



# CICS

Supporting Individuals. Strengthening Communities.

## Regional Governing Board

June 26, 2025 @ 12:30 PM

Story County Administration Building – Public Meeting Room, 2<sup>nd</sup> Floor  
900 6<sup>th</sup> Street, Nevada, Iowa 50201

**SPECIAL NOTE TO THE PUBLIC:** Members of the public who would like to call in: 1-312-626-6799

Meeting ID: 886 8777 8874, Passcode: 395892

or Join the Zoom Meeting at <https://us06web.zoom.us/j/88687778874?pwd=F22WGmbs8WSBne15coCrnlUs6ZouvY.1>

### Tentative Agenda

#### 1) Roll Call

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Kendra Alexander    | <input type="checkbox"/> John Cochran   | <input type="checkbox"/> Andrea Dickerson | <input type="checkbox"/> Lisa Heddens    |
| <input type="checkbox"/> Richard Lukensmeyer | <input type="checkbox"/> Christa Mattly | <input type="checkbox"/> Dennis Quinn     | <input type="checkbox"/> Ellen Rasmussen |
| <input type="checkbox"/> Gary Rayhons        | <input type="checkbox"/> Dawn Rudolph   | <input type="checkbox"/> Julie Smith      | <input type="checkbox"/> Brandon Talsma  |
| <input type="checkbox"/> Christine Timmerman |   |   |  |

#### 2) Agenda (Lisa Heddens, Chair)

June 26, 2025 Agenda

**Action**

*Board Chair asks for motion to approve*

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

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

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

#### 3) Minutes (Lisa Heddens, Chair)

May 22, 2025 Minutes

**Action**

*Board Chair asks for motion to approve*

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

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

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

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

FY26 CICS Staff MOUs

**Action**

*Board Chair asks for motion to approve/deny*

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

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

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

Contracts for Unique Programs

Action

ARC of Marshall County

Board Chair asks for motion to approve/deny

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

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

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

First Resources

Board Chair asks for motion to approve/deny

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

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

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

Lakes Lifeskills

Board Chair asks for motion to approve/deny

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

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

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

Service Agreement to Participate in the ISAC HIPAA Program,  
ISAC Business Associate Agreement, and MOU between CICS and ISAC

Action

Board Chair asks for motion to approve/deny

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

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

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

Updates

Informational

5) Finance (Betsy Stursma)

Claims May 27, June 10, June 24, 2025

Action

Board Chair asks for motion to approve/deny

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

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

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

Roll call vote (mark if 'aye')

Kendra Alexander

John Cochrane

Andrea Dickerson

Lisa Heddens

Richard Lukensmeyer

Christa Mattly

Dennis Quinn

Ellen Rasmussen

Gary Rayhons

Dawn Rudolph

Julie Smith

Brandon Talsma

Christine Timmerman

May Expenditure Report

Informational



**6) Public Comments**

*Board Chair asks for public comments at this time*

**7) Next Meeting – July 24, 2025 at 1:00 pm at the Story County Administration Building, Nevada, IA.**

**8) Adjourn**

Motion to Adjourn

**Action**

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

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

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





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## Regional Governing Board Draft Meeting Minutes

May 22, 2025

Story County Administration Building

**Board Members Present:** Kendra Alexander, John Cochrane, Andrea Dickerson, Lisa Heddens, Richard Lukensmeyer, Dawn Rudolph, Julie Smith, Brandon Talsma. **Members Absent:** Christa Mattly, Dennis Quinn, Ellen Rasmussen, Gary Rayhons, Christine Timmerman. **Leadership Team Present:** Meghan Freie, Liza Maxwell, Jen Sheehan, Betsy Stursma, Russell Wood.

**Motion to approve the May 22, 2025 agenda. Motion by Talsma, second by Smith. All ayes, motion carried.**

**Motion to approve the April 24, 2024 minutes. Motion by Talsma, second by Dickerson. All ayes, motion carried.**

**Russell Wood, CEO stated there has been one amendment since the previous Board meeting and another to follow that will include an addition to the contract with HHS.** Between now and July there may be more amendments, and Wood is requesting the Board to allow him to sign the amendments with the Chair's approval. **Motion to approve the CEO to authorize the CICS CEO to sign contract amendments with HHS with the approval of the Board Chair or other Board officer by Talsma, second by Cochrane. All ayes on roll call vote, motion carried.**

**Wood provided the Board with a staff update.** Two staff have been able to remain that were previously not able to. There have been interviews and job offers, and other job offers will be made. Dickinson County will be sharing costs for one staff member if the Employer of Record with Dickinson County is approved.

**Wood discussed salaries for current staff beginning July 1.** Wood sked for clarification on Sheehan's and Howard's salary as well as his own. He also indicated a wage for White beginning in July. Heddens stated the change made previously for Sheehan was due to a significant cut in Webb's salary. She is asking the Board if they see a change that would increase both to \$90,834 rather than the \$116,300 that Webb was at previously. **Motion to approve Jarica White's wage from \$28.90 to \$30.90 beginning July 1 and salaries for Liza Maxwell and Jen Sheehan to be set at \$90,834 beginning July 1 by Dickerson, second by Smith. Motion carried on ayes with Cochrane voting nay.**

**Wood stated that the mileage rate has changed from state to federal and his salary was voted on previously with a mileage reimbursement.** Heddens asked if the travel adjustment be removed and keep the approved amount as a base salary rather than reflecting travel. **Motion to approve Wood's base salary at \$139,677 with travel being reimbursed at the federal rate by Talsma, second by Smith. All ayes on roll call vote, motion carried.**

**Wood presented an Employer of Record 28E Agreement with Dickinson County.** This is for one staff member that will be supervised by Sheehan. There is a 30-day clause for termination in the agreement. The staff member has been with Sioux Rivers and is currently covering six counties. The cost for CICS is \$8,500 per month, total of \$102,000 per year.

**Motion to have an Employer of Record 28E Agreement in Dickinson County for Beth Will by Smith, second by Lukensmeyer. All ayes on roll call vote, motion carried.** If Dickinson approves the agreement, then Wood will bring the signed agreement to Heddens to sign.

**Wood presented an updated Employer of Record 28E Agreement with Franklin to reflect a correction from Region to District and also changing 'all staff' to 'designated staff' due to the agreement with Dickinson County. Motion to approve the updated Employer of Record 28E Agreement with Franklin by Smith, second by Rudolph. All ayes on roll call vote, motion carried. Lukensmeyer abstained.**

**Wood presented job descriptions with title changes. Chief Executive Officer will remain Chief Executive Officer, Operations Officer will be changing to Chief Operating Officer, Finance Officer to Chief Financial Officer, Service Coordination Supervisors will be Disability Services Navigation Program Managers, Service Coordinators will be Disability Services Navigators, and Office Managers will be Program Support Technicians.** Wood requested that the education entry requirements may be waived if approved by the Department for specific employees. Wood would like to broaden the candidate pool by being able to waive the education requirement for the Disability Services Navigator position. Some typos need to be corrected. **Motion to approve the job descriptions with corrections as well as seek an exception to policy on an individual basis of the education requirement for the Disability Services Navigator position by Smith, second by Alexander. All ayes, motion carried.** (The DSN job description will be updated to reflect this.)

**Betsy Stursma, CFO presented the Fiscal Agent Agreement Amendment with Story County for MHDS Region Closeout which changes the duration of the agreement, ending December 31, 2025. Motion by Lukensmeyer, second by Smith. All ayes on roll call vote, motion carried. Heddens abstained.**

**Stursma presented the Business Associate Agreement with County Social Services for CICS to perform the closeout function on behalf of County Social Services.** This will need to be approved by the County Social Services Board, then signed by CICS. **Motion to approve the Business Associate Agreement with County Social Services pending their Board approval by Smith, second by Lukensmeyer. All ayes, motion carried.**

**Meghan Freie, COO presented a request to dissolve MHDS Region Advisory Committees effective July 1, 2025.** Two of the committees were required by the contract with HHS as an MHDS region and two were put into place by CICS. The committees dissolving are the Supervisors Advisory Committee, Adult Advisory Committee, Children's Advisory Committee, and the Justice Advisory Committee. **Motion to dissolve the Supervisors Advisory Committee, Adult Advisory Committee, Children's Advisory Committee, and the Justice Advisory Committee effective June 30, 2025 by Lukensmeyer, second by Smith. All ayes, motion carried.**

**Freie updated the Board on the CICS offices.** Wood and Freie visited multiple new office space options. They are still looking for office space in Ottumwa and Fort Madison. After discussion with HHS there are possible plans to expand in the future. All but two leases have been signed at this point.



**Stursma updated the Board on office closures. She is working with a moving company to move furniture from current offices to new offices. Notifications to landlords are being made, as well as terminating printer agreements, utilities, shredding agreements, etc.**

**Freie presented Resolution #2025-1 – Outreach Events and Public Purpose.** Freie stated they would like to hold outreach events so staff, providers and clients can meet. This resolution would approve the purchase of refreshments and other needs for these outreach events. **Motion to approve Resolution #2025-1 – Outreach Events and Public Purpose by Lukensmeyer, second by Rudolph. All ayes, motion carried.**

**Wood updated the Board on County withdrawals from the CICS 28E Agreement.** June 30, 2025 is the deadline for counties to withdraw and at this point in time Story and Jasper have responded with their intent to withdraw.

**Stursma presented the April 29 and May 13, 2025 claims. Motion to approve the April 29 and May 13, 2025 claims by Smith, second by Talsma. All ayes on roll call vote, motion carried. Stursma also presented the April expenditure report.**

**Next meeting will be June 26, 2025 with the change of time to 12:30 pm at the Story County Administration Building, Nevada, IA.**

**Motion to adjourn by Lukensmeyer, second by Smith. All ayes, motion carried.**

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Lisa Hill, Recording Secretary

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Lisa Heddens, Board Chair





# CICS

Supporting Individuals. Strengthening Communities.

*MEMORANDUM OF UNDERSTANDING (MOU) between  
Dickinson County, Iowa  
and  
Collaborative Individual and Community Supports (CICS)*

This is an agreement between Dickinson County, Iowa, hereinafter referred to as “Dickinson County” and Collaborative Individual and Community Supports, hereinafter referred to as “CICS.”

**I. PURPOSE and SCOPE**

The purpose of this MOU as identified in the 28E Agreement between Dickinson County, Iowa and Collaborative Individual and Community Supports Section 1.1 is “Dickinson County and CICS shall have a Memorandum of Understanding (MOU) for each employee performing duties for CICS, and such MOU will identify full time equivalent (FTE) status, rate of pay, and years of service.

**II. EMPLOYEE DETAILS**

NAME	FTE STATUS	CICS Monthly Payment to Dickinson County
Beth Will	100%	\$8,500.00

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

\_\_\_\_\_  
William Leupold, Dickinson County, Iowa Board Chair      Lisa Heddens, CICS Governing Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# CICS

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*MEMORANDUM OF UNDERSTANDING (MOU) between  
Franklin County, Iowa  
and  
Collaborative Individual and Community Supports (CICS)*

This is an agreement between Franklin County, Iowa, hereinafter referred to as “Franklin County” and Collaborative Individual and Community Supports, hereinafter referred to as “CICS.”

**I. PURPOSE and SCOPE**

The purpose of this MOU as identified in the 28E Agreement between Franklin County, Iowa and Collaborative Individual and Community Supports Section 1.1 is “Franklin County and CICS shall have a Memorandum of Understanding (MOU) for each employee performing duties for CICS, and such MOU will identify full time equivalent (FTE) status, rate of pay, and years of service.

