

Pennington County Human Service Committee

Meeting Agenda

July 19, 2022

12:00 pm

Members Present

_____ Bruce Lawrence _____ Dave Sorenson _____ Seth Nelson
_____ Neil Peterson _____ Darryl Tveitbakk

Section A

- I. Minutes: Review of 06/21/2022 HSC Meeting minutes
- II. Personnel:
 - A. Update on Eligibility Worker Position

- IV. General:
 - A. CY 2023 Clinical Supervision Purchase of Service Agreement between Sherry Jose-Sobolik and Pennington County Human Services.
 - B. CY 2022-2023 Supervised Visitation and Visitation Exchange Purchase of Service Agreement between the Violence Intervention Project and Pennington County Human Services.
 - C. Budget
 - D. Staff Presentation
 - E. Out-of-Home Cost Report
 - F. Month's End Cash Balance
 - G. Other

Section B

- I. Special Case Situations (Social Services)
- II. Income Maintenance Update
- III. Special Case Situations (Public Assistance)
- IV. Payment of Bills

Section C

- I. Dates of Upcoming Committee Meetings:

08/16/2022
12:00 pm

09/20/2022
12:00 pm

10/18/2022
12:00 pm

A regular meeting of the Pennington County Human Service Committee was held at 12:00 pm, June 21, 2022, at Pennington County Human Services.

COMMITTEE MEMBERS PRESENT:

Bruce Lawrence
Dave Sorenson
Darryl Tveitbakk
Neil Peterson
Seth Nelson

STAFF MEMBERS PRESENT:

Julie Sjostrand, Director
Stacy Anderson
Maureen Monson
Tammy Johnson
Elizabeth Gerhart

SECTION A

I. MINUTES:

The May 17, 2022, Human Service Committee Meeting Minutes were electronically posted for review. Noting no corrections or changes, a recommendation was made to forward the Minutes to the Consent Agenda.

II. PERSONNEL:

A. The Director presented an update on the Eligibility Worker position.

III. GENERAL:

A. The Director presented the 2023 Managed Care RFP Families and Children Resolution.

B. The Director presented information on the Mental Health Event – August 23, 2022 – Kevin Hines- Speaker.

C. Agency Social Workers, Laurie Hamness, Mitch Anderson, Kristy Kehn and Claire Koland presented to the committee information on their roles and responsibilities that they fulfill in serving the clients in Pennington County.

D. The Director presented the Local Collaborative Time Study (LCTS) participation contract between Pennington County and the Department of Human Services was presented for renewal. Recommendation was made to forward this item to the Consent Agenda.

E. The Director presented Marco's information to lease a new Konica C550i Color Copier with a new agreement in place and to continue with the current agreement to lease the Canon 4045. Recommendation was made to forward this item to the Consent Agenda.

F. The Out-of-Home Cost Report through May 2022 was presented for Review.

G. Month's end cash balance for May 2022 stands at \$ 3,023,675.98.

SECTION B

- I. No Social Service cases were presented for special case review.
- II. Tammy Johnson, Financial Assistant Supervisor presented the Emergency Assistance/Emergency General Assistance May 2022 report of activity. She reported the Income Maintenance open case count stands at 2,034.
- III. No Income Maintenance cases were presented for special case consideration.
- IV. A listing of bills presented for payment was reviewed. A recommendation for payment of the bills was forwarded to the Consent Agenda.

SECTION C

Be it resolved that the foregoing record is a true and accurate recording of the official actions and recommendations of the Human Service Committee for Pennington County and, as such, constitutes the official minutes thereof.

Chair: _____

Attest: _____

NEXT COMMITTEE MEETING: July 19, 2022, at 12:00 p.m.

**Pennington County Human Services
Income Maintenance Unit
Active Cases by Program
Jun-22**

Cash	# Cases	## in HH	# Adults	# Children	
MFIP	37	84	24	60	Minnesota Family Investment Program
DWP	0	0	0	0	Diversiory Work Program
GA	37	37	37	0	General Assistance
GRH	56	56	56	0	Group Residential Housing
MSA	45	45	45	0	Minnesota Supplement Aid
EA	4	13	4	9	Emergency Assistance
EGA	0	0	0	0	Emergency General Assistance
TOTAL	179	235	166	69	

Food					
SNAP	539	981	623	358	Supplemental Nutrition Assistance Program
TOTAL	539				

Health Care					
MA (MAXIS)	543	553	448	105	Medical Assistance
IMD	5	5	5	0	Institute for Mental Disease
QMB	246	247	245	2	Qualified Medicare Beneficiary (Medicare Savings Program)
SLMB	60	63	63	0	Service Limited Medicare Beneficiary (Medicare Savings Program)
QI-1	18	21	21	0	QI-1 (Medicare Savings Program)
MA (METS/MNsure)	1,031				Medical Assistance (as of 6/3/2022)
MCRE (METS)	66				MinnesotaCare (as of 6/3/2000)
TOTAL	1,969	889	782	107	

TOTAL ACTIVE PROGRAMS:	2,687
TOTAL ACTIVE CASES:	2,040

Pennington County Human Services
Emergency Assistance/Emergency General Assistance
Emergency Requests Related to Potential Evictions/Housing and Utilities
June-22

Approvals

Eligibility Worker	File Date	Case	Request	Employment Status	Number of Children	Amount and Purpose	Agency Action	Date of Action
X157517	6/9/2022	1583318	Help w/Rent/Eviction	Full time, switched jobs and became behind on rent	3 children	\$750.00 to help alleviate eviction	APPROVED \$750	6/9/2022
X157517	6/13/2022	70662	Help w/Rent Deposit as household was couch hopping	Took Full Time employment the end of May, first check to be received 06/17/2022; this will pay the rent amount for June	1 child	\$717.00 for Rent Deposit	APPROVED \$717.00	6/13/2022
x157517	6/16/2022	1026813	Help w/Rent/Eviction	Client needed to buy used vehicle to get to work, working full time	3 children and pregnant	\$750.00 for past due rent, client will pay \$400.00 towards past due rent	APPROVED \$750.00	6/16/2022
X157517	6/22/2022	1281578	Help w/Rent/Eviction	Client was out of work most of March and April due to health issues, has not been able to catch up w/rent amount	3	\$750.00; client will pay remainder amount of \$783.00.	Approved \$750.00	6/27/2022
				client above is working full time now,,,,,				
TOTAL						EA	\$2,217.00	
						EGA	\$0.00	

Denials

Eligibility	File	Case	Request	Employment	Number of	Amount and	Agency	Date of
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July 1, 2022

PENNINGTON County Human Services

Director Julie Sjostrand

RE: SFY 2023 Targeted Case Management Rates

Below please find the SFY 2023 targeted case management (TCM) rates that have been set for your county for the period July 1, 2022 through June 30, 2023. Please note, the rates referenced below **do not** represent the actual reimbursement your county will receive. All counties will receive a portion of the rate below dependent on the CMS established Federal Medical Assistance Percentage (FMAP) OR the Medicaid recipient receiving TCM services. Minnesota's FMAP rate has historically been set at 50% which would result in your county receiving half of the rate below in actual reimbursement. However, under the COVID Public Health Emergency, and other key historical legislation, including the Affordable Care Act, all states have received increases in their FMAP which means you will receive a higher proportion of the rate below. I will include all of the various FMAP's in play in my quarterly memo to assist counties in preparing their revenue budgets and forecasting efforts.

	Gross
CW-TCM	\$665
CMH – TCM	\$1436
VA/DD – TCM	\$264
Adult MH – TCM	\$264

Please be sure to share these rates with your county Fiscal Supervisor, Social Service Supervisor and Income Maintenance Supervisor. Your staff will need to enter this new rate in SSIS Fiscal or in your county's claiming system. Income Maintenance staff will need to apply this monthly rate toward the spenddowns of potential MA clients if appropriate.

For questions related to FMAP, please look for my quarterly memo or contact Becky Path at rebecca.path@state.mn.us. Otherwise, for questions related to TCM rate setting please contact Amber Ganyaw at amber.ganyaw@state.mn.us.

