not aware of the timeline. I will send it out now.

3906 characters remaining

Assurances

It is understood and agreed by the county board that funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 256J; that the commissioner of the Minnesota Department of Human Services (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of compliance will be available for audit; that the county shall make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the county agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Federal Funding Sources

The catalog of Federal Domestic Assistance (CDFA) Number is 93.558 - Temporary Assistance for Needy Families (TANF)
The Award number for the period of January 1, 2016 - December 31, 2017 is 2014G996115.

Service Agreement Certification

Checking this box certifies that this 2016-2017 MFIP Biennial Service Agreement has been prepared as required and approved by the county board(s) under the provisions of Minnesota Statutes, section 256J. In the box below, state the name of the chair of the county board of commissioners or authorized designee, their mailing address and the name of the county.

DATE OF CERTIFICATION	NAME (CHAIR OR DESIGNEE)	COUNTY
10/26/2015	Mark Wedel	Aitkin

MAILING ADDRESS	CITY	STATE	ZIP CODE
209 2nd St NW	Aitkin	MN	56431

Save or Submit

To save your work, select the 'Save Form for Later' choice, then click the SUBMIT button. Your information will be saved, and you can come back to the form later.

To submit your information to DHS, select the 'Submit Final Form' choice, then click the SUBMIT button.

Save Form for Later

Submit Final Form

Aitkin County Health & Human Services

Financial Statement

	Actual Jan-15	Actual Feb-15	Actual Mar-15	Actual Apr-15	Actual May-15	Actual Jun-15	Actual Jul-15
Income:							
Tax Levy						1,133,384.45	
CPA and In Lieu						2,591.32	9,400.97
State Revenue	1,939.91	40,539.90	105,579.99	22,407.63	77,415.42	107,442.28	314,926.78
Federal Revenue	74,142.95	239,019.53	228,357.04	105,297.74	244,877.96	203,055.99	85,954.52
Revenue From Third Party	10,836.27	20,079.03	25,971.09	21,408.59	27,152.59	20,038.25	17,468.28
Misc. Revenue	24,781.43	20,058.61	19,601.81	15,277.69	16,245.43	10,730.78	26,321.48
Total:	111,700.56	319,697.07	379,509.93	164,391.65	365,691.40	1,477,243.07	454,072.03
Expenditures:							
Payments to Recipients	108,337.55	151,614.51	121,965.73	190,417.54	118,409.50	136,146.50	156,682.83
Salaries and Fringes	346,067.82	301,340.14	304,812.06	315,453.61	434,268.87	315,075.06	325,829.96
Services, Charges and Fees	34,946.78	31,070.50	24,034.29	28,148.57	30,348.07	16,650.61	37,554.58
Travel and Insurance	46,931.08	3,721.12	6,403.80	6,475.62	5,068.18	3,584.84	4,493.19
Supplies and Small Equipment	2,089.92	3,019.98	2,988.67	13,267.81	8,759.37	3,835.32	5,663.26
Capital Outlay	-	-	-	-	735.63	4,155.77	2,098.22
Misc Expense, Pass Thru	3,564.28	36,736.35	5,999.28	35,049.48	4,801.98	8,047.75	26,018.20
Total:	541,937.43	527,502.60	466,203.83	588,812.63	602,391.60	487,495.85	558,340.24
Final Totals:	(430,236.87)	(207,805.53)	(86,693.90)	(424,420.98)	(236,700.20)	989,747.22	(104,268.21)

Cash Balance as of 10/2014
4,303,496.21

Cash Balance as of 10/2015
3,789,217.45

	Actual Aug-15	Actual Sep-15	Actual Oct-15	Actual Nov-15	Actual Dec-15
Income:					
Tax Levy					
CPA and In Lieu	66,478.31	1,430.60			
State Revenue	78,666.05	109,486.82			
Federal Revenue	271,019.23	177,075.95			
Revenue From Third Party	25,089.61	21,336.33			
Misc. Revenue	101,387.32	7,470.57	627.99		
Total:	542,640.52	316,800.27	627.99	-	-
Expenditures:					
Payments to Recipients	107,150.04	103,469.41	240,131.47		
Salaries and Fringes	295,002.97	309,506.27	303,703.01		
Services and Charges	25,373.89	21,404.02	40,422.85		
Travel and Insurance	3,696.11	5,201.76	3,289.57		
Office Supplies	9,304.90	11,173.57	30,480.15		
Capital Outlay	301.91	-	650.98		
Misc Expense & Pass Thru	11,351.83	4,550.79	5,679.40		
Total:	452,181.65	455,305.82	624,357.43	-	-
Final Totals:	90,458.87	(138,505.55)	(623,729.44)	-	-