**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Angela Rodamaker	1	\$28.85	2/5/2024	1

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

\_\_\_\_\_  
Lisa Heddens, CICS Governing Board Chair

\_\_\_\_\_  
Date

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Date



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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Brenda Daily	1	\$35.57	10/11/2010	14

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

\_\_\_\_\_  
Lisa Heddens, CICS Governing Board Chair

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Brittany Baker	1	\$32.66	7/1/2014	11

**III. EFFECTIVE DATE AND SIGNATURE**

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Signature and Dates:

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Chris Vanness, Franklin County, Iowa Board Chair

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Lisa Heddens, CICS Governing Board Chair

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Danielle Fedeler	1	\$28.85	7/7/2025	0

**III. EFFECTIVE DATE AND SIGNATURE**

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Signature and Dates:

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Chris Vanness, Franklin County, Iowa Board Chair

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Lisa Heddens, CICS Governing Board Chair

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Elizabeth Stursma	1	\$118,637.00	7/1/2005	20

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Heaven Johnson	1	\$30.00	7/2/2025	0

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Jarica White	1	\$30.90	11/14/2016	8

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

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Lisa Heddens, CICS Governing Board Chair

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Jen Sheehan	1	\$90,834.00	7/1/2013	12

**III. EFFECTIVE DATE AND SIGNATURE**

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Signature and Dates:

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Chris Vanness, Franklin County, Iowa Board Chair

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Jessica Crawford	1	\$30.90	6/7/2017	8

**III. EFFECTIVE DATE AND SIGNATURE**

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Signature and Dates:

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Chris Vanness, Franklin County, Iowa Board Chair

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Jodi Hamilton	1	\$35.10	9/28/2010	14

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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Chris Vanness, Franklin County, Iowa Board Chair

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Lisa Heddens, CICS Governing Board Chair

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Kelsey Stortz	1	\$28.85	7/1/2025	0

**III. EFFECTIVE DATE AND SIGNATURE**

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Signature and Dates:

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

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Laurie Lenertz	1	\$32.22	7/1/2025	0

**III. EFFECTIVE DATE AND SIGNATURE**

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Signature and Dates:

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

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Lisa Hill	1	\$27.07	1/25/2016	9

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

\_\_\_\_\_  
Lisa Heddens, CICS Governing Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# CICS

Supporting Individuals. Strengthening Communities.

*MEMORANDUM OF UNDERSTANDING (MOU) between  
Franklin County, Iowa  
and  
Collaborative Individual and Community Supports (CICS)*

This is an agreement between Franklin County, Iowa, hereinafter referred to as “Franklin County” and Collaborative Individual and Community Supports, hereinafter referred to as “CICS.”

**I. PURPOSE and SCOPE**

The purpose of this MOU as identified in the 28E Agreement between Franklin County, Iowa and Collaborative Individual and Community Supports Section 1.1 is “Franklin County and CICS shall have a Memorandum of Understanding (MOU) for each employee performing duties for CICS, and such MOU will identify full time equivalent (FTE) status, rate of pay, and years of service.

**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Lisa Leanhart	1	\$27.15	7/1/2015	10

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

\_\_\_\_\_  
Lisa Heddens, CICS Governing Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Lisa Soder	1	\$33.27	3/11/2002	23

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

\_\_\_\_\_  
Lisa Heddens, CICS Governing Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# CICS

Supporting Individuals. Strengthening Communities.

*MEMORANDUM OF UNDERSTANDING (MOU) between  
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and  
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**I. PURPOSE and SCOPE**

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**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Meghan Freie	1	\$118,637.00	4/11/2011	14

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

\_\_\_\_\_  
Lisa Heddens, CICS Governing Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# CICS

Supporting Individuals. Strengthening Communities.

*MEMORANDUM OF UNDERSTANDING (MOU) between  
Franklin County, Iowa  
and  
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This is an agreement between Franklin County, Iowa, hereinafter referred to as “Franklin County” and Collaborative Individual and Community Supports, hereinafter referred to as “CICS.”

**I. PURPOSE and SCOPE**

The purpose of this MOU as identified in the 28E Agreement between Franklin County, Iowa and Collaborative Individual and Community Supports Section 1.1 is “Franklin County and CICS shall have a Memorandum of Understanding (MOU) for each employee performing duties for CICS, and such MOU will identify full time equivalent (FTE) status, rate of pay, and years of service.

**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Russell Wood	1	\$139,677.00	3/17/2003	22

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

\_\_\_\_\_  
Lisa Heddens, CICS Governing Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# CICS

Supporting Individuals. Strengthening Communities.

*MEMORANDUM OF UNDERSTANDING (MOU) between  
Franklin County, Iowa  
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Collaborative Individual and Community Supports (CICS)*

This is an agreement between Franklin County, Iowa, hereinafter referred to as “Franklin County” and Collaborative Individual and Community Supports, hereinafter referred to as “CICS.”

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The purpose of this MOU as identified in the 28E Agreement between Franklin County, Iowa and Collaborative Individual and Community Supports Section 1.1 is “Franklin County and CICS shall have a Memorandum of Understanding (MOU) for each employee performing duties for CICS, and such MOU will identify full time equivalent (FTE) status, rate of pay, and years of service.

**II. EMPLOYEE DETAILS**

<b>NAME</b>	<b>FTE STATUS</b>	<b>RATE of PAY</b>	<b>CALCULATED HIRE DATE</b>	<b>YEARS of SERVICE</b>
Starla Varrelmann	1	\$29.25	7/1/2020	5

**III. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective 7/1/25 – 6/30/26, or upon employee changes.

Signature and Dates:

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

\_\_\_\_\_  
Lisa Heddens, CICS Governing Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **Collaborative Individual and Community Supports Provider and Program Participation Agreement**

**THIS PROVIDER AND PROGRAM PARTICIPATION AGREEMENT (“Agreement”)**, entered into this 1st day of July, 2025, is by and between Collaborative Individual and Community Supports (“CICS”) and ARC of Marshall County (“**Provider**”).

### RECITALS:

- A. CICS is a governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board. Mental health and disability services are funded and administered by CICS within the scope of its contract with the Iowa Department of Health and Human Services. CICS desires to contract with Provider to provide Covered Services for the benefit of CICS Individuals.
- B. Provider is licensed, certified and/or accredited under the laws of the State of Iowa to provide mental health, intellectual disabilities, and/or developmental disability services and desires to contract with CICS to provide Covered Services for the benefit of CICS Individuals.
- C. An effective service delivery environment should be based on individualized, person-centered, strengths-based practices which are trauma informed, co-occurring capable, and culturally competent.

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

### **SECTION 1 Definitions**

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

**CICS Individual:** A person who is eligible and authorized to receive funding.

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

**Covered Services:** Services identified in Attachment A.

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

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

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

## **SECTION 2**

### **Duties of Provider**

**Section 2.1 Provision of Covered Services.** Provider shall provide Covered Services to each CICS Individual who is authorized by the CICS CEO or designee (“**Designee**”) to receive such services to the extent designated in Attachment A. Such services shall be rendered in compliance with applicable laws and regulations. Provider shall provide Covered Services in a manner that: (a) documents the services provided, in conformance with applicable federal, state and local laws and regulations, and (b) protects the confidentiality of the CICS Individual’s medical records, including, without limitation, any Protected Health Information. Provider may decline providing services to a CICS Individual provided that Provider communicates this decision to the CEO or Designee within twenty-four (24) hours of declining such services and follows the requirements of the service type for no-eject, no-reject.

**Section 2.2 Authorization and Notification Requirements.** All Covered Services provided to CICS Individuals by Provider must be authorized by CICS prior to or at the time of rendering services in accordance with Attachment A when applicable. Provider shall be required to obtain from each CICS Individual an Individual Authorization that allows Provider to disclose any information about the Individual to CICS.

**Section 2.3 Access to Books and Records.** Unless otherwise required by applicable statutes or regulation, Provider shall allow CICS access to books, records, or cost reports as needed to establish rates or for purposes of appeals, utilization, grievance, claims payment review, individual medical records review, or financial audits, during the term of this Agreement and seven (7) years following its termination. Provider shall obtain any necessary Individual Authorization to allow CICS to exercise its rights under this Agreement.

**Section 2.4 Licenses.** At all times, Provider and the providers it employs or contracts with to provide services to CICS Individuals shall have all necessary licenses and certifications to perform the Covered Services.

**Section 2.5 Major Incident Reporting.** To the extent Provider is otherwise required to comply with Iowa Administrative Code (“IAC”) Chapter 77, Provider shall promptly notify CICS in writing when a “major incident” as defined in IAC 441-77 involves a CICS Individual and the major incident would otherwise be required to be reported if the CICS Individual were receiving a Medicaid funded service. Provider may use the Iowa Medicaid Critical Incident Report form for purposes of the notification.



### **SECTION 3**

#### **Service Delivery and Assessment**

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

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

### **SECTION 4**

#### **Claims Submission and Payment**

**Section 4.1 Claims Submission.** Provider agrees to submit all claims for Covered Services as detailed in Attachment A.

**Section 4.2 Claims Payment.** CICS will pay claims for Covered Services within thirty (30) days of receipt of required documentation unless foreseen circumstances exist; no billings received more than thirty (30) days after the close of the fiscal year in which the service was provided shall be considered for payment by CICS. The fiscal year for CICS is July 1 – June 30.

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

### **SECTION 5**

#### **Relationship Between the Parties**

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

### **SECTION 6**

#### **Liability Insurance**

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



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

## **SECTION 7**

### **Laws and Regulations**

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

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

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

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

## **SECTION 8**

### **Term and Termination**

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

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



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

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

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

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

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

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

CICS Operations Officer  
PO Box 58  
Hampton, Iowa 50441

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

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

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

**Section 9.3 CICS Amendment.** CICS may also amend this Agreement to comply with changes in its State Contract and shall give written notice to Provider of such amendment and its effective



date. Such amendment will not require sixty (60) days advance written notice. If Provider does not agree with the Amendment, Provider may terminate this Agreement as provided in Section 8.4.

## **SECTION 10**

### **Other Terms and Conditions**

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

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

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

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

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

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

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

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

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

**Section 10.10 No Third-Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein made confer, upon any person other than the parties



to this Agreement and their respective successors or assigns of the parties, any rights, remedies, obligations or liabilities whatsoever.

**Section 10.11 Survival.** Sections 2.3, 6.1, 6.2, 7.4, 8.6, 8.7, 8.8, and Section 10 shall survive any termination of this Agreement.

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

Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
Printed Name:		Printed Name:	
Title:		Title:	





# CICS

Supporting Individuals. Strengthening Communities.

## ATTACHMENT A SERVICE DEFINITIONS AND PROGRAM RESPONSIBILITIES ARC of Marshall County

**Program Title:** Special Recreation Program (Local District Program Service)

### **Overview:**

This service is identified as a *Local District Program Service* under Section 1.3.1.2.1 of the amended Disability Access Points contract with the Iowa Department of Health and Human Services (HHS). As such, ARC of Marshall County shall coordinate with Collaborative Individual and Community Supports (CICS) to ensure the *continuity and sustainability* of this unique program for individuals who were receiving the service as of June 30, 2025.

### **1. Program Continuity Requirements**

- ARC of Marshall County shall continue providing Special Recreation services to eligible individuals who were receiving such services on or before June 30, 2025.
- Services must be delivered with no reduction in level, frequency, or scope (“robustness”) from what was previously provided under MHDS Regions.
- ARC shall not enroll new clients into the Special Recreation program unless directed in writing by CICS following HHS approval.

### **2. Monthly Reporting Requirements**

- ARC shall submit a monthly report to CICS that includes:
  - A list of current participants served under the Special Recreation program.
  - A summary of services or activities provided each month.
  - Notation of any disruptions in service delivery and actions taken to maintain continuity.

### **3. Quarterly Transition Planning**

- ARC shall collaborate with CICS to assess the long-term appropriateness of continued Special Recreation services for each participant.
- ARC will participate in quarterly planning sessions to assist in preparing for possible transitions to ongoing Disability Services or other programs by December 31, 2025.

### **4. Sustainability & Funding Coordination**

- ARC shall actively assist CICS in identifying and pursuing additional or alternative funding sources that may support the Special Recreation program beyond December 2025.
- This includes but is not limited to: participating in grant opportunity discussions, exploring Medicaid-eligible service models, or identifying other support.

**5. Referral Collaboration**

- ARC shall work with CICS to:
  - Refer clients to other existing services or supports when appropriate.
  - Coordinate warm handoffs to ensure no disruption in service during transitions.
  - Document referrals and outcomes in monthly or quarterly reports.

**6. Monthly Coordination Meetings**

- ARC shall designate appropriate staff to attend monthly coordination meetings with designated CICS staff.
- These meetings shall serve to:
  - Review ongoing program performance.
  - Evaluate participant needs and service impact.
  - Coordinate discussions related to funding sustainability and service transitions.

**7. Compliance and Documentation**

- ARC will maintain internal records demonstrating compliance with the above requirements and make these records available to CICS upon request.
- ARC agrees to comply with any additional documentation, invoicing, or reporting standards established by CICS to meet HHS deliverable schedules.