Sincerely,

Chris Ricker

Health & Human Service Finance Manager

Financial Operations Division

	A	B	J	L	M	N	O	P	Q	S	U	V	W
1	AccountNumber	ACCOUNTDESCRIPTION		2021 Actual		2022 Budget	2022 Actual		2023 Budget				
2	11-420-000-0000-5001	PROPERTY TAXES		(582,193.00)		(611,495)	(383,541)		(611,495)				
3	11-420-000-0000-5003	SEVERED MINERAL TAX		(17.00)		(12)	(17)		(12)				
4	11-420-000-0000-5004	DELINQUENT TAX		(10,716.00)		(5,000)	(6,550)		(5,000)				
5	11-420-000-0000-5005	DELINQUENT MOBILE HOME TAX		(819.00)		(1,000)	(393)		(1,000)				
6	11-420-000-0000-5060	MOBILE HOME TAX		(2,610.00)		(2,000)	(2,681)		(2,000)				
9	11-420-000-0000-5202	COUNTY PROGRAM AID		(54,713.00)		(58,719)	0		(58,719)				
10	11-420-000-0000-5207	MARKET VALUE CREDIT AG, REAL, MH		(8,451.00)		(7,000)	0		(7,000)				
11	11-420-000-0000-5208	DISPARITY REDUCTION AID		(5,226.00)		(4,681)	0		(4,681)				
12	11-420-000-0000-5248	PERA Rate Increase Aid		0.00		(2,400)	0		(2,400)				
13	11-420-000-0000-5270	IN LIEU TAX		(3,334.00)		(3,000)	0		(3,000)				
14	11-420-600-0000-5321	ADMIN AID - STATE		(4,392.00)		(200)	0		(200)				
15	11-420-600-0000-5331	PERIODIC DATA MATCH - STATE		0.00		(4,392)	0		(4,392)				
16	11-420-600-0000-5421	TANFCOUNTYADMIN - MFIP CONSOLIDATED FUND		(38,846.00)		(30,000)	(17,451)		(30,000)				
17	11-420-600-0000-5433	IVE IM 93658 - FEDERAL		(5,103.00)		(3,500)	(2,968)		(3,500)				
18	11-420-600-0000-5461	CHIPS 93767 - FEDERAL		(307.00)		(100)	(700)		(100)				
19	11-420-600-0000-5831	RECOVERIES AND CANCELLATIONS		(947.00)		(100)	(129)		(100)				
23	11-420-600-0000-5910	TRANSFER IN		0.00		0	0		0				
25	11-420-600-0000-6102	GROSS SALARIES		231,557.00		236,818	109,076		250,407				
26	11-420-600-0000-6103	PERDIEMS		1,148.00		2,000	1,418		2,000				
27	11-420-600-0000-6110	MEDICARE		3,062.00		3,434	1,436		3,660				
28	11-420-600-0000-6119	OVERTIME		0.00		0	0		0				
29	11-420-600-0000-6152	LIFE INSURANCE		286.00		305	146		361				
30	11-420-600-0000-6153	HEALTH INSURANCE		65,358.00		69,298.00	34,358.00		69,859.00				
31	11-420-600-0000-6161	PERA BENEFITS		17,011.00		17,761.00	8,189.00		18,931.00				
32	11-420-600-0000-6171	FICA BENEFITS		13,035.00		14,683.00	6,075.00		15,650.00				
33	11-420-600-0000-6202	TELEPHONE		5,133.00		5,000.00	2,628.00		5,000.00				
34	11-420-600-0000-6204	MICROFILMING/SCANNING		1,603.00		1,600.00	1,521.00		1,600.00				
35	11-420-600-0000-6209	POSTAGE		4,328.00		5,250.00	1,406.00		5,250.00				
36	11-420-600-0000-6240	PUBLICITY, SUBSCRIPTIONS		287.00		600.00	54.00		600.00				
37	11-420-600-0000-6241	DUES		245.00		300.00	677.00		300.00				
38	11-420-600-0000-6242	COMMITTEE WORK		798.00		700.00	752.00		700.00				
39	11-420-600-0000-6280	LEGAL		20,753.00		17,000.00	10,155.00		17,000.00				
40	11-420-600-0000-6282	STATE AUDITOR		2,453.00		2,500.00	0.00		2,500.00				
41	11-420-600-0000-6283	DATA PROCESSING		33,284.00		32,000.00	35,340.00		32,000.00				This account might need to be increased.
43	11-420-600-0000-6300	REPAIRS AND MAINTENANCE TO EQUIPMENT		816.00		5,000.00	0.00		5,000.00				
44	11-420-600-0000-6301	MAINTENANCE SERVICE CONTRACTS		5,561.00		6,400.00	1,773.00		6,400.00				
45	11-420-600-0000-6330	TRAVEL AND EXPENSES		1,915.00		4,500.00	945.00		4,000.00				
46	11-420-600-0000-6333	GAS&OIL CAR 16		0.00		400.00	0.00		0.00				
47	11-420-600-0000-6334	GAS&OIL CAR 17		12.00		400.00	68.00		500.00				
52	11-420-600-0000-6340	RENTAL - BUILDING		20,898.00		30,000.00	12,594.00		28,000.00				
53	11-420-600-0000-6341	RENTAL - EQUIPMENT		2,639.00		4,000.00	1,828.00		4,000.00				
55	11-420-600-0000-6350	OTHER MISCELLANEOUS CHARGES		7,433.00		6,000.00	4,767.00		6,500.00				
56	11-420-600-0000-6354	WORKMANS COMP INSURANCE		2,748.00		3,000.00	2,250.00		3,000.00				
57	11-420-600-0000-6355	PROPERTY CASUALTY INSURANCE		6,492.00		6,000.00	6,379.00		6,500.00				
59	11-420-600-0000-6401	OFFICE SUPPLIES		4,811.00		20,000.00	4,636.00		15,000.00				
61	11-420-600-0000-6801	OTHER EXPENDITURES (ALL COUNTY)		17,838.00		1,000.00	3,440.00		1,000.00				
62	11-420-601-0000-6102	GROSS SALARIES		471,332.00		475,396.00	218,047.00		487,858.07				

	A	B	J	L	M	N	O	P	Q	S	U	V	W
1	AccountNumber	ACCOUNTDESCRIPTION		2021 Actual		2022 Budget	2022 Actual		2023 Budget				
63	11-420-601-0000-6110	MEDICARE		6,308.00		6,893.00	2,914.00		7,154.00				
65	11-420-601-0000-6152	LIFE INSURANCE		665.00		787.00	346.00		615.00				
66	11-420-601-0000-6153	HEALTH INSURANCE		131,692.00		145,883.00	66,611.00		151,766.00				
67	11-420-601-0000-6161	PERA BENEFITS		34,627.00		35,655.00	16,354.00		37,005.00				
68	11-420-601-0000-6171	FICA BENEFITS		26,972.00		29,475.00	12,460.00		30,591.00				
69	11-420-601-0000-6330	TRAVEL AND EXPENSES		0.00		3,000.00	18.00		3,000.00				
70	11-420-601-0000-6333	GAS&OIL CAR 16		0.00		150.00	0.00		150.00				
71	11-420-601-0000-6334	GAS&OIL CAR 17		0.00		150.00	46.00		150.00				
73	11-420-610-0000-5831	RECOVERIES AND CANCELLATIONS		0.00		0.00	0.00		0.00				
75	11-420-610-0000-6011	CENTRAL DISBURSEMENTS - COUNTY SHARE		0.00		0.00	0.00		0.00				
76	11-420-610-0000-6019	MFIP INNOVATION PROJECT		0.00		0.00	0.00		0.00				
77				0.00		0.00	0.00		0.00				
78	11-420-620-0000-5322	STATE GRANTS - IM PROGRAMS		0.00		0.00	0.00		0.00				
79	11-420-620-0000-5831	GA RECOVERIES		0.00		0.00	0.00		0.00				
80	11-420-620-0000-5834	GA RECOVERIES - ESTATES		0.00		0.00	0.00		0.00				
81	11-420-620-0000-5842	RECOVERIES - MAXIS		0.00		0.00	0.00		0.00				
82	11-420-620-0000-5848	COUNTY BURIAL RECOVERIES		(2,070.00)		0.00	0.00		0.00				
83	11-420-620-0000-5854	GRH Recoveries		(1,211.00)		(10,000.00)	(777.00)		(10,000.00)				
84	11-420-620-0000-6003	BURIALS		10,353.00		30,000.00	16,371.00		30,000.00				
85	11-420-620-0000-6011	CENTRAL DISBURSEMENTS - COUNTY SHARE		3,673.00		10,000.00	290.00		10,000.00				
89	11-420-630-0000-5421	SNAPADMINCMAIN 10561		(140,744.00)		(162,000.00)	(81,966.00)		(162,000.00)				
91	11-420-630-0000-5837	FOOD STAMP CLAIM RECOVERIES		(2,795.00)		(1,000.00)	(1,536.00)		(1,000.00)				
93	11-420-630-0000-6011	FOOD STAMP COUNTY SHARE		0.00		750.00	0.00		750.00				
96	11-420-640-0000-5326	IV-D INCENTIVES		(13,396.00)		(6,000.00)	(13,358.00)		(6,000.00)				
97	11-420-640-0000-5421	IV-DADMINAIDCS		(295,828.00)		(300,000.00)	(151,385.00)		(300,000.00)				
98	11-420-640-0000-5423	IV-DCSINCENTIV		(33,983.00)		(40,000.00)	(10,383.00)		(40,000.00)				
99	11-420-640-0000-5501	FEES AND SERVICES CHARGES		(20.00)		(20.00)	(10.00)		(20.00)				
100	11-420-640-0000-5831	RECOVERIES AND CANCELLATIONS		(3,027.00)		(2,000.00)	(965.00)		(2,000.00)				
101	11-420-640-0000-5910	TRANSFER IN		0.00									
102	11-420-640-0000-6102	GROSS SALARIES		236,598.00		242,025.00	111,722.00		250,113.00				
103	11-420-640-0000-6110	MEDICARE		3,230.00		3,509.00	1,499.00		3,626.64				
104	11-420-640-0000-6119	PENNINGTON CO. HUMAN SERVICES FUND		0.00		0.00	0.00		0.00				
105	11-420-640-0000-6152	LIFE INSURANCE		307.00		472.00	154.00		307.00				
106	11-420-640-0000-6153	HEALTH INSURANCE		55,797.00		58,677.00	28,941.00		65,394.00				
107	11-420-640-0000-6161	PERA BENEFITS		17,745.00		18,152.00	8,379.00		18,759.00				
108	11-420-640-0000-6171	FICA BENEFITS		13,809.00		16,996.00	6,411.00		15,507.00				
111	11-420-640-0000-6209	POSTAGE		1,025.00		2,000.00	375.00		2,000.00				
112	11-420-640-0000-6280	LEGAL		6,240.00		13,000.00	2,520.00		13,000.00				
114	11-420-640-0000-6283	DATA PROCESSING		152.00		2,000.00	2,266.00		2,000.00				
115	11-420-640-0000-6284	PATERNITY		358.00		1,000.00	138.00		1,000.00				
116	11-420-640-0000-6285	SHERIFF		422.00		1,000.00	479.00		1,000.00				
117	11-420-640-0000-6300	REPAIRS AND MAINTENANCE TO EQUIPMENT		0.00		500.00	0.00		500.00				
118	11-420-640-0000-6301	MAINTENANCE SERVICE CONTRACTS		128.00		200.00	0.00		200.00				
119	11-420-640-0000-6330	TRAVEL AND EXPENSES		0.00		500.00	0.00		500.00				
127	11-420-640-0000-6341	RENTAL - EQUIPMENT		1,412.00		1,500.00	803.00		1,500.00				
128	11-420-640-0000-6350	OTHER MISCELLANEOUS CHARGES		2,168.00		2,000.00	1,101.00		2,000.00				
131	11-420-640-0000-6401	OFFICE SUPPLIES		898.00		1,000.00	101.00		1,000.00				