	YTD 2015	ACTUAL 2014	ACTUAL 2013	ACTUAL 2012	ACTUAL 2011	ACTUAL 2010	ACTUAL 2009	ACTUAL 2008
Income:								
Tax Levy	1,133,384.45	1,888,236.54	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	79,901.20	270,042.48	314,823.94	131,275.60	236,240.57	235,223.92	321,690.72	303,462.53
State Revenue	858,404.78	881,136.72	686,350.95	723,462.02	736,864.33	611,120.93	632,506.88	936,661.64
Federal Revenue	1,628,800.91	2,168,615.65	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	189,380.04	207,345.61	216,749.43	204,217.36	163,265.77	126,077.60	-	-
Misc. Revenue	242,503.11	315,012.26	359,291.46	451,663.65	446,320.68	541,300.99	575,677.90	608,372.74
Total:	4,132,374.49	5,730,389.26	6,184,048.92	6,117,765.60	6,049,342.18	6,073,507.57	6,136,847.65	6,289,542.62
Expenditures:								
Payments to Recipients	1,434,325.08	1,635,620.50	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	3,251,059.77	3,664,934.15	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	289,954.16	336,723.19	423,064.32	397,600.22	271,548.15	305,453.93	295,501.81	327,685.72
Travel and Insurance	88,865.27	143,562.07	89,679.42	87,885.39	96,969.42	107,221.46	125,924.90	125,736.88
Office Supplies	90,582.95	73,198.58	61,402.17	33,369.33	61,209.60	56,501.21	52,262.98	79,742.17
Capital Outlay	7,942.51	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	141,799.34	180,413.58	184,722.83	168,640.01	96,521.72	123,123.15	142,355.79	133,526.22
Total:	5,304,529.08	6,065,718.43	5,654,467.96	5,929,317.85	5,881,836.60	6,074,624.26	6,161,619.70	5,731,516.20
Final Totals:	(1,172,154.59)	(335,329.17)	529,580.96	188,447.75	167,505.58	(1,116.69)	(24,772.05)	558,026.42

ACTUAL 2007	ACTUAL 2006
2,303,196.53	1,817,723.90
389,866.09	312,877.69
790,366.43	905,921.06
2,013,560.50	1,993,226.16
-	-
568,060.27	484,763.05
6,065,049.82	5,514,511.86
1,827,333.49	1,858,630.93
3,091,358.49	2,911,440.42
271,589.87	281,345.91
91,625.96	96,293.29
63,677.05	65,267.30
24,380.79	40,048.96
148,157.71	145,866.15
5,518,123.36	5,398,892.96
546,926.46	115,618.90

AITKIN COUNTY FOSTER CARE

2001	\$840,674.02	116	2004	\$1,054,034.05	76	2007	\$818,453.02	75
2002	\$927,493.49	94	2005	\$911,374.91	69	2008	\$834,511.73	63
2003	\$1,210,524.55	81	2006	\$847,823.25	73	2009	\$950,273.21	64

	2010	2011	2012	2013	2014	2015		
JAN	\$73,496.04	\$78,312.32	\$59,278.73	\$52,334.43	\$38,575.68	\$23,366.04		
FEB	\$82,467.05	\$82,982.51	\$78,783.86	\$50,122.31	\$35,579.24	\$79,173.07		
MARCH	\$75,000.60	\$61,384.45	\$89,386.88	\$44,070.76	\$24,095.99	\$65,772.03		
APRIL	\$79,548.43	\$69,570.36	\$101,195.78	\$52,651.49	\$71,994.81	\$61,777.07		
MAY	\$77,811.48	\$73,398.62	\$70,140.91	\$49,124.55	\$42,970.74	\$36,507.59		
JUNE	\$99,039.56	\$92,735.90	\$79,654.30	\$51,198.58	\$68,481.80	\$64,662.37		
JULY	\$74,466.67	\$63,530.39	\$68,929.00	\$59,525.43	\$53,313.73	\$42,002.03		
AUG	\$97,571.86	\$77,971.22	\$67,386.62	\$50,216.24	\$48,392.38	\$43,259.96		
SEPT	\$70,427.32	\$65,924.31	\$66,615.87	\$51,396.77	\$85,339.33	\$57,491.68		
OCT	\$89,100.75	\$83,971.03	\$45,407.15	\$47,334.14	\$44,448.43	\$39,680.49		
NOV	\$76,359.06	\$78,148.23	\$45,889.63	\$38,819.46	\$65,747.77			
DEC	\$75,599.03	\$58,313.77	\$43,359.27	\$44,200.11	\$49,814.80			
TOTAL	\$970,887.85	\$886,243.11	\$816,028.00	\$590,994.27	\$628,754.70	\$513,692.33	\$0.00	\$0.00
CHILDREN	57	56	49	50	53			
	\$970,887.85	(\$84,644.74)	(\$70,215.11)	(\$225,033.73)	\$37,760.43	(\$115,062.37)		
	Increase	Decrease	Decrease	Decrease	Increase			
	from 2009	from 2010	from 2011	from 2012	from 2013			