<b>Chart of Account</b>	<b>Service Description</b>	<b>Unit of Service</b>	<b>Rate</b>
42366	Special Recreation	Monthly	\$705.37/month

Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
Printed Name:		Printed Name:	
Title:		Title:	





## **Collaborative Individual and Community Supports Provider and Program Participation Agreement**

**THIS PROVIDER AND PROGRAM PARTICIPATION AGREEMENT (“Agreement”)**, entered into this 1st day of July, 2025, is by and between Collaborative Individual and Community Supports (“CICS”) and First Resources (“**Provider**”).

### RECITALS:

- A. CICS is a governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board. Mental health and disability services are funded and administered by CICS within the scope of its contract with the Iowa Department of Health and Human Services. CICS desires to contract with Provider to provide Covered Services for the benefit of CICS Individuals.
- B. Provider is licensed, certified and/or accredited under the laws of the State of Iowa to provide mental health, intellectual disabilities, and/or developmental disability services and desires to contract with CICS to provide Covered Services for the benefit of CICS Individuals.
- C. An effective service delivery environment should be based on individualized, person-centered, strengths-based practices which are trauma informed, co-occurring capable, and culturally competent.

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

### **SECTION 1** **Definitions**

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

**CICS Individual:** A person who is eligible and authorized to receive funding.

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

**Covered Services:** Services identified in Attachment A.

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

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

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

## **SECTION 2**

### **Duties of Provider**

**Section 2.1 Provision of Covered Services.** Provider shall provide Covered Services to each CICS Individual who is authorized by the CICS CEO or designee (“**Designee**”) to receive such services to the extent designated in Attachment A. Such services shall be rendered in compliance with applicable laws and regulations. Provider shall provide Covered Services in a manner that: (a) documents the services provided, in conformance with applicable federal, state and local laws and regulations, and (b) protects the confidentiality of the CICS Individual’s medical records, including, without limitation, any Protected Health Information. Provider may decline providing services to a CICS Individual provided that Provider communicates this decision to the CEO or Designee within twenty-four (24) hours of declining such services and follows the requirements of the service type for no-eject, no-reject.

**Section 2.2 Authorization and Notification Requirements.** All Covered Services provided to CICS Individuals by Provider must be authorized by CICS prior to or at the time of rendering services in accordance with Attachment A when applicable. Provider shall be required to obtain from each CICS Individual an Individual Authorization that allows Provider to disclose any information about the Individual to CICS.

**Section 2.3 Access to Books and Records.** Unless otherwise required by applicable statutes or regulation, Provider shall allow CICS access to books, records, or cost reports as needed to establish rates or for purposes of appeals, utilization, grievance, claims payment review, individual medical records review, or financial audits, during the term of this Agreement and seven (7) years following its termination. Provider shall obtain any necessary Individual Authorization to allow CICS to exercise its rights under this Agreement.

**Section 2.4 Licenses.** At all times, Provider and the providers it employs or contracts with to provide services to CICS Individuals shall have all necessary licenses and certifications to perform the Covered Services.

**Section 2.5 Major Incident Reporting.** To the extent Provider is otherwise required to comply with Iowa Administrative Code (“IAC”) Chapter 77, Provider shall promptly notify CICS in writing when a “major incident” as defined in IAC 441-77 involves a CICS Individual and the major incident would otherwise be required to be reported if the CICS Individual were receiving a Medicaid funded service. Provider may use the Iowa Medicaid Critical Incident Report form for purposes of the notification.



### **SECTION 3**

#### **Service Delivery and Assessment**

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

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

### **SECTION 4**

#### **Claims Submission and Payment**

**Section 4.1 Claims Submission.** Provider agrees to submit all claims for Covered Services as detailed in Attachment A.

**Section 4.2 Claims Payment.** CICS will pay claims for Covered Services within thirty (30) days of receipt of required documentation unless foreseen circumstances exist; no billings received more than thirty (30) days after the close of the fiscal year in which the service was provided shall be considered for payment by CICS. The fiscal year for CICS is July 1 – June 30.

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

### **SECTION 5**

#### **Relationship Between the Parties**

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

### **SECTION 6**

#### **Liability Insurance**

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



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

## **SECTION 7**

### **Laws and Regulations**

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

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

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

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

## **SECTION 8**

### **Term and Termination**

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

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



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

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

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

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

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

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

CICS Operations Officer  
PO Box 58  
Hampton, Iowa 50441

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

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

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



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

## **SECTION 10**

### **Other Terms and Conditions**

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

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

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

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

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

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

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

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

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



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

**Section 10.11 Survival.** Sections 2.3, 6.1, 6.2, 7.4, 8.6, 8.7, 8.8, and Section 10 shall survive any termination of this Agreement.

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

Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
Printed Name:		Printed Name:	
Title:		Title:	





# CICS

Supporting Individuals. Strengthening Communities.

**ATTACHMENT A**  
**SERVICE DEFINITIONS AND PROGRAM RESPONSIBILITIES**  
**First Resources Corporation**  
**Intensive Residential Services Home – Ottumwa**

### **Overview**

This Attachment A outlines the program responsibilities for the Intensive Residential Services Home (IRSH) operated by First Resources Corporation in Ottumwa, Iowa. The IRSH program is designated as a *Sustainability Program* under Section 1.3.1.2.1 of the State of Iowa’s amended Disability Access Points Contract (ADSCI25013), effective July 1, 2025, between the Iowa Department of Health and Human Services (HHS) and Collaborative Individual and Community Supports (CICS).

This Attachment outlines the deliverables, coordination, and sustainability efforts required to comply with the amended HHS contract. Payment for services provided under this agreement is contingent upon compliance with the responsibilities and requirements outlined in this Attachment. Specific payment conditions and consequences for non-compliance are noted within each applicable section.

### **1. Program Continuity Requirements**

- First Resources shall provide 24/7 intensive residential services to individuals with severe and persistent mental illness and co-occurring conditions.

### **2. Compliance and Medicaid Alignment**

- The IRSH shall remain in compliance with Iowa Administrative Code and shall operate as either:
  - An HCBS 1915(i) habilitation provider, or
  - An HCBS 1915(c) intellectual disability waiver provider, in good standing with Iowa Medicaid.
- Failure to maintain compliance with these requirements may result in suspension or removal of the IRSH’s Sustainability Program designation.
  - The Sustainability Program designation may be removed if the provider is out of compliance for more than sixty (60) consecutive days.
  - The designation will be removed if the provider is not actively pursuing reinstatement of good standing with Iowa Medicaid during the period of non-compliance.
  - CICS will not provide payment for any month(s) in which the IRSH is out of compliance with these standards or not in good standing with Iowa Medicaid.

### 3. Reporting Deliverables

#### Ongoing Reporting

- First Resources will notify CICS within three (3) calendar days of any bed becoming available
  - Notification is required within three (3) calendar days of the bed opening; this is not a recurring or standing report but is triggered by the event of availability.
  - If the open bed is not reported within three (3) calendar days:
    - For fee-for-service programs, the bed shall be considered ineligible for reimbursement during the period it was unreported.
    - For deficit-funded programs, the bed shall be treated as if it were filled, and the corresponding revenue that should have been received will be counted as revenue received. This amount shall reduce the total eligible deficit-funded amount for the program.

#### Monthly Reporting

- First Resources shall submit a monthly report to CICS in advance of each scheduled monthly coordination meeting. This report will be used to inform the meeting and must include:
  - Updates on overall program performance and service delivery during the reporting period,
  - A summary of operational issues, barriers encountered, and any support needs,
  - Financial activity related to the Sustainability Program, including funds expended and any notable variances,
  - A description of activities undertaken to reduce reliance on Sustainability Program funding.
- Reports must be submitted in a timely manner to ensure CICS staff have adequate opportunity to review the content prior to the scheduled meeting.

#### Quarterly Reporting

- A sustainability report shall be submitted quarterly detailing:
  - Funds expended under the sustainability budget,
  - Activities and adjustments made to ensure long-term service viability,
  - Efforts taken to reduce reliance on Sustainability Program funding, including alignment with transition planning discussed during monthly meetings.

### 4. Monthly Coordination and Sustainability Planning

- First Resources shall participate in monthly meetings with designated staff from CICS. These meetings are intended to promote shared accountability, operational coordination, and the long-term sustainability of the Intensive Residential Services Homes (IRSH) program.
- Each monthly meeting shall include:
  - Updates on program performance and service delivery,
  - Review of operational issues, barriers, and support needs,
  - Financial activity and expenditures under the Sustainability Program,
  - Activities and progress toward reducing reliance on Sustainability Program funding, including step-down planning and integration into DAP Disability Services or other long-term support options.



- CICS will work collaboratively with First Resources during these meetings to assess progress, identify challenges, and jointly develop plans that support long-term service viability.
- Failure to participate in a scheduled monthly meeting without prior mutual agreement between CICS and First Resources to forgo the meeting shall render that month ineligible for Sustainability Program funding.

**5. Funding Coordination and Referrals**

- First Resources shall work with CICS to:
  - Identify and pursue alternative or supplemental funding sources (e.g., Medicaid billing, local partnerships),
  - Assist with Medicaid eligibility or other application processes when relevant.

**6. Invoicing and Payment**

- First Resources shall submit monthly invoices to CICS using the Agency-provided template.
- Invoices must be submitted within 15 days of the month services were provided.
- Invoices shall reflect actual expenses and will be reimbursed as a monthly sustainability shortfall, not to exceed the amount authorized for the IRSH.

**7. Authorized Budget and Payment Structure**

- Total authorized annual shortfall funding for the IRSH shall not exceed \$88,000. This is separate from Medicaid billable revenue and is subject to audit and reconciliation.
  - First Resources shall continue to receive reimbursement based on a deficit-based reimbursement model. Under this model, monthly reimbursement will reflect actual program expenses minus all applicable revenue sources, including Medicaid and other third-party payments.
  - Total reimbursement shall not exceed the authorized annual shortfall amount established by CICS.
- This approach will ensure consistency in funding methodology across the districts covered by CICS by January 1, 2026.

Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
Printed Name:		Printed Name:	
Title:		Title:	





## **Collaborative Individual and Community Supports Provider and Program Participation Agreement**

**THIS PROVIDER AND PROGRAM PARTICIPATION AGREEMENT (“Agreement”)**, entered into this 1st day of July, 2025, is by and between Collaborative Individual and Community Supports (“CICS”) and Lakes Lifeskills (“Provider”).

### RECITALS:

- A. CICS is a governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board. Mental health and disability services are funded and administered by CICS within the scope of its contract with the Iowa Department of Health and Human Services. CICS desires to contract with Provider to provide Covered Services for the benefit of CICS Individuals.
- B. Provider is licensed, certified and/or accredited under the laws of the State of Iowa to provide mental health, intellectual disabilities, and/or developmental disability services and desires to contract with CICS to provide Covered Services for the benefit of CICS Individuals.
- C. An effective service delivery environment should be based on individualized, person-centered, strengths-based practices which are trauma informed, co-occurring capable, and culturally competent.

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

### **SECTION 1 Definitions**

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

**CICS Individual:** A person who is eligible and authorized to receive funding.

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

**Covered Services:** Services identified in Attachment A.

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

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

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

## **SECTION 2**

### **Duties of Provider**

**Section 2.1 Provision of Covered Services.** Provider shall provide Covered Services to each CICS Individual who is authorized by the CICS CEO or designee (“**Designee**”) to receive such services to the extent designated in Attachment A. Such services shall be rendered in compliance with applicable laws and regulations. Provider shall provide Covered Services in a manner that: (a) documents the services provided, in conformance with applicable federal, state and local laws and regulations, and (b) protects the confidentiality of the CICS Individual’s medical records, including, without limitation, any Protected Health Information. Provider may decline providing services to a CICS Individual provided that Provider communicates this decision to the CEO or Designee within twenty-four (24) hours of declining such services and follows the requirements of the service type for no-eject, no-reject.

**Section 2.2 Authorization and Notification Requirements.** All Covered Services provided to CICS Individuals by Provider must be authorized by CICS prior to or at the time of rendering services in accordance with Attachment A when applicable. Provider shall be required to obtain from each CICS Individual an Individual Authorization that allows Provider to disclose any information about the Individual to CICS.

**Section 2.3 Access to Books and Records.** Unless otherwise required by applicable statutes or regulation, Provider shall allow CICS access to books, records, or cost reports as needed to establish rates or for purposes of appeals, utilization, grievance, claims payment review, individual medical records review, or financial audits, during the term of this Agreement and seven (7) years following its termination. Provider shall obtain any necessary Individual Authorization to allow CICS to exercise its rights under this Agreement.