	A	B	J	L	M	N	O	P	Q	S	U	V	W
1	AccountNumber	ACCOUNTDESCRIPTION		2021 Actual		2022 Budget	2022 Actual		2023 Budget				
134	11-420-650-0000-5321	65MAINCENTIVEST		(4,443.00)		(4,000.00)	(3,355.00)		(4,000.00)				
135	11-420-650-0000-5322	MMIS MA - STATE		(78,387.00)		(100,000.00)	(56,530.00)		(100,000.00)				
136	11-420-650-0000-5421	MA ADM 93778 - FEDERAL GRANTS		(244,320.00)		(280,000.00)	(128,141.00)		(280,000.00)				
137	11-420-650-0000-5422	MMIS MA F - IM PROGRAMS		(48,342.00)		(100,000.00)	(41,586.00)		(100,000.00)				
140	11-420-650-0000-5833	EXCESS ASSET RECY		(23,978.00)		(75,000.00)	(1,366.00)		(75,000.00)				
141	11-420-650-0000-5834	ESTATE RECY		(113,360.00)		(75,000.00)	(28,974.00)		(75,000.00)				
142	11-420-650-0000-6011	CENTRAL DISBURSEMENTS - COUNTY SHARE		107,075.00		90,000.00	51,125.00		90,000.00				
143	11-420-650-0000-6012	MEDICAL TRANSPORTATION		16,810.00		50,000.00	8,081.00		40,000.00				
144	11-420-650-0000-6016	MA GRANTS FOR RECIPIENTS		118,840.00		150,000.00	77,316.00		150,000.00				
145	11-420-650-0000-6350	OTHER MISCELLANEOUS CHARGES		0.00		0.00	0.00		0.00				
146	11-420-650-0000-6801	OTHER EXPENDITURES (ALL COUNTY)		0.00		0.00	0.00		0.00				
147	11-420-650-0000-6829	BIRTH CERTIFICATE SURCHARGE		0.00		0.00	0.00		0.00				
148				0.00									
149	11-420-680-0000-5421	ADMIN AID - FEDERAL		(36.00)		0.00	(397.00)		0.00				
150													
151													
152	11-430-000-0000-5001	PROPERTY TAXES		(1,564,605.00)		(1,647,213.00)	(1,039,938.00)		(1,647,213.00)				
153	11-430-000-0000-5003	SEVERED MINERAL TAX		(46.00)		0.00	(47.00)		0.00				
154	11-430-000-0000-5004	DELINQUENT TAX		(29,911.00)		(20,000.00)	(18,499.00)		(20,000.00)				
155	11-430-000-0000-5005	DELINQUENT MOBILE HOME TAX		(2,841.00)		(2,000.00)	(1,186.00)		(2,000.00)				
156	11-430-000-0000-5060	MOBILE HOME TAX		(6,960.00)		(7,000.00)	(7,207.00)		(7,000.00)				
157	11-430-000-0000-5202	COUNTY PROGRAM AID		(147,309.00)		(159,258.00)	0.00		(159,258.00)				
158	11-430-000-0000-5207	MARKET VALUE CREDIT AG, REAL, MH		(22,713.00)		(27,000.00)	0.00		(27,000.00)				
159	11-430-000-0000-5208	DISPARITY REDUCTION AID		(14,045.00)		(16,000.00)	0.00		(16,000.00)				
160	11-430-000-0000-5248	PERA Rate Increase Aid		0.00		(2,700.00)	0.00		(2,700.00)				
161	11-430-000-0000-5249	OUT OF HOME ICWA PLACEMENT AID		(1,137.00)		0.00	0.00		0.00				
162	11-430-000-0000-5270	IN LIEU TAX		(10,336.00)		(6,000.00)	0.00		(6,000.00)				
163													
164	11-430-700-0000-5342	CCSAGBLOKGR53 - STATE		(199,193.00)		(208,923.00)	0.00		(208,923.00)				
165	11-430-700-0000-5348	S57 LTSS*SSTS		(101,670.00)		(120,000.00)	(48,983.00)		(120,000.00)				
166	11-430-700-0000-5421	MASSTADMIN*54 - FEDERAL		(45,854.00)		(50,000.00)	(24,012.00)		(50,000.00)				
167	11-430-700-0000-5431	SS ADM F09 - FEDERAL GRANTS		(973.00)		(1,000.00)	(1,611.00)		(1,000.00)				
168	11-430-700-0000-5440	TXXSSBLOKF56 - FEDERAL		(97,306.00)		(113,946.00)	(65,810.00)		(113,946.00)				
169	11-430-700-0000-5448	F67 MA*LTSS*SSTS		(124,141.00)		(140,000.00)	(59,808.00)		(140,000.00)				
170	11-430-700-0000-5501	FEES FOR SERVICES		(22,602.00)		(20,000.00)	(12,048.00)		(20,000.00)				
171	11-430-700-0000-5831	RECOVERIES AND CANCELLATIONS		(7,421.00)		0.00	0.00		0.00				
173	11-430-700-0000-5910	TRANSFER IN		0.00		0.00	0.00		0.00				
174	11-430-700-0000-6102	GROSS SALARIES		1,222,282.00		1,441,625.00	598,672.00		1,474,514.11				
175	11-430-700-0000-6103	PERDIEMS		1,403.00		3,100.00	1,733.00		2,500.00				
176	11-430-700-0000-6110	MEDICARE		16,621.00		20,904.00	8,263.00		21,416.70				
177	11-430-700-0000-6119	OVERTIME		937.00		2,500.00	246.00		2,500.00				
178	11-430-700-0000-6120	Call Time		9,100.00		9,100.00	4,200.00		9,100.00				
179	11-430-700-0000-6152	LIFE INSURANCE		1,512.00		1,820.00	814.00		1,790.00				
180	11-430-700-0000-6153	HEALTH INSURANCE		295,599.00		396,033.00	147,530.00		370,527.00				
181	11-430-700-0000-6161	PERA BENEFITS		91,355.00		108,122.00	45,245.00		110,776.06				
182	11-430-700-0000-6171	FICA BENEFITS		70,999.00		89,381.00	35,250.00		91,574.87				
183	11-430-700-0000-6202	TELEPHONE		16,162.00		15,000.00	7,907.00		15,000.00				