2013 Foster Care Breakdown

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

2014 Foster Care Breakdown

Child Shelter	\$1,968.00
Treatment Foster	\$35,417.88
Child Foster Care	\$ 185,255.82
Rule 8 FC	\$987.57
Corrections	\$ 360,963.39
Extended FC	\$100.00
Rule 5	\$119,466.26
Respite	\$918.50
Child Care	\$591.50
Health Services	\$2,606.51
Transportation	<u>\$9,790.44</u>
Total	\$718,065.87

2015 Foster Care Breakdown Year to Date

Child Shelter	\$59.36
Treatment Foster	\$22,413.76
Child Foster Care	\$ 187,648.97
Rule 8 FC	\$31,174.50
Corrections	\$ 154,999.02
Extended FC	
Rule 5	\$122,755.94
Respite	\$5,058.18
Child Care	\$3,235.55
Health Services	\$3,108.03
Transportation	<u>\$6,615.78</u>
Total	\$537,069.09

2012 Foster Care Reimbursement

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

2013 Foster Care Reimbursement

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

2014 Foster Care Reimbursement

IV-E	\$79,352.00
Rule 5	\$27,823.14
Recoveries	\$65,771.13
Total	\$172,946.27

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.

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 2014 expenses.

2010 Foster Care Breakdown

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

2011 Foster Care Breakdown

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

2012 Foster Care Breakdown

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

2013 Foster Care Breakdown

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

2014 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$1,968.00	\$0.00	\$1,968.00	\$0.00
Treatment Foster	\$35,417.88	\$35,417.88	\$0.00	\$0.00
Child Foster Care	\$185,255.82	\$158,688.03	\$1,998.00	\$24,569.79
Rule 8 FC	\$987.57	\$99.57	\$0.00	\$888.00
Corrections	\$360,963.39	\$0.00	\$292,192.98	\$68,770.41
Extended Foster Care	\$100.00	\$100.00	\$0.00	\$0.00
Rule 5	\$119,466.26	\$119,466.26	\$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	\$9,790.44	\$9,790.44	\$0.00	\$0.00
Total	\$718,065.87	\$327,678.69	\$296,158.98	\$94,228.20
Total	\$718,065.87			

2015 Foster Care Breakdown Year to Date

	Total	Social Service	Corrections	ICWA
Child Shelter	\$59.36	\$59.36	\$0.00	\$0.00
Treatment Foster	\$22,413.76	\$18,948.16	\$0.00	\$3,465.60
Child Foster Care	\$187,648.97	\$136,156.35	\$10,011.05	\$41,481.57
Rule 8 FC	\$31,174.50	\$31,174.50	\$0.00	\$0.00
Corrections	\$154,999.02	\$0.00	\$129,016.66	\$25,982.36
Extended Foster Care	\$0.00	\$0.00	\$0.00	\$0.00
Rule 5	\$122,755.94	\$88,377.09	\$0.00	\$34,378.85
Respite	\$5,058.18	\$5,058.18	\$0.00	\$0.00
Child Care	\$3,235.55	\$3,235.55	\$0.00	\$0.00
Health Services	\$3,108.03	\$3,108.03	\$0.00	\$0.00
Transportation	\$6,615.78	\$6,615.78	\$0.00	\$0.00
Total	\$537,069.09	\$292,733.00	\$139,027.71	\$105,308.38
Total	\$537,069.09			

AITKIN COUNTY VOLUNTEER DRIVER TRANSPORTATION

MONTH	MEDICAL TRANSPORTS COMPLETED	OTHER TRANSPORTS COMPLETED*	TRANSPORTS CANCELED OR NO SHOWS	TOTAL TRANSPORTS ARRANGED	COUNTY EXPENSE FOR MEDICAL TRANSPORTS
OCT	75	1	13	89	\$373.80
NOV	61	0	9	70	\$211.44
DEC	59	2	9	70	\$394.82
JAN '15	57	2	7	66	\$131.75
FEB '15	39	3	10	52	\$217.92
MARCH	54	0	6	60	\$79.85
APRIL	63	0	4	67	\$395.43
MAY	41	5	0	46	\$404.58
JUNE	55	13	12	80	\$148.01
JULY	46	1	10	57	\$165.48
AUGUST	44	1	7	52	\$158.15
SEPT	40	8	0	48	\$87.80
OCT					\$77.55