**Section 2.4 Licenses.** At all times, Provider and the providers it employs or contracts with to provide services to CICS Individuals shall have all necessary licenses and certifications to perform the Covered Services.

**Section 2.5 Major Incident Reporting.** To the extent Provider is otherwise required to comply with Iowa Administrative Code (“IAC”) Chapter 77, Provider shall promptly notify CICS in writing when a “major incident” as defined in IAC 441-77 involves a CICS Individual and the major incident would otherwise be required to be reported if the CICS Individual were receiving a Medicaid funded service. Provider may use the Iowa Medicaid Critical Incident Report form for purposes of the notification.



### **SECTION 3**

#### **Service Delivery and Assessment**

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

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

### **SECTION 4**

#### **Claims Submission and Payment**

**Section 4.1 Claims Submission.** Provider agrees to submit all claims for Covered Services as detailed in Attachment A.

**Section 4.2 Claims Payment.** CICS will pay claims for Covered Services within thirty (30) days of receipt of required documentation unless foreseen circumstances exist; no billings received more than thirty (30) days after the close of the fiscal year in which the service was provided shall be considered for payment by CICS. The fiscal year for CICS is July 1 – June 30.

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

### **SECTION 5**

#### **Relationship Between the Parties**

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

### **SECTION 6**

#### **Liability Insurance**

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



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

## **SECTION 7**

### **Laws and Regulations**

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

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

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

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

## **SECTION 8**

### **Term and Termination**

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

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



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

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

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

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

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

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

CICS Operations Officer  
PO Box 58  
Hampton, Iowa 50441

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

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

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

**Section 9.3 CICS Amendment.** CICS may also amend this Agreement to comply with changes in its State Contract and shall give written notice to Provider of such amendment and its effective



date. Such amendment will not require sixty (60) days advance written notice. If Provider does not agree with the Amendment, Provider may terminate this Agreement as provided in Section 8.4.

## **SECTION 10**

### **Other Terms and Conditions**

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

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

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

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

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

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

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

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

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

**Section 10.10 No Third-Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein made confer, upon any person other than the parties



to this Agreement and their respective successors or assigns of the parties, any rights, remedies, obligations or liabilities whatsoever.

**Section 10.11 Survival.** Sections 2.3, 6.1, 6.2, 7.4, 8.6, 8.7, 8.8, and Section 10 shall survive any termination of this Agreement.

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

Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
Printed Name:		Printed Name:	
Title:		Title:	





# CICS

Supporting Individuals. Strengthening Communities.

**ATTACHMENT A**  
**SERVICE DEFINITIONS AND PROGRAM RESPONSIBILITIES**  
**Lakes Lifeskills**  
**Intensive Residential Services Home**

## **Overview**

This Attachment A outlines the program responsibilities for the Intensive Residential Services Homes (IRSH) operated by Lakes Lifeskills. The IRSH programs are designated as *Sustainability Programs* under Section 1.3.1.2.1 of the State of Iowa's amended Disability Access Points Contract (ADSCI25013), effective July 1, 2025, between the Iowa Department of Health and Human Services (HHS) and Collaborative Individual and Community Supports (CICS).

This Attachment outlines the deliverables, coordination, and sustainability efforts required to comply with the amended HHS contract. Payment for services provided under this agreement is contingent upon compliance with the responsibilities and requirements outlined in this Attachment. Specific payment conditions and consequences for non-compliance are noted within each applicable section.

## **1. Program Continuity Requirements**

- Lakes Lifeskills shall provide 24/7 intensive residential services to individuals with severe and persistent mental illness and co-occurring conditions.

## **2. Compliance and Medicaid Alignment**

- The IRSH shall remain in compliance with Iowa Administrative Code and shall operate as either:
  - An HCBS 1915(i) habilitation provider, or
  - An HCBS 1915(c) intellectual disability waiver provider, in good standing with Iowa Medicaid.
- Failure to maintain compliance with these requirements may result in suspension or removal of the IRSH's Sustainability Program designation.
  - The Sustainability Program designation may be removed if the provider is out of compliance for more than sixty (60) consecutive days.
  - The designation will be removed if the provider is not actively pursuing reinstatement of good standing with Iowa Medicaid during the period of non-compliance.
  - CICS will not provide payment for any month(s) in which the IRSH is out of compliance with these standards or not in good standing with Iowa Medicaid.

### 3. Reporting Deliverables

#### Ongoing Reporting

- Lakes Lifeskills will notify CICS within three (3) calendar days of any bed becoming available
  - Notification is required within three (3) calendar days of the bed opening; this is not a recurring or standing report but is triggered by the event of availability.
  - If the open bed is not reported within three (3) calendar days:
    - For fee-for-service programs, the bed shall be considered ineligible for reimbursement during the period it was unreported.
    - For deficit-funded programs, the bed shall be treated as if it were filled, and the corresponding revenue that should have been received will be counted as revenue received. This amount shall reduce the total eligible deficit-funded amount for the program.

#### Monthly Reporting

- Lakes Lifeskills shall submit a monthly report to CICS in advance of each scheduled monthly coordination meeting. This report will be used to inform the meeting and must include:
  - Updates on overall program performance and service delivery during the reporting period,
  - A summary of operational issues, barriers encountered, and any support needs,
  - Financial activity related to the Sustainability Program, including funds expended and any notable variances,
  - A description of activities undertaken to reduce reliance on Sustainability Program funding.
- Reports must be submitted in a timely manner to ensure CICS staff have adequate opportunity to review the content prior to the scheduled meeting.

#### Quarterly Reporting

- A sustainability report shall be submitted quarterly detailing:
  - Funds expended under the sustainability budget,
  - Activities and adjustments made to ensure long-term service viability,
  - Efforts taken to reduce reliance on Sustainability Program funding, including alignment with transition planning discussed during monthly meetings.

### 4. Monthly Coordination and Sustainability Planning

- Lakes Lifeskills shall participate in monthly meetings with designated staff from CICS. These meetings are intended to promote shared accountability, operational coordination, and the long-term sustainability of the Intensive Residential Services Homes (IRSH) program.
- Each monthly meeting shall include:
  - Updates on program performance and service delivery,
  - Review of operational issues, barriers, and support needs,
  - Financial activity and expenditures under the Sustainability Program,
  - Activities and progress toward reducing reliance on Sustainability Program funding, including step-down planning and integration into DAP Disability Services or other long-term support options.



- CICS will work collaboratively with Lakes Lifeskills during these meetings to assess progress, identify challenges, and jointly develop plans that support long-term service viability.
- Failure to participate in a scheduled monthly meeting without prior mutual agreement between CICS and Lakes Lifeskills to forgo the meeting shall render that month ineligible for Sustainability Program funding.

**5. Funding Coordination and Referrals**

- Lakes Lifeskills shall work with CICS to:
  - Identify and pursue alternative or supplemental funding sources (e.g., Medicaid billing, local partnerships),
  - Assist with Medicaid eligibility or other application processes when relevant.

**6. Invoicing and Payment**

- Lakes Lifeskills shall submit monthly invoices to CICS using the Agency-provided template.
- Invoices must be submitted within 15 days of the month services were provided.
- Invoices shall reflect actual expenses and will be reimbursed as a monthly sustainability shortfall, not to exceed the amount authorized for the IRSH.

**7. Authorized Budget and Payment Structure**

- Total authorized annual shortfall funding for the IRSH shall not exceed \$145,6000. This is separate from Medicaid billable revenue and is subject to audit and reconciliation.
  - Lakes Lifeskills shall continue to receive reimbursement at the rate of \$800 per open bed, per day, through December 31, 2025.
  - Beginning January 1, 2026, Lakes Lifeskills shall transition to a deficit-based reimbursement model. Under this model, monthly reimbursement will reflect actual program expenses minus all applicable revenue sources, including Medicaid and other third-party payments.
  - Total reimbursement shall not exceed the authorized annual shortfall amount established by CICS.
- This transition is being implemented to ensure consistency in funding methodology across the districts covered by CICS.
- CICS will work collaboratively with Lakes Lifeskills from July through December 2025 to support this transition. This will include the monthly meetings identified above, technical assistance, and training on reporting and invoicing expectations necessary for implementation of the deficit-based model.

Signature of Authorized Representative:	Date:	Signature of Authorized Representative:	Date:
Printed Name:		Printed Name:	
Title:		Title:	



## **SERVICE AGREEMENT TO PARTICIPATE IN THE ISAC HIPAA PROGRAM**

This Service Agreement to Participate in the ISAC HIPAA Program (the “Agreement”), effective as of July 1, 2025 (the “Effective Date”) is hereby entered into by and amongst \_\_\_\_\_ (known as the “28E”) and the Iowa State Association of Counties (“ISAC”) (collectively referred to as the “Parties”) to set forth the terms and conditions under which the 28E will become a participant in the ISAC HIPAA Program (the “HIPAA Program”).

For the consideration as described below, the Parties agree as follows:

### **Description of HIPAA Program**

The following services will be provided to all participants in the HIPAA Program:

1. Annual sixty minute “HIPAA 101” training via webinar for employees in your county, MHDS region, or 28E.
2. One of the following annual training options available only to participating counties, MHDS regions, or 28Es and designed for your HIPAA security/privacy officers, HIPAA committee members or other staff that work with HIPAA and PHI regularly. The training option will be decided based on a combination of speaker availability and preference of ISAC HIPAA Program members.
  - One day long (approximately 10 a.m. to 3 p.m.) in-person training in Des Moines for up to 5 persons from your county, MHDS region, or 28E.
  - Multi-day (approximately 3, 60-minute webinars) virtual training with no limit on member attendance.
3. Access to all memos and other information previously generated through the ISAC HIPAA Program via an ISAC HIPAA Program member website.
4. Access to all memos and other information generated through all member consultation hour questions as a part of the current year of the ISAC HIPAA Program via an ISAC HIPAA Program member website.
5. Up to 5 hours annually for consultation on HIPAA questions.
6. Quarterly newsletter, received via e-mail, with HIPAA news, reminders, checklists and other updates.
7. Webinar series about various topics. If needed, a MHDS region webinar will be included in the webinar series.
8. Online training platform with access to various HIPAA courses.

In exchange for these services and administration of the services, the 28E will pay ISAC an annual fee of \$1,750.

### **28E Responsibilities**

1. Execute this Agreement.
2. Pay the annual fee of \$1,750 by the Effective Date. This fee is non-refundable and no portion of the fee shall be returned to the 28E in the event the 28E opts not to participate in a training or does not utilize all of its consultation hours.
3. Select a HIPAA contact person for purposes of the HIPAA Program as set forth below.

4. Direct all HIPAA questions through the HIPAA contact person to ISAC Compliance Officer. ISAC shall be the client of Dorsey and Whitney for purposes of the HIPAA program and all communications with Dorsey and Whitney shall be through ISAC or with ISAC's permission. Failure to comply with this provision may result in the 28E being billed outside of the HIPAA Program at Alissa Smith's regular rate.
5. The HIPAA contact person will promptly respond to inquiries from ISAC Compliance Officer related to HIPAA questions.

### **ISAC Responsibilities**

1. Retain Alissa Smith, partner with the Dorsey and Whitney law firm, to provide trainings and consultation for the HIPAA program.
2. Oversee HIPAA questions and disseminate consultation on HIPAA questions ISAC Compliance Officer will collect all questions and prepare responses or submit them to Alissa Smith, partner with the Dorsey & Whitney law firm. An estimate of the time needed to answer a question will be provided prior to Alissa Smith beginning. All legal research memos created in response to questions will be disseminated to all ISAC HIPAA Program participants via the ISAC HIPAA Program member website.
3. If the program member has questions that exceed their consultation hours, the additional time will be billed to the program member. An estimate of the time needed to answer a question will be provided prior to beginning the research.
4. Track the consultation hours used by the 28E in the HIPAA Program.
5. Coordinate and staff the HIPAA trainings of the HIPAA Program.

### **Term**

The term of this agreement shall be from the Effective Date of this Agreement to June 30, 2026.

### **Mutual Responsibilities**

The Parties agree to indemnify and hold each other harmless for any and all costs, including attorney's fees and cost of collection, that may reasonably result from such Party's failure to comply with the terms and conditions of this Agreement, its intentional or negligent act or omission related to this Agreement, or for any breach of the provisions of this Agreement. Liability of the parties for any damages sustained as a result of breach of this Agreement, or arising in any way out of this Agreement, shall be limited to actual damages.