	A	B	J	L	M	N	O	P	Q	S	U	V	W
1	AccountNumber	ACCOUNTDESCRIPTION		2021 Actual		2022 Budget	2022 Actual		2023 Budget				
184	11-430-700-0000-6204	MICROFILMING/SCANNING		1,737.00		4,000.00	1,860.00		4,000.00				
185	11-430-700-0000-6209	POSTAGE		5,383.00		5,000.00	1,773.00		5,000.00				
186	11-430-700-0000-6240	PUBLICITY, SUBSCRIPTIONS		2,275.00		2,000.00	1,386.00		2,000.00				
187	11-430-700-0000-6241	DUES		1,567.00		1,700.00	2,128.00		1,700.00				
188	11-430-700-0000-6242	COMMITTEE WORK		864.00		1,000.00	919.00		1,000.00				
189	11-430-700-0000-6244	Clinical Supervision MH Workers		5,794.00		7,000.00	3,676.00		7,000.00				
190	11-430-700-0000-6280	LEGAL		37,751.00		20,000.00	12,412.00		20,000.00				
191	11-430-700-0000-6282	STATE AUDITOR		2,882.00		3,000.00	0.00		3,000.00				
192	11-430-700-0000-6283	DATA PROCESSING		28,652.00		25,000.00	29,710.00		25,000.00				
193	11-430-700-0000-6300	REPAIRS AND MAINTENANCE TO EQUIPMENT		1,390.00		8,000.00	95.00		8,000.00				
194	11-430-700-0000-6301	MAINTENANCE SERVICE CONTRACTS		7,262.00		8,000.00	2,167.00		8,000.00				
195	11-430-700-0000-6330	TRAVEL AND EXPENSES		4,234.00		20,000.00	6,039.00		20,000.00				
196	11-430-700-0000-6333	GAS&OIL CAR 16		0.00		4,000.00	0.00		0.00				
197	11-430-700-0000-6334	GAS&OIL CAR 17		2,747.00		3,200.00	1,922.00		5,000.00				
198	11-430-700-0000-6335	TAX AND LICENSE CAR 16		0.00		0.00	0.00		0.00				
199	11-430-700-0000-6336	TAX AND LICENSE CAR 17		1,125.00		1,000.00	975.00		1,000.00				
200	11-430-700-0000-6337	REPAIRS AND MAINTENANCE 16		0.00		2,000.00	0.00		2,000.00				
201	11-430-700-0000-6338	REPAIRS AND MAINTENANCE 17		12,786.00		3,000.00	880.00		3,000.00				
202	11-430-700-0000-6340	RENTAL - BUILDING		24,101.00		30,000.00	15,392.00		30,000.00				
203	11-430-700-0000-6341	RENTAL - EQUIPMENT		3,011.00		4,500.00	2,234.00		4,500.00				
205	11-430-700-0000-6350	OTHER MISCELLANEOUS CHARGES		8,580.00		6,000.00	4,789.00		6,000.00				
206	11-430-700-0000-6354	WORKMANS COMP INSURANCE		2,978.00		3,500.00	2,751.00		3,500.00				
207	11-430-700-0000-6355	PROPERTY CASUALTY INSURANCE		7,032.00		6,500.00	7,797.00		7,100.00				
208	11-430-700-0000-6357	VEHICLE INSURANCE		0.00		2,000.00	0.00		2,000.00				
209	11-430-700-0000-6401	OFFICE SUPPLIES		8,297.00		25,000.00	10,367.00		25,000.00				
210	11-430-700-0000-6601	VEHICLES		20,993.00		35,000.00	0.00		35,000.00				
211	11-430-700-0000-6801	OTHER EXPENDITURES - ALL COUNTY		22,167.00		500.00	4,011.00		500.00				
212													
213	11-430-710-0000-5332	RELCUSTODY S02 - STATE GRANTS		(4,146.00)		0.00	0.00		0.00				
214	11-430-710-0000-5358	S05 IVEADOPTYMT - STATE		(1,703.00)		(2,600.00)	(578.00)		(2,600.00)				
215	11-430-710-0000-5360	WVR PGS S01 - STATE GRANTS		(783.00)		(2,000.00)	(844.00)		(2,000.00)				
216	11-430-710-0000-5362	FAMILYRESPONS67 - FAMILY RESPONSE SERVIC		(859.00)		(1,216.00)	0.00		(1,216.00)				
217	11-430-710-0000-5365	S03NSFOSTERCARE		(25,754.00)		(10,000.00)	(36,328.00)		(10,000.00)				
218	11-430-710-0000-5366	S04 Child Protect Grant		(75,000.00)		(75,000.00)	0.00		(75,000.00)				
219	11-430-710-0000-5368	S06 CPOPIOIDRESPO6		(3,254.00)		0.00	(5,658.00)		0.00				
221	11-430-710-0000-5431	LCTS F07 - FEDERAL GRANTS		(20,928.00)		(20,000.00)	(10,492.00)		(20,000.00)				
222	11-430-710-0000-5432	FAMILY RESP F65 - FAMILY RESPONSE AWARD		(3,879.00)		(3,287.00)	(1,009.00)		(3,287.00)				
223	11-430-710-0000-5433	F02 SSTS IVEFCAA		(11,731.00)		(20,000.00)	(7,736.00)		(20,000.00)				
224	11-430-710-0000-5438	SELFGRT F04 - FEDERAL GRANTS		(325.00)		0.00	(605.00)		0.00				
225	11-430-710-0000-5439	IVEFCMAINT F01 - FEDERAL		(5,245.00)		(10,000.00)	(4,082.00)		(10,000.00)				
226	11-430-710-0000-5451	PSOP F08 - FEDERAL GRANTS		(63.00)		(2,956.00)	0.00		(2,956.00)				
227	11-430-710-0000-5459	CWTCM F05 - FEDERAL GRANTS		(63,987.00)		(15,000.00)	(42,226.00)		(15,000.00)				
228	11-430-710-0000-5460	WVR PGS F06 FEDERAL GRANTS		(783.00)		(2,000.00)	(844.00)		(2,000.00)				
229	11-430-710-0000-5463	F09 PSOP CHLDRTRFD		(384.00)		(2,400.00)	(354.00)		(2,400.00)				
230	11-430-710-0000-5501	FEES AND SERVICES CHARGES		(164.00)		(10,000.00)	0.00		(10,000.00)				
234	11-430-710-0000-5839	IV-E FOSTER CARE RECOVERIES		(108.00)		0.00	(9,220.00)		0.00				
235	11-430-710-3040-6050	CHILD PROTECTION INVESTIGATION		68.00			72.00						

	A	B	J	L	M	N	O	P	Q	S	U	V	W
1	AccountNumber	ACCOUNTDESCRIPTION		2021 Actual		2022 Budget	2022 Actual		2023 Budget				
236	11-430-710-3050-6080	CADI		0.00		0.00	0.00		0.00				
237	11-430-710-3160-6050	TITLE XX		0.00		500.00	0.00		0.00				
238	11-430-710-3160-6080	MILEAGE - CADI		0.00		0.00	0.00		0.00				
239	11-430-710-3160-6083	TRANSPORTATION - TBI		0.00		0.00	0.00		0.00				
240	11-430-710-3160-6093	TRANSPORTATION - OPIOID GRANT					89.00						
241	11-430-710-3160-6097	FAMILY PRESERVATION		0.00		0.00	0.00		0.00				
242	11-430-710-3160-6099	TRANSPORTION COSTS OTHER SOCIAL SERVICES		1,050.00		0.00	228.00		0.00				
243	11-430-710-3180-6099	HEALTH SERVICES - OTHER SOCIAL SERVICES		2,010.00		5,000.00	45.00		5,000.00				
244	11-430-710-3190-6099	ALL OTHER SOCIAL SERVICE		3,243.00		5,000.00	1,697.00		5,000.00				
245	11-430-710-3191-6099	PARENTAL CAPACITY EVALUATIONS		0.00		0.00	0.00		0.00				
246	11-430-710-3192-6099	CHIPS PUBLIC DEFENDER COSTS		64,889.00		40,000.00	9,467.00		40,000.00				
248	11-430-710-3410-6050	SUPPLIES AND EQUIPMENT		0.00		1,000.00	0.00		1,000.00				
249	11-430-710-3410-6080	CADI		0.00		0.00	0.00		0.00				
250	11-430-710-3411-6050	ELECTRONING HOME MONITORING - TITLE XX		0.00		0.00	0.00		0.00				
251	11-430-710-3440-6050	Housing Support - Title XX		132.00		0.00	0.00		0.00				
252	11-430-710-3460-6073	SELF		930.00		0.00	118.00		0.00				
253	11-430-710-3460-6080	ILS TRAINING - CADI		0.00		0.00	0.00		0.00				
254	11-430-710-3470-6080	ILS - CADI		0.00		0.00	0.00		0.00				
255	11-430-710-3470-6083	ILS - TBI		0.00		0.00	0.00		0.00				
256	11-430-710-3550-6080	CADI		0.00		0.00	0.00		0.00				
257	11-430-710-3640-6099	FAMILY SERVICE ALT RESPONSE		413.00		6,500.00	45.00		6,500.00				
258	11-430-710-3670-6096	PSOP		0.00		5,000.00	183.00		5,000.00				
259	11-430-710-3751-6095	Northstar Foster Care		0.00		3,000.00	0.00		3,000.00				
260	11-430-710-3780-6095	Northstar Foster Care		0.00		10,000.00	0.00		10,000.00				
261	11-430-710-3800-6057	Therapeutic Foster Care		0.00		0.00	15,243.00		0.00				
262	11-430-710-3810-6050	TITLE XX		0.00		0.00	0.00		0.00				
263	11-430-710-3810-6057	CHILD NOT UNDER ST GDNSHP		162,663.00		125,000.00	108,517.00		125,000.00				
264	11-430-710-3810-6077	IV-E FOSTER CARE		0.00		0.00	0.00		0.00				
265	11-430-710-3810-6080	CADI		0.00		0.00	0.00		0.00				
266	11-430-710-3810-6099	ALL OTHER SOCIAL SERVICE		1,966.00		0.00	285.00		0.00				
267	11-430-710-3820-6057	CHILD NOT UNDER ST GDNSHP		0.00		0.00	0.00		0.00				
268	11-430-710-3830-6050	TITLE XX		6,044.00		20,000.00	0.00		0.00				
269	11-430-710-3850-6050	CORRECTIONAL FACILITIES - TITLE XX		265,159.00		228,000.00	98,152.00		228,000.00				
270	11-430-710-3860-6050	DETENTION		928.00		0.00	0.00		0.00				
271	11-430-710-3880-6057	Supervised Independent Living (18-21)		51,936.00		10,000.00	8,421.00		10,000.00				
274	11-430-710-3890-6097	RESPIRE CARE - FAMILY PRESERVATION		3,625.00		0.00	0.00		0.00				
275	11-430-710-3890-6099	ALL OTHER SOCIAL SERVICE		810.00		0.00	0.00		0.00				
276	11-430-710-3910-6082	CAC		0.00		0.00	0.00		0.00				
277	11-430-710-3930-6099	CW-TCM		36.00		0.00	187.00		0.00				
278	11-430-710-3960-6050	ADOPTIONS - TITLE XX		0.00		0.00	0.00		0.00				
279	11-430-710-3970-6086	INTEGRATED LCTS FUND		22,825.00		22,250.00	4,538.00		22,250.00				
283	11-430-720-0000-5331	SS ADMN S08		(670.00)		(880.00)	(327.00)		(880.00)				
284	11-430-720-0000-5332	SS PROGRAMS S66		(368.00)		(600.00)	(52.00)		(600.00)				
287	11-430-720-0000-5338	MFIPSSSTATES11 - MFIP CONSOLIDATED FUND		(9,870.00)		(12,806.00)	(8,239.00)		(12,806.00)				
288	11-430-720-0000-5431	CCBSF ADMIN F15		(829.00)		(1,708.00)	(582.00)		(1,708.00)				
289	11-430-720-0000-5432	MFIP ADMIN F13		(368.00)		(1,200.00)	(56.00)		(1,200.00)				
291	11-430-720-0000-5436	MFIPCSSGTANF14 - MFIP CONSOLIDATED FUND		(94,391.00)		(147,222.00)	(71,963.00)		(147,222.00)				