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

AITKIN COUNTY HEALTH & HUMAN SERVICE ADVISORY COMMITTEE MEETING MINUTES

VIII. – A.

Wednesday, October 7, 2015

Committee Members Present: Marlene Abear
Jim Carlson
Diane Eastman, AFSCME Union Rep.
Roberta Elvecrog
Kami Genz, CMCC
Julie Anne Larkin
Kristine Layne, Riverwood HealthCare
Bob Marcum
Bev Mensing, Red Cross
Jessica Seibert, HRA
Amanda Voller, Workforce Center
Commissioner Anne Marcotte

Others Present: Ann Rivas, Social Service Supervisor
Jessi Schultz, Social Service Supervisor
Jessi Goble, Income Maintenance Supervisor
Kathy Ryan, Fiscal Supervisor
Julie Lueck, Clerk to the Advisory Committee

Guests: Joel Hoppe

Absent: Holly Bray
Gayle Janzen
Joy Janzen
Katie Nelson, Riverwood Foundation
Commissioner Laurie Westerlund

I. Approval of Agenda

Motion by Bev Mensing, seconded by Marlene Abear, and carried, the vote was to approve the Agenda

II. Approval of Minutes of the August 5, 2015 Meeting

Motion by Diane Eastman, seconded by Julie Anne Larkin, and carried, the vote was to approve the Minutes of the August 5, 2015 meeting as presented.

III. Good Foods Assessment Results – Stacey Durgin

See attached PowerPoint Slides of the presentation and brochures Stacey handed out.

IV. Task Force Reports/Updates:

A. Corrections - Kami Genz/Roberta Elvecrog – No report.

B. Public Health – Bob Marcum / Kristine Layne – No Report.

C. Children’s Social Services/Mental Health – Bev Mensing/Katie Nelson – No Report.

D. Adult Social Services/Mental Health – Jessica Seibert / Bob Marcum / Marlene Abear
Ann Rivas discussed the “Make It Okay” presentation for the jail inmates in conjunction with the Discharge Planning program that has begun in the jail. She also noted this month is Domestic Abuse Awareness Month. She encouraged the members to watch for the news articles appearing in the local papers and also the articles coming out in the December “The

Family” on Mental Wellness/Mental Illness.

Bob Marcum discussed the DHS Abuse Hotline phone number to help resolve issues. Bob also discussed his interest in seeing articles about local people and their interesting history/past.

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

VI. **Comments:**

A. **Comments from the Committee Members for the Commissioners relative to HHS** – No report.

B. **Feedback from the Board Meetings**

1. **August 25, 2015 – Roberta Elvecrog** – Nothing noted – see minutes in packet.

2. **September 22, 2015 – Jessica Seibert & Marlene Abear** discussed the \$40,000/ month bill for someone in Anoka who is due to be released but there is nowhere for the person to go. Marlene also referred to the discussion of Ann Rivas’ jail discharge planning program.

C. **Committee Members scheduled to attend upcoming Board Meetings in 2015:**

OCTOBER 27 Jim Carlson Jessica Seibert NOVEMBER 24 Bob Marcum Amanda Voller
DECEMBER 22 _____

VII. **Miscellaneous Discussion**

A. **Advisory Membership – Expiring Terms December 31, 2015 – See Chart.** Reviewed the fact we will be advertising to replace members who choose not to re-apply and for the vacancies for those who have resigned or are not eligible for another term. Commissioner District 4 has openings for 2 new members.

VIII. **Adjourn**

Motion by Kristine Layne, seconded by Bob Marcum, and carried; the vote was to adjourn the meeting at 4:49 p.m.

Roberta Elvecrog, Vice-Chairperson

Julie Lueck, Clerk to the
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 August 5, 2015, Advisory Committee Meeting
- Copy of the August 25, 2015, Health & Human Services Board Meeting Minutes
- Draft Copy of September 22, 2015, Health & Human Services Board Meeting Minutes
- Good Foods Assessment Results PowerPoint Slides
- Advisory Committee Member Roster showing expiring terms and districts represented
- Brochures: Food Resources in Aitkin County and Minnesota Grown Fresh from Your Neighbor