The 28E understands that participation in the ISAC HIPAA Program in no way guarantees compliance with HIPAA and that ISAC is not assuming any liability or responsibility for the 28E's HIPAA compliance and that all such liability and responsibility remains that of the 28E.

Amendments of this Agreement shall be made by mutual consent of the Parties, by issuance of a written amendment, signed and dated by all Parties.

This Agreement constitutes the entire agreement between the Parties concerning the subject matter hereof, and supersedes any prior agreements.

Except to the extent applicable law, if any, provides otherwise, this Agreement shall be governed by the laws of the state of Iowa.

The Parties expressly agree that jurisdiction for any claim or dispute relating to or arising out of this Agreement resides exclusively in the courts of the state of Iowa.

If any provision in this Agreement should be held illegal or unenforceable, such provision shall be modified to the extent necessary to render it enforceable without losing its intent, or severed from this Agreement if no such modification is possible, and other provisions of this Agreement shall remain in full force and effect.

A waiver by either Party of any term or condition of this Agreement or any breach thereof, in any one instance, shall not waive such term or condition or any subsequent breach thereof.

The Parties may not assign or otherwise transfer this Agreement or any rights or obligations herein without the prior written consent of the other Party, which such consent shall not be unreasonably withheld. This Agreement shall be binding upon and shall inure to the benefit of the Parties, their successors and permitted assigns.

Neither Party shall be in default or be liable for any delay, failure in performance (excepting the obligation to pay) or interruption of service resulting directly or indirectly from any cause beyond its reasonable control.

**Principal Contacts**

<b>28E</b>	<b>ISAC</b>
	<b>Beth Manley, General Counsel</b>
Phone:	Phone: (515) 369-7005
E-mail:	E-mail: bmanley@iowacounties.org

**IN WITNESS THEREOF**, this \_\_\_\_\_ day of \_\_\_\_\_, 2025, the Parties hereto have set their names and seals by their duly authorized representatives who certify that they are authorized to bind their respective organizations, \_\_\_\_\_ 28E and ISAC.

\_\_\_\_\_ **28E**

**IOWA STATE ASSOCIATION OF COUNTIES**

\_\_\_\_\_  
By:  
Its:  
  
Date: \_\_\_\_\_

\_\_\_\_\_  
By:  
Its:  
  
Date: \_\_\_\_\_

## BUSINESS ASSOCIATE AGREEMENT

**THIS BUSINESS ASSOCIATE AGREEMENT** (“Agreement”) is entered into by and between \_\_\_\_\_ (the “Covered Entity”), and Iowa Counties Technology Services (the “Business Associate”).

### RECITALS

**A.** Covered Entity is a health care provider subject to the Health Insurance Portability and Accountability Act of 1996, the HITECH Act, and regulations promulgated thereunder (“HIPAA”).

**B.** Business Associate, through the provision of certain services for or on behalf of the Covered Entity pursuant to the Memorandum of Understanding entered into with Covered Entity on \_\_\_\_\_ for the provision by Business Associate of data management services for Covered Entity (the “Services Agreement”), is a “business associate” of the Covered Entity as that term is defined in 45 C.F.R. § 160.103, and is subject to the Security Rule and certain provisions of the Privacy Rule.

**C.** Covered Entity is required by HIPAA to obtain satisfactory assurances that Business Associate will appropriately safeguard all PHI and Electronic PHI disclosed by, or created or received by Business Associate on behalf of, Covered Entity.

**NOW, THEREFORE**, in consideration of entering into the Services Agreement and the mutual promises and agreements below and in order to comply with all legal requirements, the parties agree as follows:

### **I. DEFINITIONS**

**1.1** “**Agreement**” has the meaning set forth in the preamble.

**1.2** “**ARRA Breach**” has the same meaning as the term “Breach” in Section 13400(1) of the HITECH Act (i.e. 42 USCA 17921) and 45 CFR 164.402.

**1.3** “**Business Associate**” has the meaning set forth in the preamble.

**1.4** “**Covered Entity**” has the meaning set forth in the preamble.

**1.5** “**Data Aggregation**” means the combining of PHI created or received under this Agreement with the PHI Business Associate receives or creates in its arrangement with another covered entity under the Privacy Rule to permit data analysis that relate to the Health Care Operations of the covered entities.

**1.6** “**Designated Record Set**” means a group of records maintained by or for the Covered Entity that is: (i) the medical records and billing records about Individuals; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about Individuals. As used herein the term “record” means any item, collection,

or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for the Covered Entity.

**1.7** “**Document Demand**” has the meaning set forth in Section 3.13.

**1.8** “**Effective Date**” has the meaning set forth in the preamble.

**1.9** “**Electronic PHI**” means information that comes within paragraphs 1(i) or 1(ii) of the definition of “PHI,” as defined in 45 C.F.R. § 160.103, limited to the information created, received, maintained or transmitted by Business Associate on behalf of Covered Entity.

**1.10** “**HIPAA**” has the meaning set forth in the Recitals.

**1.11** “**HITECH Act**” means Title XIII and Title IV of Division B of the American Recovery and Reinvestment Act of 2009, Public Law No. 111-5 and all regulations promulgated thereunder.

**1.12** “**Individual**” means the person who is the subject of the PHI and includes a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

**1.13** “**PHI**” means Protected Health Information that is provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity.

**1.14** “**Privacy Rule**” means the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E.

**1.15** “**Protected Health Information**” (or “PHI”) means any information, whether transmitted or maintained in electronic, written, oral, or any other form or medium, that relates to the past, present, or future physical or mental health or condition of an Individual; the provision of health care to an Individual; or the past, present or future payment for the provision of health care to an Individual; and (i) identifies the Individual, or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the Individual.

**1.16** “**Reproductive Health Care**” has the same meaning as the term “Reproductive health care” in 45 C.F.R. § 164.103.

**1.17** “**Required by Law**” has the same meaning as the term “required by law” in 45 C.F.R. § 164.103.

**1.18** “**Secretary**” means the Secretary of the U.S. Department of Health and Human Services or his or her designee.

**1.19** “**Security Incident**” has the same meaning as the term “security incident” in 45 C.F.R. § 164.304.

**1.20** “**Security Rule**” means the Security Standards and Implementation Specifications at 45 C.F.R. part 160 and part 164, subpart C.

**1.21 “Services Agreement”** has the meaning set forth in the Recitals.

**1.22 “Unsecured PHI”** means PHI that is not secured through the use of a technology or methodology that the Secretary specifies in guidance renders PHI unusable, unreadable, or indecipherable to unauthorized Individuals, such as the guidance set forth in 74 Fed. Reg. 19006 (April 27, 2009) and updated in 74 Fed. Reg. 42740 (August 24, 2009).

**1.23 Remaining Terms.** Capitalized terms used, but not otherwise defined, in this Agreement have the meaning ascribed to them in HIPAA, the Privacy Rule, the Security Rule or the HITECH Act.

## **II. PERMITTED USES AND DISCLOSURES OF PHI**

**2.1 Services Agreement Uses and Disclosures.** Business Associate may use or disclose PHI for purposes of performing its obligations and functions under the Services Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity.

**2.2 Other Permitted Uses.** If necessary, Business Associate may use PHI: (i) for the proper management and administration of the Business Associate; (ii) to carry out the legal responsibilities of the Business Associate; and (iii) for the provision of Data Aggregation services relating to the Health Care Operations of Covered Entity.

**2.3 Other Permitted Disclosures.** If necessary, Business Associate may disclose PHI for the purposes described in Section 2.2 above if: (i) the disclosure is Required by Law; or (ii) Business Associate obtains reasonable written assurance from the person or entity to whom it discloses the PHI that the PHI will remain confidential and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person or entity, and the person or entity notifies Business Associate of any instances of which it is aware in which the confidentiality of the PHI has been breached.

## **III. OBLIGATIONS OF BUSINESS ASSOCIATE**

**3.1 Compliance with Privacy Rule.** Business Associate shall comply with all applicable provisions of the Privacy Rule in carrying out its obligations under the Services Agreement and this Agreement. Further, to the extent Business Associate is to carry out any of Covered Entity’s obligations under subpart E of 45 CFR 164, Business Associate agrees to comply with the requirements of such subpart that apply to Covered Entity in the performance of such obligations.

**3.2 Prohibition on Unauthorized Use or Disclosure.** Business Associate shall not use or disclose PHI except as permitted by this Agreement or as Required by Law.

**3.3 Minimum Necessary.**

**3.3.1** Business Associate shall limit its use and disclosure of PHI under this Agreement to the “minimum necessary,” as set forth in guidance that the Secretary will issue regarding what constitutes “minimum necessary” under the Privacy Rule. Until the

issuance of such guidance, Business Associate shall limit its use and disclosure of PHI, to the extent practicable, to the Limited Data Set (as that term is defined in 45 C.F.R. § 164.514(e)(2)), or, if needed, to the minimum necessary to accomplish the Business Associate's intended purpose. Business Associate may in good faith determine what constitutes the minimum necessary to accomplish the intended purpose of any disclosure of PHI.

**3.3.2** Paragraph 3.3.1 above does not apply to: (1) disclosures to or requests by a health care provider for treatment; (2) uses or disclosures made to the Individual; (3) disclosures made pursuant to an authorization as set forth in 45 C.F.R. § 164.508; (4) disclosures made to the Secretary under 45 C.F.R. part 160, subpart C; (5) uses or disclosures that are Required by Law as described in 45 C.F.R. § 164.512(a); and (6) uses or disclosures that are required for compliance with applicable requirements of the Privacy Rule.

**3.4 Safeguarding PHI; Security Regulations.** Business Associate shall use appropriate administrative, physical, and technical safeguards and comply with the Security Rule with respect to Electronic PHI to prevent the use or disclosure of PHI other than as provided for by this Agreement.

**3.5 Mitigation.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Security Incident or a use or disclosure of PHI by Business Associate in violation of this Agreement.

**3.6 Reporting.** In the event that Business Associate becomes aware of a use or disclosure of PHI by Business Associate that is not permitted under this Agreement, Business Associate shall report such use or disclosure to the Covered Entity promptly in writing and in any event, within 5 days of becoming aware of the use or disclosure. Business Associate agrees to report to Covered Entity in writing any Security Incident of which it becomes aware, except that, for purposes of this reporting requirement the term "Security Incident" does not include inconsequential incidents that occur on a frequent basis such as scans or "pings" that are not allowed past Business Associate's firewall. Notwithstanding this Section 3.7, the Business Associate's reporting obligations regarding any ARRA Breach are set forth in Article IV.

**3.7 Subcontractors.** Business Associate shall ensure that all subcontractors or agents of Business Associate that create, receive, maintain or transmit PHI on behalf of the Business Associate agree in writing to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information. Business Associate shall ensure that all agents, including subcontractors, to whom it provides Electronic PHI, agree in writing to implement reasonable and appropriate safeguards to protect such Electronic PHI.

**3.8 Access.**

**3.8.1** Within twenty (20) days of a request from Covered Entity, Business Associate shall furnish the PHI contained in a Designated Record Set that will enable the Covered Entity to respond to an Individual's request for inspection or copies of PHI about the Individual pursuant to 45 CFR § 164.524.

**3.8.2** In the event an Individual requests access to PHI directly from Business Associate, Business Associate shall forward such request to the Covered Entity immediately and take no direct immediate action on any such request. If the Covered Entity determines that an Individual is to be granted access to PHI, then Business Associate shall cooperate with the Covered Entity to provide to any Individual, at the Covered Entity's direction, any PHI requested by such Individual.

### **3.9 Amendment.**

**3.9.1** If the Covered Entity requests that Business Associate amend any Individual's PHI or a record regarding an Individual contained in a Designated Record Set, then Business Associate shall provide the relevant PHI to the Covered Entity for amendment and incorporate any such amendments in the PHI as required by 45 C.F.R. §164.526.

**3.9.2** In the event an Individual requests directly to Business Associate that PHI be amended, Business Associate shall forward such request to the Covered Entity within ten (10) days of Business Associate's receipt of such request and shall take no direct immediate action on the request.

**3.10 Records Availability.** Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary for purposes of determining compliance with the Privacy Rule and the Security Rule.

### **3.11 Accounting of Disclosures.**

**3.11.1** If the Covered Entity requests that Business Associate furnish an accounting of disclosures of PHI made by Business Associate regarding an Individual during the six (6) years prior to the date on which the accounting was requested, then Business Associate shall, within fifteen (15) days of such request, make available to the Covered Entity such information as is in Business Associate's possession and is required for the Covered Entity to make the accounting required by 45 C.F.R. §164.528 and future regulations to be promulgated regarding accounting of disclosures.