	A	B	J	L	M	N	O	P	Q	S	U	V	W
1	AccountNumber	ACCOUNTDESCRIPTION		2021 Actual		2022 Budget	2022 Actual		2023 Budget				
293	11-430-720-0000-5501	FEES AND SERVICES		(1,800.00)		(2,000.00)	(475.00)		(2,000.00)				
294	11-430-720-0000-5831	RECOVERIES AND CANCELLATIONS		(140.00)		0.00	0.00		0.00				
296	11-430-720-3113-6051	COUNTY MATCH - BSF CC GRANT		4,515.00		5,420.00	2,707.00		5,420.00				
298	11-430-720-3140-6054	OTHER DAY CARE		90.00		1,000.00	0.00		1,000.00				
299	11-430-720-3370-6056	MFIIP EMPLOYMENT/TRAINING		110,669.00		120,000.00	47,928.00		120,000.00				
302	11-430-730-0000-5331	SS ADMIN S17 - STATE GRANTS		(13,643.00)		(6,600.00)	(4,455.00)		(6,600.00)				
303	11-430-730-0000-5431	MAR25ADMSSTS22 - FEDERAL		(16,479.00)		(22,000.00)	(7,598.00)		(22,000.00)				
304	11-430-730-0000-5501	FEES AND SERVICES		0.00		(3,000.00)	0.00		(3,000.00)				
306	11-430-730-3050-6099	Rule 25 Assessments		0.00		0.00	0.00		0.00				
308	11-430-730-3160-6061	DETOX		179.00		0.00	0.00		0.00				
312	11-430-730-3590-6072	CD CENTRAL BILLING (COUNTY SHARE)		11,679.00		50,000.00	5,607.00		50,000.00				
314	11-430-730-3710-6061	DETOX		12,747.00		20,000.00	3,927.00		20,000.00				
317	11-430-740-0000-5332	AMH INIT S59 - STATE GRANTS		(220,464.00)		(143,025.00)	(43,866.00)		(143,025.00)				
318	11-430-740-0000-5339	CSP S25 - STATE GRANTS		(99,469.00)		(50,933.00)	(7,226.00)		(50,933.00)				
319	11-430-740-0000-5345	S30 MH CRISIS GRANT AMHI		(5,287.00)		(6,182.00)	(12,086.00)		(6,182.00)				
320	11-430-740-0000-5346	CHILDMHCOMBS63 - CHILDRENS MH GRANTS		(1,559.00)		(1,236.00)	0.00		(1,236.00)				
323	11-430-740-0000-5432	AMH TCM F31 - SS PROGRAMS		(12,944.00)		(20,000.00)	(3,063.00)		(20,000.00)				
328	11-430-740-0000-5501	MENTAL HEALTH FEE FOR SERVICE		(8,356.00)		(10,000.00)	(2,547.00)		(10,000.00)				
332	11-430-740-3050-6065	MENTAL HEALTH CENTER		2,160.00		50,000.00	0.00		50,000.00				
335	11-430-740-3082-6065	MSOP EVALUATIONS		4,489.00		4,000.00	4,442.00		4,000.00				
339	11-430-740-3160-6066	Transportation - CMH Crisis Grant		2,639.00		3,185.00	88.00		3,185.00				
340	11-430-740-3160-6067	Transportation - Adult Mental Health Init		0.00		25,000.00	0.00		0.00				
341	11-430-740-3160-6069	TRANSPORTATION - AMH CRISIS GRANT		7,403.00		6,182.00	2,013.00		6,182.00				
342	11-430-740-3160-6099	ALL OTHER SOCIAL SERVICE		0.00		0.00	0.00		0.00				
343	11-430-740-3161-6067	Sheriff MH Transports - AMHI		0.00		15,000.00	0.00		15,000.00				
345	11-430-740-3181-6067	AMH Flex Fund - AMHI		6,215.00		24,467.00	4,128.00		24,467.00				
347	11-430-740-3311-6069	AMH CRISIS ASSESSMENT		17.00		0.00	0.00		0.00				
348	11-430-740-3312-6069	AMH CRISIS INTERVENTION - AMH CRISIS GRT		0.00		0.00	0.00		0.00				
349	11-430-740-3320-6066	CRISIS SERVICES - CMH CRISIS GRANT		0.00		0.00	0.00		0.00				
350	11-430-740-3340-6067	Community Living Services - AMHI		0.00		0.00	0.00		0.00				
351	11-430-740-3340-6071	OTHER ADULT CSP - RULE 14		42,961.00		73,000.00	21,722.00		73,000.00				
352	11-430-740-3348-6071	MH Fee Subsidy - Chronic Mi Rule 14		0.00		15,000.00	0.00		15,000.00				
355	11-430-740-3430-6067	Flex Funds Housing - AMHI		102.00		2,000.00	0.00		2,000.00				
356	11-430-740-3461-6067	ARMHS - ADULT MENTAL HEALTH INITIATIVE		0.00		118,558.00	0.00		0.00				
357	11-430-740-3462-6071	Community Intervention - CSP		159,896.00		20,000.00	73,837.00		139,000.00				
364	11-430-740-3540-6071	ADULT OUTPATIENT MEDICATION		4,452.00		0.00	8,804.00		0.00				
366	11-430-740-3620-6065	FAMILY BASED SERVICES - CMH COMBINED GRA		150.00		10,000.00	0.00		10,000.00				
368	11-430-740-3720-6074	STATE HOSPITAL		253,142.00		35,000.00	0.00		35,000.00				
369	11-430-740-3721-6074	SEXUAL OFFENDERS PROGRAM		251,028.00		115,000.00	86,759.00		115,000.00				
370	11-430-740-3730-6068	MENTAL HEALTH COMMITMENT		67,565.00		33,000.00	7,203.00		33,000.00				
373	11-430-740-3830-6050	RULE F FACILITIES - TITLE XX		1,062.00		10,000.00	0.00		10,000.00				
375	11-430-740-3890-6078	CMH Respite Grant		0.00		0.00	0.00		0.00				
377	11-430-750-0000-5332	DD S38 - SS PROGRAMS		(19,950.00)		(28,000.00)	(17,479.00)		(28,000.00)				
378	11-430-750-0000-5334	DDSILSPROGRM34 - DD-SILS		(5,376.00)		(8,467.00)	(2,556.00)		(8,467.00)				
379	11-430-750-0000-5345	FAMSUPTGRT35 - FAMILY SUPPORT GRANT		(3,334.00)		(8,000.00)	(3,172.00)		(8,000.00)				
381	11-430-750-0000-5432	DD F38 - SS PROGRAMS		(19,950.00)		(28,000.00)	(17,479.00)		(28,000.00)				
382	11-430-750-0000-5468	VADD TCM ADULT F42		(1,280.00)		(4,000.00)	(1,406.00)		(4,000.00)				

	A	B	J	L	M	N	O	P	Q	S	U	V	W
1	AccountNumber	ACCOUNTDESCRIPTION		2021 Actual		2022 Budget	2022 Actual		2023 Budget				
383	11-430-750-3160-6099	ALL OTHER SOCIAL SERVICES		1,344.00		0.00	288.00		0.00				
384	11-430-750-3250-6094	MR/MA WAIVER		3,411.00		3,500.00	830.00		3,500.00				
385	11-430-750-3310-6094	MR/MA WAIVER		0.00		0.00	0.00		0.00				
386	11-430-750-3340-6076	SILS		4,997.00		15,519.00	5,159.00		15,519.00				
387	11-430-750-3340-6094	MR/MA WAIVER		0.00		0.00	0.00		0.00				
388	11-430-750-3350-6084	DD FAMILY SUPPORT		6,260.00		8,000.00	1,680.00		8,000.00				
389	11-430-750-3381-6050	TITLE XX		3,812.00		8,000.00	938.00		8,000.00				
390	11-430-750-3384-6050	TITLE XX		344.00		3,000.00	0.00		3,000.00				
398	11-430-760-0000-5332	WVR PGS S44 - SS PROGRAMS		(32,436.00)		(50,000.00)	(28,735.00)		(50,000.00)				
399	11-430-760-0000-5361	AC S45 - STATE		(1,313.00)		(1,000.00)	(844.00)		(1,000.00)				
400	11-430-760-0000-5363	S48 MNCHOICES TECH GRT		(4,964.00)		(4,964.00)	0.00		(4,964.00)				
401	11-430-760-0000-5432	WVR PGS F47 - SS PROGRAMS		(32,436.00)		(50,000.00)	(28,735.00)		(50,000.00)				
402	11-430-760-0000-5445	Alternative Care F48 Federal		(1,313.00)		(1,994.00)	(844.00)		(1,994.00)				
403	11-430-760-0000-5468	VADD TCM ADULT F42		0.00		0.00	0.00		0.00				
404	11-430-760-0000-5501	FEES AND SERVICES CHARGES		(371,115.00)		(300,000.00)	(167,620.00)		(300,000.00)				
405	11-430-760-0000-5524	EW Claims - Bridgeview Company		0.00		0.00	0.00		0.00				
406	11-430-760-0000-5525	UCare EW Claims		0.00		0.00	0.00		0.00				
407	11-430-760-0000-5526	MEDICA Capitation Payments		0.00		0.00	0.00		0.00				
408	11-430-760-0000-5831	RECOVERIES AND CANCELLATIONS		0.00		0.00	0.00		0.00				
409	11-430-760-0000-5835	WAIVER SPENDDOWNS - COUNTY SHARE		0.00		0.00	(350.00)		0.00				
410	11-430-760-3050-6081	PREADMISSION SCREENING		0.00		0.00	0.00		0.00				
411	11-430-760-3051-6081	MSHO - BPH		0.00		0.00	0.00		0.00				
412	11-430-760-3052-6081	MSHO - UCM		0.00		0.00	0.00		0.00				
413	11-430-760-3053-6081	TRANSITIONAL LTCC FUNDING		0.00		0.00	0.00		0.00				
414	11-430-760-3160-6075	ALTERNATIVE CARE GRANT		0.00		0.00	0.00		0.00				
415	11-430-760-3160-6080	TRANSPORTATION COSTS - CADI		0.00		0.00	0.00		0.00				
416	11-430-760-3160-6082	CAC MILEAGE		0.00		0.00	0.00		0.00				
417	11-430-760-3160-6083	TRANSPORTATION COSTS - TBI		0.00		0.00	0.00		0.00				
418	11-430-760-3160-6087	TRANSPORTATION - EW		0.00		0.00	0.00		0.00				
419	11-430-760-3160-6099	ALL OTHER SOCIAL SERVICE		0.00		0.00	0.00		0.00				
420	11-430-760-3180-6075	ALTERNATIVE CARE GRANT		0.00		0.00	0.00		0.00				
421	11-430-760-3180-6099	HEALTH CARE SERVICES - OTHER SS COSTS		0.00		0.00	0.00		0.00				
422	11-430-760-3190-6099	ALL OTHER SOCIAL SERVICE		24,133.00		30,000.00	10,537.00		30,000.00				
423	11-430-760-3220-6050	Companion Services - Title XX		102.00		250.00	49.00		250.00				
424	11-430-760-3220-6075	ALTERNATIVE CARE GRANT		0.00		0.00	0.00		0.00				
425	11-430-760-3230-6075	ALTERNATIVE CARE GRANT		0.00		0.00	0.00		0.00				
426	11-430-760-3240-6050	TITLE XX		0.00		0.00	0.00		0.00				
427	11-430-760-3240-6075	ALTERNATIVE CARE GRANT		0.00		0.00	0.00		0.00				
428	11-430-760-3250-6050	Homemaking - Title XX		0.00		0.00	0.00		0.00				
429	11-430-760-3250-6075	ALTERNATIVE CARE GRANT		0.00		0.00	0.00		0.00				
430	11-430-760-3250-6080	CADI		0.00		0.00	0.00		0.00				
434	11-430-760-3381-6050	TITLE XX		0.00		6,000.00	0.00		6,000.00				
435	11-430-760-3384-6050	TITLE XX		0.00		1,500.00	0.00		1,500.00				
438	11-430-760-3410-6080	ADAPTIVE AIDS EQUIPMENT CADI		0.00		0.00	0.00		0.00				
454													
455													
456		Revenues		(5,321,877.00)		(5,519,935.00)	(2,766,039.00)		(5,519,935.00)				

	A	B	J	L	M	N	O	P	Q	S	U	V	W
1	AccountNumber	ACCOUNTDESCRIPTION		2021 Actual		2022 Budget	2022 Actual		2023 Budget				
457		Disbursements		5,256,008.00		5,519,935.00	2,385,855.00		5,519,935.00				
458		YTD Net		(65,869.00)		-	(380,184.00)		0.00				
459													
460													
461													
462				(65,869.00)		0.00	(380,184.00)		0.00				
463													
464													
465													
466													
467													
468							(1,436,078.12)						