**3.11.2** In the event an Individual requests an accounting of disclosures directly from Business Associate, Business Associate shall within ten (10) days forward such request to the Covered Entity and shall take no direct action on the request.

### **3.12 Demands for Production of PHI.**

**3.12.1 Receipt by Business Associate.** If Business Associate receives a subpoena, civil or administrative demand, or any other demand for production of PHI (a "Document Demand"), Business Associate shall provide a copy of such Document Demand to Covered Entity within five (5) days of receipt. To the extent the PHI that is the subject of the Document Demand is in the possession of Business Associate, and a response is warranted according to the standards contained in 45 C.F.R. § 164.512(e), Business Associate shall timely respond to the Document Demand. All demands for production of PHI that include

or potentially include Reproductive Health Care information must comply with the standards contained in 45 C.F.R. § 502(a)(5)(iii) and 45 C.F.R. § 164.509.

**3.12.2 Receipt by Covered Entity.** If Covered Entity receives a Document Demand, Business Associate shall provide to Covered Entity any PHI responsive to such Document Demand and assist and cooperate with Covered Entity in responding to such Document Demand in a timely manner and in accordance with the standards under 45 C.F.R. § 164.512(e).

**3.13 Request for Restrictions on Disclosure of PHI.** As required by Section 13405 of the HITECH Act and 45 CFR 164.522 (except as otherwise required by law), Business Associate shall comply with any request of an Individual for the Business Associate to restrict the disclosure of PHI of the Individual when the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

### **3.14 Remuneration for PHI.**

**3.14.1** Except as explicitly permitted in the Services Agreement and also set forth in paragraph (b) below, Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI of an Individual unless the Individual provided to the Covered Entity a valid authorization in accordance with 45 C.F.R. § 164.508 that specifically authorizes the Business Associate to exchange the PHI for remuneration.

**3.14.2** Paragraph 3.14.1 above does not apply if the purpose of the exchange is: (1) for public health purposes pursuant to 45 CFR § 164.512(b) or § 164.514(e); (2) for research purposes pursuant to 45 CFR § 164.512(i) or § 164.514(e), where the only remuneration received by the Covered Entity or Business Associate is a reasonable cost-based fee to cover the cost to prepare and transmit the PHI for such purposes; (3) for treatment and payment purposes pursuant to 45 CFR § 164.506(a); (4) for the sale, transfer, merger, or consolidation of all or part of the Covered Entity and for related due diligence as described in the HIPAA definition of health care operations and pursuant to 45 CFR § 164.506(a); (5) To or by a Business Associate for activities that the Business Associate undertakes on behalf of a Covered Entity (or on behalf of a Business Associate in the case of a subcontractor), pursuant to 45 CFR §§ 164.502(e) and 164.504(e), and the only remuneration provided is by the Covered Entity to the Business Associate (or by the Business Associate to the subcontractor, if applicable), for the performance of such activities; (6) to an Individual, when the Individual requests access to his or her PHI pursuant to 45 CFR § 164.524 or when the Individual requests an accounting of disclosures pursuant to 45 CFR § 164.528; (7) for disclosures Required By Law; and (8) for any other purpose permitted by HIPAA where the only remuneration received by the Covered Entity or Business Associate is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for such purpose or a fee expressly permitted by law.

**3.15 Marketing Restrictions.** Business associate shall ensure that any Marketing communications it makes on behalf of Covered Entity are in compliance with the rules governing

marketing set forth in 45 C.F.R. 164.508(a)(3), including but not limited to the requirements that Business Associate must obtain an authorization from an Individual prior to making any marketing communication to such Individual.

**3.16 Fundraising Limitations.** Business Associate shall ensure that any fundraising communications Business Associate makes on behalf of the Covered Entity are in compliance with the rules governing fundraising communications set forth in 45 C.F.R. 164.514(f), including but not limited to the requirement that Business Associate must provide, with each fundraising communication made to an Individual, a clear and conspicuous opportunity for the recipient of the communication to elect not to receive any further fundraising communications. Business Associate shall ensure that all Individuals electing not to receive any further fundraising communications do not receive any further fundraising communications.

#### **IV. ARRA BREACH NOTIFICATION.**

**4.1 Risk Assessment by Business Associate.** If Business Associate becomes aware of a potential ARRA Breach, Business Associate shall complete a risk assessment of the potential ARRA Breach to determine whether the potential ARRA Breach is an ARRA Breach. Such risk assessment shall include at least all the factors identified in 45 CFR 164.402(2), as amended by the final rule published in the Federal Register on January 25, 2013 at 78 Fed. Reg. 5566.

**4.2 Notification to Covered Entity.** If, after completing such risk assessment, Business Associate concludes that there was an ARRA Breach, Business Associate shall notify the Covered Entity of the ARRA Breach as soon as reasonably possible, and in all cases within five (5) business days of the first day on which any employee, officer or agent of Business Associate either knows or by exercising reasonable diligence would have known that an ARRA Breach occurred. The notification to Covered Entity shall include, if known, the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, used or disclosed during such ARRA Breach. The notification shall also include: (a) a brief description of what happened, including the date of the ARRA Breach and the date of the discovery of the ARRA Breach, if known; (b) a description of the types of Unsecured PHI that were involved in the ARRA Breach (such as whether the full name, social security number, date of birth, home address, account number, diagnosis disability code or other types of information were involved); (c) recommended steps that Individuals should take to protect themselves from potential harm resulting from the ARRA Breach; and (d) a brief description of what the Business Associate is doing to investigate the ARRA Breach, to mitigate harm to Individuals, and to protect against any further ARRA Breaches. Business Associate shall maintain evidence to demonstrate that any required risk assessment was completed and notification to the Covered Entity under this paragraph was made unless the Business Associate determines that a delayed notice (as described in Section 4.3) applies.

**4.3 Delayed Notification to Covered Entity.** Notwithstanding Section 4.2 above, if a law enforcement official states in writing to Business Associate that the notification to Covered Entity required under Section 4.2 would impede a criminal investigation or cause damage to national security, then Business Associate may delay the notification for any period of time set forth in the written statement of the law enforcement official. If the law enforcement official provides an oral statement, then Business Associate shall document the statement in writing,

including the name of the law enforcement official making the statement, and may delay the notification required under Section 4.2 for no longer than thirty (30) days from the date of the oral statement, unless the law enforcement official provides a written statement during that time that specifies a different time period. Business Associate shall be obligated to maintain evidence to demonstrate the reason for the delayed notification and that the required notification under this paragraph was made

**4.4 Notification to Individuals, the Secretary and/or the Media.** In the event of an ARRA Breach caused by Business Associate, its agents and/or subcontractors, Business Associate shall provide assistance to Covered Entity in making all ARRA Breach notifications. To the extent Covered Entity incurs expenses and costs to comply with its notification obligations with respect to an ARRA Breach by Business Associate, its agents and/or subcontractors, in addition to any other remedies that may be available to Covered Entity under this Agreement or any applicable law, Business Associate shall reimburse Covered Entity for all costs and expenses (including attorneys' fees) incurred by Covered Entity related to providing the notifications required under 45 C.F.R. §§ 164.404, 406 and 408. Notwithstanding the foregoing, if the parties agree that Business Associate will, on behalf of Covered Entity, and within the applicable time frames required by law under 45 C.F.R. §§ 164.404, 406 and 408, prepare and send out any and all required ARRA Breach notifications to Individuals, the Secretary and/or to the media, Business Associate shall prepare and send such ARRA Breach notifications at Business Associate's sole expense and in compliance with the requirements of 45 C.F.R. 164.404, 406 and 408, as applicable. However, any ARRA Breach notifications Business Associate would prepare and send on behalf of Covered Entity shall be subject to Covered Entity's review and pre-approval before the notifications are sent. Additionally, in the event of an ARRA Breach, Business Associate agrees to pay for the credit monitoring fees for affected Individuals for a period of at least two (2) years of credit monitoring.

## V. TERM AND TERMINATION

**5.1 Term.** This Agreement is effective upon the effective date of the Services Agreement, and except for the rights and obligations set forth in this Agreement specifically surviving termination, shall terminate the later of the date the Services Agreement terminates or when all PHI is returned to Covered Entity or, with prior permission of Covered Entity, destroyed.

**5.2 Termination for Cause.** Notwithstanding any provision in this Agreement, Covered Entity may terminate this Agreement and the Services Agreement if Covered Entity determines, in its sole discretion, Business Associate has breached any provision of this Agreement or otherwise violated HIPAA, the Privacy Rule, the Security Rule or the HITECH Act. Covered Entity shall provide written notice to Business Associate with an opportunity for Business Associate to cure the breach or end the violation within ten (10) business days of such written notice, unless cure is not possible. If Business Associate fails to cure the breach or end the violation within the specified time period, or if cure is not possible, this Agreement and the Service Agreement shall automatically and immediately terminate, unless termination is infeasible.

**5.3 Termination after Repeated Violations.** Notwithstanding any provision in the Agreement, Covered Entity may terminate the Services Agreement and this Agreement if Covered Entity determines, in its sole discretion, that Business Associate has repeatedly breached any

provision of this Agreement or otherwise violated HIPAA, the Privacy Rule, the Security Rule or the HITECH Act, irrespective of whether, or how promptly, Business Associate may remedy such violation after being notified of the same.

**5.4 Obligations Upon Termination.** Business Associate's obligations to protect the privacy and security of PHI shall be continuous and shall survive termination, cancellation, expiration or other conclusion of this Agreement or the Services Agreement. Upon termination of this Agreement, Business Associate will forward to Covered Entity, or to Covered Entity's designee, the records necessary for continued administration of Covered Entity as directed by Covered Entity. After the forwarding of said records, whatever PHI remains with Business Associate will be subject to the following:

**5.4.1** Except as provided in paragraph (b) of this Section 5.4, upon termination, cancellation, expiration or other conclusion of this Agreement, for any reason, Business Associate shall return or, if Covered Entity gives written permission, destroy, PHI in whatever form or medium and retain no copies of such PHI. Business Associate will complete such return or destruction as soon as possible, but in no event later than sixty (60) days from the date of the termination of this Agreement. Within ten (10) days of the return or destruction of all PHI by Business Associate, Business Associate shall provide written certification to Covered Entity that the return or destruction of PHI has been completed.

**5.4.2** In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

## **VI. INDEMNIFICATION; INSURANCE**

**6.1 Indemnification by Business Associate.** Business Associate will indemnify and hold harmless Covered Entity, and any affiliate, officer, director, employee or agent of Covered Entity from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of or in connection with any use or disclosure of PHI that violates or is not permitted by this Agreement, HIPAA, the Privacy Rule, the Security Rule or the HITECH Act, or other breach of this Agreement by Business Associate or any subcontractor or agent of Business Associate.

**6.2 Right to Tender or Undertake Defense.** If Covered Entity is named as a party in any judicial, administrative or other proceeding arising out of or in connection with any non-permitted or violating use or disclosure of PHI or other breach of this Agreement by Business Associate or any subcontractor or agent of Business Associate, Covered Entity shall have the option at any time either to: (i) tender its defense to Business Associate, in which case Business Associate will provide qualified attorneys, consultants, and other appropriate professionals to represent Covered Entity's interests at Business Associate's expense; or (ii) undertake its own

defense, choosing the attorneys, consultants, and other appropriate professionals to represent its interests, in which case Business Associate will be responsible for and pay the reasonable fees and expenses of such attorneys, consultants, and other professionals.

**6.3 Right to Control Resolution.** Covered Entity has the sole right and discretion to settle, compromise or otherwise resolve any and all claims, causes of actions, liabilities or damages against it, notwithstanding that Covered Entity may have tendered its defense to Business Associate. Any such resolution will not relieve Business Associate of its obligation to indemnify Covered Entity under this Agreement.

**6.4 Insurance.** Upon request, Business Associate shall obtain and maintain insurance coverage against improper uses and disclosures of PHI by Business Associate, naming Covered Entity as an additional named insured. Upon request, Business Associate shall provide a certificate evidencing such insurance coverage.

**6.5 Conflicts.** With respect to any breaches or violations of this Agreement, the provisions in this Section 6 supersede any inconsistent terms contained in the Services Agreement.

## VII. GENERAL PROVISIONS

**7.1 Effect.** The terms and provisions of this Agreement supersede any other conflicting or inconsistent terms and provisions in any agreements between the parties, including all exhibits or other attachments thereto and all documents incorporated therein by reference.