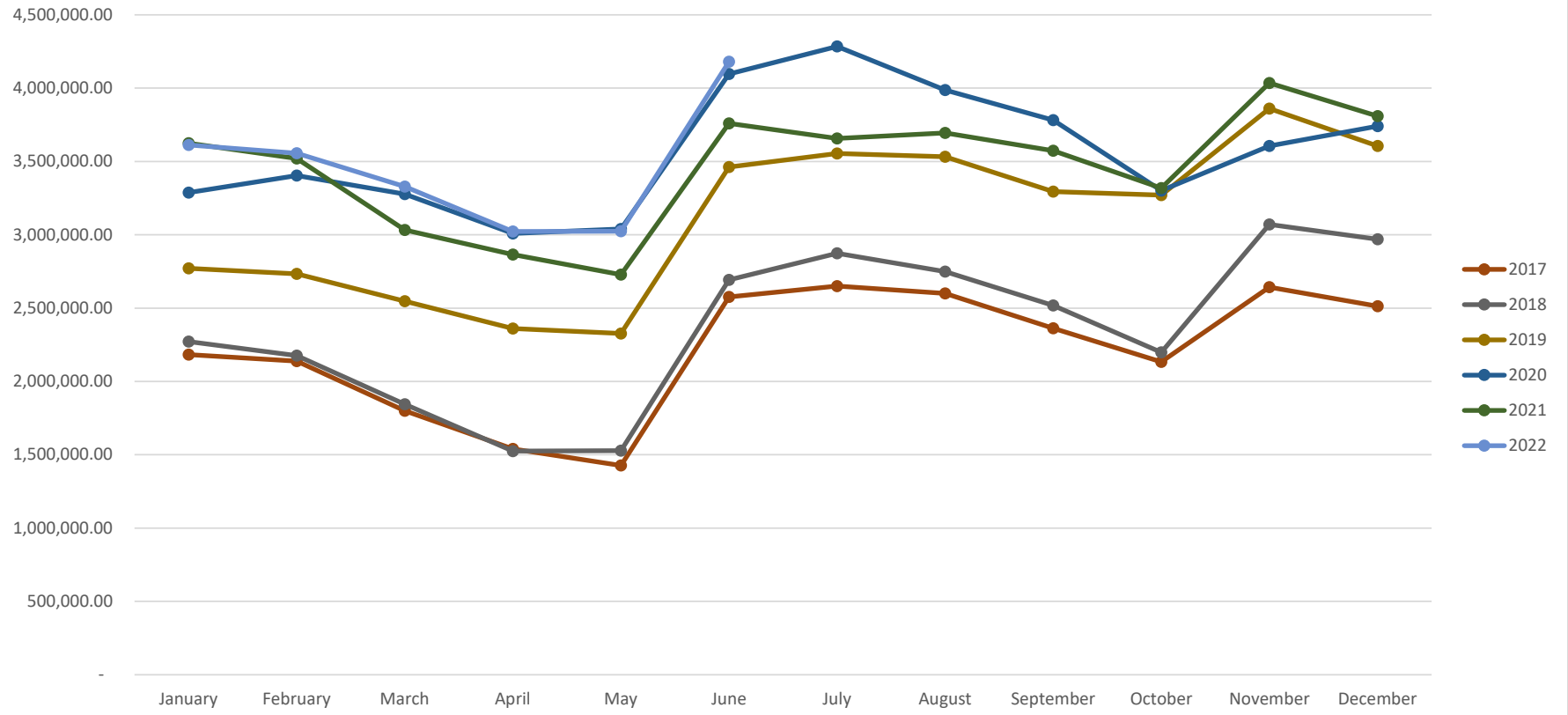
Human Service's Month End Balance

	2015	2016	2017	2018	2019	2020	2021	2022	% of Budget
January	1,647,300.14	1,814,014.90	2,182,630.66	2,271,729.26	2,772,063.80	3,288,028.76	3,624,301.56	3,612,634.01	65.45%
February	1,618,976.04	1,801,985.24	2,138,616.83	2,176,762.19	2,732,919.27	3,403,266.76	3,521,041.97	3,555,431.44	64.41%
March	1,375,360.09	1,655,070.89	1,800,227.71	1,844,672.30	2,547,429.81	3,277,046.86	3,033,593.35	3,329,525.51	60.32%
April	1,088,964.93	1,347,248.60	1,539,707.40	1,525,256.03	2,361,226.50	3,009,330.45	2,865,586.09	3,022,501.53	54.76%
May	961,748.47	1,294,231.42	1,426,858.37	1,528,544.15	2,327,158.79	3,038,957.98	2,728,273.46	3,023,675.98	54.78%
June	1,932,135.73	2,330,176.40	2,576,374.42	2,692,513.93	3,462,928.17	4,095,797.92	3,759,448.23	4,180,077.80	75.73%
July	2,047,715.90	2,367,725.88	2,650,496.79	2,874,408.12	3,554,336.75	4,284,273.43	3,656,785.80		0.00%
August	2,097,897.09	2,427,610.70	2,600,332.14	2,749,859.99	3,531,954.80	3,987,655.57	3,694,899.51		0.00%
September	1,844,296.27	2,121,578.06	2,362,913.96	2,518,750.84	3,294,188.08	3,781,078.10	3,573,442.34		0.00%
October	1,492,630.60	1,866,987.16	2,133,041.74	2,198,557.64	3,270,530.55	3,301,898.06	3,318,688.76		0.00%
November	2,213,985.52	2,638,930.35	2,642,643.71	3,070,756.97	3,860,836.73	3,606,171.73	4,035,310.35		0.00%
December	2,083,484.81	2,395,704.36	2,513,770.14	2,970,003.64	3,606,171.73	3,741,217.85	3,808,445.10		0.00%

Expense Budget

5,519,935.00

Human Services Cash Balance 2017-2021



Pennington County Human Services
 Out Of Home Placement Costs
 Year Ending December 31, 2022 & 2021

SS

SS

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	YTD	YTD 2021	Change
Expense															
Foster Care	13,569.61	13,572.11	23,485.54	12,341.42	13,533.23	20,574.68	-	-	-	-	-	-	97,076.59	62,646.20	55.0%
Rule 4	-	-	10,719.42	2,449.44	5,691.40	8,108.44	-	-	-	-	-	-	26,968.70	-	-
Rule 8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rule 5	-	-	-	-	-	-	-	-	-	-	-	-	-	1,062.04	-100.0%
Corrections	16,531.00	5,173.00	12,769.00	15,149.00	31,967.80	16,562.00	-	-	-	-	-	-	98,151.80	123,010.98	-20.2%
Adoption Aid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	30,100.61	18,745.11	46,973.96	29,939.86	51,192.43	45,245.12	-	-	-	-	-	-	222,197.09	186,719.22	19.0%
Revenue															
Reimburse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MH Recovery	-	-	19,374.40	4,471.02	7,451.69	10,929.16	-	-	-	-	-	-	42,226.27	33,059.65	27.7%
4E Recovery	-	-	-	-	4,082.00	-	-	-	-	-	-	-	4,082.00	161.00	2435.4%
NFC Settlement	-	127.37	100.07	-	20,779.00	15,322.00	-	-	-	-	-	-	36,328.44	2,303.00	1477.4%
Totals	-	127.37	19,474.47	4,471.02	32,312.69	26,251.16	-	-	-	-	-	-	82,636.71	35,523.65	132.6%
Net Expense	30,100.61	18,617.74	27,499.49	25,468.84	18,879.74	18,993.96	-	-	-	-	-	-	139,560.38	151,195.57	-7.0%

2020 Totals	34,219.98	10,302.40	44,553.50	16,609.54	39,683.65	5,826.50	13,780.89	64,202.74	45,053.18	16,563.13	22,770.95	26,938.13			
YTD Change	(4,119.37)	4,195.97	(12,858.04)	(3,998.74)	(24,802.65)	(11,635.19)	(25,416.08)	(89,618.82)	(134,672.00)	(151,235.13)	(174,006.08)	(200,944.21)			

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	YTD
Expense													
Foster Care	9,692.77	8,333.69	11,414.65	10,466.25	11,317.63	11,421.21	19,884.21	22,525.23	13,538.77	17,626.96	14,585.60	12,936.99	163,743.96
Rule 4	-	-	-	-	-	-	-	-	-	-	-	-	-
Rule 8	-	-	-	-	-	-	-	-	-	-	-	-	-
Rule 5	1,062.04	-	-	-	-	-	-	-	-	-	-	-	1,062.04
Corrections	27,294.00	5,689.98	40,768.00	11,738.00	37,521.00	-	-	65,128.51	31,514.41	23,591.88	13,449.00	14,154.39	270,849.17
Adoption Aid	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	38,048.81	14,023.67	52,182.65	22,204.25	48,838.63	11,421.21	19,884.21	87,653.74	45,053.18	41,218.84	28,034.60	27,091.38	435,655.17
Revenue													
Reimburse	-	-	-	-	-	-	-	-	-	10.89	-	153.25	164.14
MH Recovery	1,525.83	3,560.27	7,629.15	5,594.71	9,154.98	5,594.71	6,103.32	-	-	24,644.82	179.65	-	63,987.44
4E Recovery	-	161.00	-	-	-	-	-	-	-	-	5,084.00	-	5,245.00
NFC Settlement	2,303.00	-	-	-	-	-	-	23,451.00	-	-	-	-	25,754.00
Totals	3,828.83	3,721.27	7,629.15	5,594.71	9,154.98	5,594.71	6,103.32	23,451.00	-	24,655.71	5,263.65	153.25	95,150.58
Net Expense	34,219.98	10,302.40	44,553.50	16,609.54	39,683.65	5,826.50	13,780.89	64,202.74	45,053.18	16,563.13	22,770.95	26,938.13	340,504.59

1035.4
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1135.96
1188.32
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1146.38
1230.76

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1324.5
84.88
1109.4
1273.2
358.53
259.02
358.53
259.02
358.53
259.02

PURCHASE OF SERVICE AGREEMENT

Pennington County Human Services, P.O. Box 340, Thief River Falls, MN 56701, hereafter referred to as The “Agency”, and Violence Intervention Project, 1911 East Greenwood Street, P.O. Box 96, Thief River Falls, MN 56701, hereafter referred to as the “Contractor”; enter into this agreement for the period from January 1, 2023 to December 31, 2023.

WITNESSETH

WHEREAS, the Agency, pursuant to Minnesota Statutes, section 373.01, 373.02, and 256E.08 wishes to purchase program services from the Contractor; and

WHEREAS the Contractor represents that it is duly qualified and willing to perform such services.

WHEREAS this agreement may serve as a host county agreement for other counties wishing to purchase services from the Contractor.

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

1. Contractor Duties:

A. The Agency agrees to purchase, and the Contractor agrees to furnish the following:

- | | | |
|----|--------------------------------|---|
| 1) | Supervised Visitation Services | \$36.00/hr. (1 hr. minimum and billed in ½ hr. increments after 1 st hour) |
| 2) | Visitation Exchange Services | \$12.00/ exchange |
| 3) | Use of Visitation room | \$25.00/hr. (1 hr. minimum billed in ½ hr. increments after 1 st hour) |
| 4) | Service Intake | \$30.00/parent |

*Cancellations that occur less than 24-hour notice (excluding weather related)

B. The Contractor will provide written visitation summaries to the Agency for Agency referred clients. Summaries will be presented timely in 48 hours after visitation in accordance with the client’s service plan.

C. The Contractor shall within ten days written notice, notify the agency whenever it is unable to, or going to be unable to, provide the required quality or quantity of Purchased Services. Upon such notification, the Agency shall determine whether such inability will require modification or cancellation of said contract.

2. Cost of Delivery of Purchased Services:

A. The unit cost of providing services to reimbursement eligible clients shall be as noted in 1A.

B. The Contractor certifies that the services to be provided under this agreement are not available without cost to eligible clients. The Contractor further certifies that payment claims for Purchased Services will be in accordance with rates of payment that do not exceed amounts reasonable and necessary to assure quality of service.

C. Purchased services will be provided at Umbrella Tree Children's Safety Center, Thief River Falls, MN 56701.

3. Eligibility for Services:

The parties understand and agree that the eligibility of the client to receive the Purchased Services is to be determined in accordance with eligibility criteria established by the Agency. The parties understand and agree that the Agency shall determine preliminary and final eligibility.

A. It is understood and agreed by the parties that for fee eligible recipients' fees shall be charged and collected in accordance with the fee policy and schedules adopted by the County Board of Commissioners.

B. The Contractor shall not charge any program or service fee to social services eligible clients except in accordance with A. above.

4. Individual Service Plan:

The parties understand and agree that all services provided to eligible recipients under the terms of this contract shall be in accordance with the Individual Social Service Plan developed with, for and on behalf of the individual client.