**7.2 Amendment.** Business Associate and the Covered Entity agree to amend this Agreement to the extent necessary to allow either party to comply with HIPAA, the Privacy Rule, the Security Rule, or the HITECH Act. All such amendments shall be made in a writing signed by both parties.

**7.3 No Third Party Beneficiaries.** This Agreement is intended for the benefit of Business Associate and Covered Entity only. Nothing express or implied is intended to confer or create, nor be interpreted to confer or create, any rights, remedies, obligations or liabilities to or for any third party beneficiary, including without limitation Individuals who are the subject of PHI.

**7.4 Severability.** In the event that any provision of this Agreement violates any applicable statute, ordinance, or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement.

**7.5 No Waiver.** No provision of this Agreement may be waived except by an agreement in writing signed by the waiving party. A waiver of any term or provision shall not be construed as a waiver of any other term or provision.

**7.6 Assignment.** This Agreement may not be assigned by either party without the prior written consent of the other party; provided, however, that the parties shall cooperate to assign this Agreement as appropriate if the Services Agreement is assigned.

**7.7 Relationship of the Parties.** Business Associate and Covered Entity are independent contractors and all acts performed by Business Associate are performed solely in its capacity as an independent contractor.

**7.8 Counterparts; Facsimile Signature.** This Agreement may be executed by facsimile and/or in counterparts, each of which shall be an original and all of which together shall constitute one and the same binding instrument.

**7.9 Notification**

**7.9.1 Business Associate.** To the extent notice is required to be provided by Covered Entity to Business Associate under any provision in this Agreement, notice shall be provided to:

Iowa State Association of Counties  
Andrea Woodard, Executive Director of ISAC  
5500 Westown Parkway, Suite 190  
West Des Moines, IA 50266

**7.9.2 Covered Entity.** To the extent notice is required to be provided by Business Associate to Covered Entity under any provision in this Agreement, notice shall be provided to:

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

**7.10 Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA, the Privacy Rule, the Security Rule, and the HITECH Act.

**INTENDING TO BE LEGALLY BOUND**, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

**BUSINESS ASSOCIATE**

Iowa Counties Technology Services

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

Print Name: Andrea N. J. Woodard

Title: ISAC Executive Director

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

**COVERED ENTITY**

[NAME]

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

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

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

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

**MEMORANDUM OF UNDERSTANDING  
BETWEEN THE  
IOWA COUNTIES TECHNOLOGY  
SERVICES AND  
CICS**

WHEREAS, the Iowa Counties Technology Services (hereinafter referred to as “ICTS”) is a 28E entity created for the Iowa State Association of Counties (hereinafter referred to as “ISAC”) to work with counties, and other public or private entities affiliated with counties, to undertake technology services that would be more efficient and economical if provided jointly;

WHEREAS, CICS (hereinafter referred to as “DAP”) is a 28E entity created to provide local access to mental health and disability services and has been awarded a contract as a Disability Access Point by the Iowa Department of Health and Human Services;

WHEREAS, ICTS and DAP (collectively referred to as the “Parties”) desire to enter into this MOU to define the services ICTS will provide DAP while this Agreement is in effect during the transition period while ICTS reorganizes its governance and dues structure:

NOW THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:

**Effective Date & Term**

1. This Agreement shall be effective as of the date signed by ICTS and DAP below (the “Effective Date”). This Agreement shall continue until terminated as set forth in Paragraph 5 below.

**ICTS Responsibilities**

2. ICTS staff shall provide one system update to incorporate a new entity into the Community Services Network (CSN) to allow the DAP to use the system in compliance with federal and state privacy and security laws. The system update will include an updated CSN multi-party release which will include the DAP. No additional updates or enhancements to CSN will be provided throughout the term of this Agreement. ICTS is currently undergoing changes to its governance structure. The Operations Committee no longer exists to approve or test changes to CSN. Existing reports may be run and no new reports will be created. ICTS staff time has been allocated to projects other than CSN during the term of this Agreement.
3. All personnel decisions regarding the ICTS staff shall be within the sole discretion of the ISAC Executive Director.

**DAP Responsibilities**

- 4. DAP agrees to use CSN in compliance with all CSN policies and procedures.

**Termination**

- 5. This Agreement shall terminate on June 30, 2026.

**Miscellaneous Provisions**

- 6. ICTS shall not be liable for any acts, deeds, resolutions or other actions of DAP or its employees or members. ICTS and its assets may not be reached, attached or executed upon by a creditor or claimant of DAP. DAP shall not be liable for any acts, deeds, resolutions or other actions of ICTS or its employees. DAP and its assets may not be reached, attached or executed upon by a creditor or claimant of ICTS.
- 7. Any technology created by ICTS staff during the term of and related to this Agreement shall be owned by ICTS.
- 8. This Agreement shall be amended only by written amendment executed by the Parties.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2025.

BY: \_\_\_\_\_  
 Russell Wood  
 CEO

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2025.

BY: \_\_\_\_\_  
 Andrea N. J. Woodard  
 Executive Director, Iowa State Association of Counties

Date - 5/22/25  
Time - 11:22:27

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7341 V	20	Access, Inc.		Support Services - Suppor	41500	04232	329	62				15779.10
7341 V	20	Access, Inc.		Day Habilitation	41500	04250	367	62				273.21
				Disbursement# 11694							Disbursement Total	16,052.31
7342 V	69	Aeroridge, LLC		Services Management - Ren	41500	04022	450	62				825.00
7342 V	69	Aeroridge, LLC		Direct Admin - Building (	41500	04411	450	62				275.00
				Disbursement# 11695							Disbursement Total	1,100.00
7343 V	129	Alliant Energy		Services Management - Ele	41500	04022	431	62				46.61
7343 V	129	Alliant Energy		Direct Admin - Electric P	41500	04411	431	62				22.96
				Disbursement# 11696							Disbursement Total	69.57
7347 V	588	Brittany Baker		Justice System Involved C	41500	04025	413	62				394.10
				Disbursement# 11697							Disbursement Total	394.10
7358 E	1141	Bryan J Barker		Commitment - Legal Repres	41500	04074	393	62				281.20
7358 E	1141	Bryan J Barker		Commitment - Legal Repres	41500	04074	393	62				304.00
7358 E	1141	Bryan J Barker		Commitment - Legal Repres	41500	04074	393	62				235.60
7358 E	1141	Bryan J Barker		Commitment - Legal Repres	41500	04074	393	62				281.20
7358 E	1141	Bryan J Barker		Commitment - Legal Repres	41500	04074	393	62				190.00
				Disbursement# 11698							Disbursement Total	1,292.00
7438 V	7772	Baxter & Wild Law Office		Commitment - Legal Repres	41500	04074	393	62				91.20
7438 V	7772	Baxter & Wild Law Office		Commitment - Legal Repres	41500	04074	393	62				46.33
				Disbursement# 11699							Disbursement Total	137.53
7349 V	682	Belmond Community Hospital		Planning & Management Con	41500	04004	429	62				79.00
7349 V	682	Belmond Community Hospital		Planning & Management Con	41500	04004	429	62				39.50
7349 V	682	Belmond Community Hospital		Planning & Management Con	41500	04004	429	62				237.00
7349 V	682	Belmond Community Hospital		Planning & Management Con	41500	04004	429	62				39.50
7349 V	682	Belmond Community Hospital		Planning & Management Con	41500	04004	429	62				39.50
7349 V	682	Belmond Community Hospital		Planning & Management Con	41500	04004	429	62				39.50
				Disbursement# 11700							Disbursement Total	474.00
7352 V	790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				37.20
				Disbursement# 11701							Disbursement Total	37.20
7354 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				37.50
7354 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				37.50
7354 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				37.50
7354 V	877	Boone Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				30.50
				Disbursement# 11702							Disbursement Total	143.00
7353 V	876	Boone County Auditor		Services Management - Ren	41500	04022	450	62				801.00
7353 V	876	Boone County Auditor		Direct Admin - Building (	41500	04411	450	62				99.00
7353 V	876	Boone County Auditor		Purchased Admin - Account	41500	04412	420	62				1483.35
				Disbursement# 11703							Disbursement Total	2,383.35
7355 V	884	Boone County Jail		Prescription Medication (	41500	04046	306	62				50.53
				Disbursement# 11704							Disbursement Total	50.53

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7356	V 928	Brick and Tile LLC		Services Management - Ren	41500	04022	450	62				2163.00
				Disbursement# 11705		Disbursement		Total				2,163.00
7357	V 929	Linda Brigger		Services Management - Ren	41500	04022	450	62				525.00
7357	V 929	Linda Brigger		Direct Admin - Building (	41500	04411	450	62				175.00
				Disbursement# 11706		Disbursement		Total				700.00
7360	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				134.03
7360	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				230.44
7360	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				113.36
7360	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				230.44
7360	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				230.44
7360	V 1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				113.36
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				8157.76
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				8713.12
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				134.03-
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				113.36-
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				134.03
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				120.63
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				113.36
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				443.05
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				134.03
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				120.63
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				268.06
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				116.78-
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				98.77-
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				40.00
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				71.94
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				91.46
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				40.00
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				230.44
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				79.69-
7360	V 1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				40.00
7360	V 1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				69.77
7360	V 1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				154.51
7360	V 1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				154.51
7360	V 1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				20933.76
				Disbursement# 11707		Disbursement		Total				40,540.50
7344	V 198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				403.27
7344	V 198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				305.25
7344	V 198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				834.96
7344	V 198	Carr Law Firm PLC		Commitment - Legal Repres	41500	04074	393	62				303.19
				Disbursement# 11708		Disbursement		Total				1,846.67
7362	V 1327	Center Associates		Crisis Evaluation	41500	04044	301	62				56.68
				Disbursement# 11709		Disbursement		Total				56.68
7364	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				911.40
7364	V 1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				569.63

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			651.00
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			227.85
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			179.03
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			683.55
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			325.50
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1318.28
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			309.23
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1269.45
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			423.15
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			455.70
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			569.62
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			2001.83
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			195.30
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			195.30
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1920.46
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1497.30
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			439.43
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			423.15
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1041.61
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			455.70
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			406.88
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			520.80
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1367.10
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1643.78
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1497.30
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1302.01
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			1009.06
7364	V	1349	Central Iowa	Detention	Transportation - General	41500	04031	354	62			3238.73
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			553.35
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			927.68
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			862.58
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			325.50
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			455.70
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			813.75
					Disbursement#	11710	Disbursement	Total				30,987.69
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			423.15
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			358.05
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			423.15
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			390.60
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			244.13
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			390.60
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			292.95
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			569.63
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			146.48
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			1269.46
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			732.38
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			569.63
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			423.15
7364	V	1349	Central Iowa	Detention	Commitment - Sheriff Tran	41500	04074	353	62			276.68