Performance of the Contractor will be monitored in accordance with client outcomes as specified in the Individual Social Service Plan goals and objectives.

5. Payment for Purchased Services:

A. When applicable, the Agency or county of financial responsibility shall pay the Contractor within thirty (30) days of the date of the receipt of a vendor service voucher or invoice from the Contractor for services provided and billed in accordance with the provisions of this contract.

B. The Agency or county of financial responsibility shall pay the Contractor based on the approved unit of cost for each authorized service times the number of units provided to each eligible person up to the number of units of service authorized in writing by the county of financial responsibility in accordance with Minnesota Rules, part 9525.0065, 9525.1850, and 9525.1910.

C. The Contractor agrees not to include in the charges for services any administrative or service costs assignable to private pay or third party pay sources.

6. Audit and Record Disclosures:

The Contractor shall:

A. Allow personnel of the Agency, the Minnesota Department of Human Services, and the Department of Health and Human Services, access to the Contractor's facility and records at reasonable hours to exercise their responsibility to monitor purchased services.

B. Maintain all records pertaining to the contract at 1911 East Greenwood Street, Thief River Falls, MN 56701, for four years for audit purposes.

7. Safeguard of Client Information:

The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality provided for in Laws of Minnesota Chapter 13, or for any purposes not directly connected with the Agency's or Contractor's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client, the client's attorney or the client's responsible parent or guardian.

8. HIPAA

(When Applicable) The Contractor provides assurances to the Agency that it will comply with Health Information Portability and Accountability Act (HIPAA) requirements necessary to protect individual identifying health information (IIHI). Use and disclosure will require that all IIHI be: appropriately safeguarded; that any misuse of IIHI will be reported to the Agency; that the Contractor will secure satisfactory IIHI assurances from any subcontractor; that the Contractor will grant individuals access and ability to amend their IIHI; that the Contractor will make available an accounting of disclosures; that the Contractor will release applicable records to the Agency or Department of Human Services if requested; and upon termination, the Contractor will return or destroy all IIHI in accordance with conventional record practices.

9. Equal Employment Opportunity and Civil Rights and Nondiscrimination

(When applicable) the Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (42 USC 2000e); including Executive Order No. 11246, and Title VI (42 USC 2000d); and the Rehabilitation Act of 1973, as amended by Section 504;

(When applicable) Contractor certifies that it has received a certificate of compliance from the Commissioner of Human Rights pursuant to Minnesota Statutes, section 363.073 (1982). This section shall not apply if the grant is for less than \$50,000.00, and the Contractor has employed twenty or less full-time employees during the previous 12 months.

10. Fair Hearing and Grievance Procedures:

The Agency agrees to provide for a fair hearing and grievance procedure in conforming to Minnesota Statutes, section 256.045, and in conjunction with the Fair Hearing and Grievance Procedures established by administrative rules of the State Department of Human Services.

11. Bonding, Indemnity, Insurance, and Audit Clauses:

A. Indemnity: The Contractor agrees that it will at all times indemnify and hold harmless the Agency from any and all liability, loss, damages, cost or expenses which may be claimed against the Agency or Contractor.

1) By reason of any service client's suffering personal injury, death, or property loss or damages either while participating in or receiving from the Contractor the care and services to be furnished by the Contractor under this agreement, or while on premises owned, leased or operated by the Contractor, or while being transported to or from said premises in any vehicle owned, operated, chartered or otherwise contracted for/by the Contractor or his assigns; or

2) By reason of any service client's causing injury to, or damage to, the property of another person during any time when the Contractor or his assigns, or employee thereof has undertaken or is furnishing the care and service called for under this agreement.

B. Insurance: The Contractor further agrees, in order to protect itself and the Agency under the indemnity provisions set forth above, to at all times during the terms of this contract, have and keep in force a liability insurance policy in the amount of Five Hundred Thousand Dollars (\$500,000) for bodily injury or property damage to any one person and One Million Five Hundred Thousand (\$1,500,000) for total injuries or damages arising from any one occurrence. See Minnesota Statutes, section 3.736 Subd. 4 (c). The County and the Department must both be named as additional insured and shall be sent a current certificate of insurance per Minnesota statutory requirements. If applicable, the Contractor must also maintain professional liability insurance with a minimum aggregate amount of \$1,000,000.

C. Audit: The Contractor agrees that within 60 days of the close of its fiscal year an audit will be conducted by a Certified Public Accounting Firm that will meet the

requirements of the Single Audit Act of 1984, P.L. 98-502 and Office Management and Budget, Circular No A-128. After completion of the audit, a copy of the audit report must be filed with the Agency.

12. Contractor Debarment, Suspension and Responsibility Certification

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

By Signing This Contract, The Contractor Certifies That It and Its Principals* And Employees:

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

theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

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

Directions for Online Access to Excluded Providers:

- To ensure compliance with this regulation, identification of excluded entities and individuals can be found on the Office of Inspector General (OIG) website at www.dhhs.gov/progorg/oig/ . If you do not have access to the website, and/or need the information in an alternative format, contact Julie Sjostrand, Contract Manager, Pennington County Human Services at (218) 681-2880.

13. Conditions of the Parties’ Obligations:

A. It is understood and agreed that in the event the reimbursement to the Agency from State, Federal or local sources is not obtained and continued at a level sufficient to allow for the purchase of the indicated quantity of Purchased Services, the obligations of each party hereunder shall thereupon be terminated.

B. This agreement may be canceled by either party at any time, with or without cause, upon 30 days’ notice, in writing, delivered by mail or by person.

C. Before the termination date specified in Section 1 of this agreement, the Agency may evaluate the performance of the Contractor regarding terms of this agreement to determine whether such performance merits renewal of this agreement.

D. Any alterations, variations, modifications, or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.

E. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Agency, nor shall the Contractor do any work or furnish any material not covered by the agreement, unless this is approved in writing by the Agency. Such approval shall be considered a modification of the agreement.

F. If there is a revision of Federal regulations that 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.

14. Subcontracting:

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

15. Miscellaneous:

A. Entire Agreement: It is understood and agreed that the entire agreement of the parties is 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 any county social agency relating to the subject matter hereof.

B. Extensions: This contract may be extended for a period of six months, at the option of the county. If the county desires to extend the term of the contract it shall notify the provider 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 a new contract or notice of termination as provided under Section II.

APPROVED AS TO FORM AND EXECUTION

BY _____ DATED: _____ 20 _____
County Attorney

BY _____ DATED: _____ 20 _____
Pennington County Board of Commissioners

BY _____ DATED: _____ 20 _____
Dir. Pennington County Human Services

BY _____ DATED: _____ 20 _____
Chairperson of Board of _____
Contractor

BY _____ DATED: _____ 20 _____
Director of Contracting Agency

PURCHASE OF SERVICE AGREEMENT

THIS AGREEMENT made and entered into by and between Pennington County Human Services, 318 Knight Ave. N., Thief river Falls, MN 56701 (Agency) and Sherry Jose-Sobolik, P.O. Box 336, Thief River Falls, MN 56701 (Provider).

WHEREAS: The provider is qualified and able to provide Comprehensive Assessments and Mental Health-Targeted Case Management clinical supervision services, and

WHEREAS: The Agency desires to purchase clinical supervision services from the Provider,

NOW, THEREFORE: The Agency and Provider agree as follows;

- I.
 - A. The Agency will purchase, and the Provider will provide Comprehensive Assessments and Mental Health-Targeted Case Management Clinical Supervision.
 - B. Provider will provide proof of credentialing and maintain clinical supervision qualifications for the duration of this agreement.
 - C. The Agency will determine the frequency, length and duration of purchased services.
 - D. The Agency and Provider will confer and mutually agree upon service expectations and mode of service delivery.
- II. Payment:
 - A. Provider will be reimbursed at the rate of \$85.00/hour.
 - B. Provider will submit claims for work performed via an itemized invoice.
 - C. Claims will be processed according to standard Agency protocol and within 30 days of receipt of service invoice.
 - D. This agreement will not provide a guaranteed minimum amount over the term of the agreement.
- III. Independent Contractor: The Agency and Provider agree that the status of the Provider under this agreement is that of independent contractor. The Provider, while engaged in the performance of any services provided to the Agency, shall not be considered an employee of the Agency.
- IV. Insurance: Agency and Provider are responsible for their own liability insurance coverage. Provider will hold harmless Pennington County and Pennington County Human Services from liability, loss damages, costs or expenses which may be claimed against the County arising out of the performance of the Provider.
- V. HIPAA and safeguarding of Client Information: It is understood that identifying client information will not be shared between Agency and Provider. If such disclosure becomes

necessary, it will be done so under a duly authorized release of information and that the maintenance of shared information will follow HIPAA and Data Privacy protocols.

VI. Duration of Agreement: This agreement will commence upon signature of the parties and will be effective 01/01/2023 through 12/31/2023. Any modifications or alterations to this agreement will only become valid when they have been reduced to writing and signed by the parties. Early termination of this agreement, by any party, shall be valid upon 45 (forty-five) days written notice.

County Board Chair

Date

Provider

Date

Agency Director

Date

Pennington County Attorney

Date