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7364	V 1349	Central Iowa Detention		Commitment - Sheriff Tran	41500	04074	353	62				455.70
				Disbursement# 11711		Disbursement		Total				6,965.74
7365	V 1361	CIR, Inc.		Support Services - Suppor	41500	04032	329	62				101360.00
7365	V 1361	CIR, Inc.		Psychotherapeutic Treatme	41500	04042	397	62				227.85
7365	V 1361	CIR, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				8739.62
7365	V 1361	CIR, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				7872.11
7365	V 1361	CIR, Inc.		Psychotherapeutic Treatme	41500	04042	366	62				8739.62
7365	V 1361	CIR, Inc.		Support Services - Suppor	41500	04032	329	62				234.80
7365	V 1361	CIR, Inc.		Support Services - Suppor	41500	04232	329	62				202.40
7365	V 1361	CIR, Inc.		Day Habilitation	41500	04250	367	62				1195.39
7365	V 1361	CIR, Inc.		Day Habilitation	41500	04350	367	62				1071.04
				Disbursement# 11712		Disbursement		Total				129,642.83
7363	V 1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04232	329	62				5859.00
7363	V 1346	Central Iowa Residential Serv.		Support Services - Suppor	41500	04032	329	62				402.69
				Disbursement# 11713		Disbursement		Total				6,261.69
7366	V 1372	Central Services 2-5-12		Services Management - Ren	41500	04022	450	62				750.00
				Disbursement# 11714		Disbursement		Total				750.00
7439	V 8195	Cerro Gordo County Auditor		Mental Health Advocate -	41500	04075	395	62				1646.08
				Disbursement# 11715		Disbursement		Total				1,646.08
7367	V 1402	Bridget A. Chambers		Commitment - Legal Repres	41500	04074	393	62				121.60
				Disbursement# 11716		Disbursement		Total				121.60
7370	V 1473	ChildServe Community Options		Support Services - Respit	41500	04232	325	62				392.11
				Disbursement# 11717		Disbursement		Total				392.11
7384	V 2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				389.25
7384	V 2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				389.25
7384	V 2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				538.82
7384	V 2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				448.71
7384	V 2663	Choices Therapy Services LLC		Mental Health Services in	41500	04046	305	62				558.64
				Disbursement# 11718		Disbursement		Total				2,324.67
7443	V 82883	Christian Opportunity Center		Day Habilitation	41500	04050	367	62				615.26
7443	V 82883	Christian Opportunity Center		Voc/Day - Individual Supp	41500	04250	368	62				451.96
7443	V 82883	Christian Opportunity Center		Voc/Day - Individual Supp	41500	04350	368	62				325.06
7443	V 82883	Christian Opportunity Center		Planning & Management Con	41500	04004	429	62				1000.00
7443	V 82883	Christian Opportunity Center		Planning & Management Con	41500	04004	429	62				1000.00
7443	V 82883	Christian Opportunity Center		Planning & Management Con	41500	04004	429	62				1000.00
7443	V 82883	Christian Opportunity Center		Planning & Management Con	41500	04004	429	62				1000.00
7444	V 82883	Christian Opportunity Center		Planning & Management Con	41500	04004	429	62				2500.00
7444	V 82883	Christian Opportunity Center		Planning & Management Con	41500	04004	429	62				1000.00
7444	V 82883	Christian Opportunity Center		Planning & Management Con	41500	04004	429	62				1000.00
7444	V 82883	Christian Opportunity Center		Planning & Management Con	41500	04004	429	62				1000.00
7444	V 82883	Christian Opportunity Center		Planning & Management Con	41500	04004	429	62				1000.00
7444	V 82883	Christian Opportunity Center		Planning & Management Con	41500	04004	429	62				1000.00
				Disbursement# 11719		Disbursement		Total				11,892.28





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7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				253.00
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				845.25
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				316.25
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				787.75
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				149.50
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				695.75
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				632.50
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				822.25
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				126.50
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				253.00
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				63.25
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1121.25
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				948.75
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				598.00
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				212.75
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				299.00
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				925.75
7417 V	5696	Eyerly Ball CMHS		Crisis Services - System	41500	04044	379	62	33			77083.37
7417 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				3426.14
7417 V	5696	Eyerly Ball CMHS		Crisis Services - System	41500	04044	379	62	34			16221.54
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				885.50
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				316.25
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				822.25
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				189.75
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				253.00
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				672.75
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				523.25
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				299.00
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				741.75
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				316.25
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				759.00
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				442.75
				Disbursement#	11733		Disbursement	Total				114,860.15
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				971.75
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				299.00
7417 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				379.50
7417 V	5696	Eyerly Ball CMHS		Crisis Services - System	41500	04044	379	62	33			70874.76
7417 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				2867.36
7417 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				3307.02
7417 V	5696	Eyerly Ball CMHS		Crisis Stabilization Comm	41500	04044	312	62				3406.83
7417 V	5696	Eyerly Ball CMHS		Crisis Services - System	41500	04044	379	62	34			9884.53
				Disbursement#	11734		Disbursement	Total				91,990.75
7379 V	2420	Franklin County Auditor		Services Management - Ren	41500	04022	450	62				477.60
7379 V	2420	Franklin County Auditor		Direct Admin - Building (	41500	04411	450	62				716.40
7379 V	2420	Franklin County Auditor		Services Management - Sal	41500	04022	100	62				101047.82
7379 V	2420	Franklin County Auditor		Services Management - Sal	41500	04222	100	62				7083.44
7379 V	2420	Franklin County Auditor		Services Management - Sal	41500	04322	100	62				4192.24
7379 V	2420	Franklin County Auditor		Services Management - Sal	41500	04722	100	62				289.12

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7379 V	2420	Franklin County Auditor		Justice System Involved C	41500	04025	100	62				29640.40
7379 V	2420	Franklin County Auditor		Crisis Care Coordination	41500	04023	100	62				5436.48
7379 V	2420	Franklin County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				72608.42
7379 V	2420	Franklin County Auditor		Purchased Admin - Account	41500	04412	420	62				4450.43
7379 V	2420	Franklin County Auditor		Purchased Admin - Data Pr	41500	04412	421	62				6250.33
				Disbursement# 11735								Disbursement Total 232,192.68
7380 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04042	366	62				8739.12
				Disbursement# 11736								Disbursement Total 8,739.12
7381 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				1937.20
7381 V	2436	Friendship Ark Inc.		Day Habilitation	41500	04350	367	62				132.90
7381 V	2436	Friendship Ark Inc.		Day Habilitation	41500	04350	367	62				290.61
				Disbursement# 11737								Disbursement Total 2,360.71
7382 V	2549	Gethmann Investment Corp.		Services Management - Ren	41500	04022	450	62				636.50
7382 V	2549	Gethmann Investment Corp.		Direct Admin - Building (	41500	04411	450	62				313.50
				Disbursement# 11738								Disbursement Total 950.00
7383 V	2599	Grant Writing USA		Direct Admin - Educationa	41500	04411	422	62				495.00
				Disbursement# 11739								Disbursement Total 495.00
7385 V	2724	Hamilton County		Commitment - Sheriff Tran	41500	04074	353	62				32.00
				Disbursement# 11740								Disbursement Total 32.00
7386 V	2725	Hamilton County Auditor		Purchased Admin - Account	41500	04412	420	62				1414.88
				Disbursement# 11741								Disbursement Total 1,414.88
7423 V	5962	Hardin County Auditor		Mental Health Advocate -	41500	04075	395	62				8030.06
				Disbursement# 11742								Disbursement Total 8,030.06
7410 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				645.32
7410 V	5137	HIRTA Public Transit		Transportation - General	41500	04231	354	62				297.84
7410 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				310.25
7410 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				247.40
7410 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				395.94
7410 V	5137	HIRTA Public Transit		Transportation - General	41500	04231	354	62				113.61
7410 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				316.49
7410 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				245.29
7410 V	5137	HIRTA Public Transit		Transportation - General	41500	04231	354	62				503.49
7410 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				90.37
				Disbursement# 11743								Disbursement Total 3,166.00
7430 V	7026	Hyland Heights Apt., LLC		Services Management - Ren	41500	04022	450	62				1826.42
7430 V	7026	Hyland Heights Apt., LLC		Direct Admin - Building (	41500	04411	450	62				899.58
				Disbursement# 11744								Disbursement Total 2,726.00
7441 V	72556	Ia Specialty Hospital-Clarion		Planning & Management Con	41500	04004	429	62				39.50
7441 V	72556	Ia Specialty Hospital-Clarion		Planning & Management Con	41500	04004	429	62				114.17
7441 V	72556	Ia Specialty Hospital-Clarion		Planning & Management Con	41500	04004	429	62				79.00

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7441 V	72556	Ia Specialty Hospital-Clarion		Planning & Management	Con 41500	04004	429	62				79.00
7441 V	72556	Ia Specialty Hospital-Clarion		Planning & Management	Con 41500	04004	429	62				158.00
7441 V	72556	Ia Specialty Hospital-Clarion		Planning & Management	Con 41500	04004	429	62				39.50
7441 V	72556	Ia Specialty Hospital-Clarion		Planning & Management	Con 41500	04004	429	62				39.50
7441 V	72556	Ia Specialty Hospital-Clarion		Planning & Management	Con 41500	04004	429	62				79.00
7441 V	72556	Ia Specialty Hospital-Clarion		Planning & Management	Con 41500	04004	429	62				39.50
				Disbursement#	11745	Disbursement		Total				667.17
7389 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				3422.74
7389 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04250	368	62				421.54
7389 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				1310.98
7389 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04350	367	62				1039.48
7389 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				406.33
7389 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04750	367	62				559.72
				Disbursement#	11746	Disbursement		Total				7,160.79
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				91.46
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				358.71
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				91.46
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				91.46
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				128.27
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				827.50
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				688.52
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				128.27
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				128.27
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				1194.12
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				426.80
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
7390 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				460.88
				Disbursement#	11747	Disbursement		Total				6,406.90
7391 V	3620	Jasper County Sheriff		Commitment - Sheriff Meds	41500	04046	306	62				238.73
				Disbursement#	11748	Disbursement		Total				238.73
7448 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				400.00
7448 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				477.50
7448 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				372.70
7448 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				156.50
				Disbursement#	11749	Disbursement		Total				1,406.70
7392 V	4005	L & M Pharmacy Care		Physiological Treatment -	41500	04041	306	62				12.80
				Disbursement#	11750	Disbursement		Total				12.80
7393 V	4090	The Law Shop Iowa		Commitment - Legal Repres	41500	04074	393	62				103.60
7393 V	4090	The Law Shop Iowa		Commitment - Legal Repres	41500	04074	393	62				370.00



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7424 V	6002	Katharine Ramsay Massier		Commitment - Legal Repres	41500	04074	393	62				182.50
				Disbursement# 11761								182.50
7403 V	4726	Medicap Pharmacy		Physiological Treatment -	41500	04041	306	62				408.10
				Disbursement# 11762								408.10
7413 V	5397	Medicap Pharmacy		Physiological Treatment -	41500	04041	306	62				13.24
				Disbursement# 11763								13.24
7407 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				962.73
7407 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				1274.18
				Disbursement# 11764								2,236.91
7402 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				28.48
7402 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				142.38
7402 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	413	62				56.94
7402 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	414	62				18.67
				Disbursement# 11765								246.47
7404 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				7481.76
				Disbursement# 11766								7,481.76
7405 V	4778	MidAmerican Energy		Services Management - Ele	41500	04022	431	62				152.46
7405 V	4778	MidAmerican Energy		Direct Admin - Electric P	41500	04411	431	62				50.82
				Disbursement# 11767								203.28
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				220.40
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				38.00
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				76.00
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				53.20
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				22.80
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				76.00
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				247.00
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				68.40
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				1094.40
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				60.80
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				22.80
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				22.80
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				30.40
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				209.00
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				7.60
7408 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				167.20
7409 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				167.20
				Disbursement# 11768								2,584.00
7359 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				8739.12
				Disbursement# 11769								8,739.12
7411 V	5250	North Iowa Juvenile Detention		Transportation - General	41500	04031	354	62				156.03
7411 V	5250	North Iowa Juvenile Detention		Crisis Stabilization Resi	41500	04044	313	62				414.22





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7442 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				357.98
7442 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				100.88
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				91.46
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				91.46
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				230.44
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				460.88
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				274.38
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				219.73
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				91.46
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				541.63
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				91.46
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				918.18
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				321.90
7442 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	305	62				134.03
7442 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				91.46
7442 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				195.87
7442 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				182.92
7442 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				77.74
7442 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				207.40
7442 V	82831	Prairie Ridge Integrated		Psychotherapeutic Treatme	41500	04042	306	62				91.46
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				230.44
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				91.46
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				230.44
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				321.90
				Disbursement#	11780	Disbursement	Total					7,570.27
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				91.46
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				321.90
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				321.90
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				552.34
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				182.92
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				91.46
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				182.92
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				230.44
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				134.03
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				134.03
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				134.03
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				134.03
7442 V	82831	Prairie Ridge Integrated		Mental Health Services in	41500	04046	305	62				134.03
				Disbursement#	11781	Disbursement	Total					2,645.49
7418 V	5748	Productive Corporation		Direct Admin - Computer S	41500	04411	632	62				1580.00
				Disbursement#	11782	Disbursement	Total					1,580.00
7422 V	5840	Progress Industries		Support Services - Suppor	41500	04032	329	62				378.20
7422 V	5840	Progress Industries		Day Habilitation	41500	04050	367	62				1439.28
7422 V	5840	Progress Industries		Support Services - Suppor	41500	04232	329	62				1659.20
7422 V	5840	Progress Industries		Day Habilitation	41500	04250	367	62				1793.96
7422 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				1295.04
7422 V	5840	Progress Industries		Day Habilitation	41500	04750	367	62				1759.12



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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7431 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				24.00
				Disbursement# 11793								24.00
7345 V	367	Betsy Stursma		Direct Admin - Educationa	41500	04411	422	62				4609.32
				Disbursement# 11794								4,609.32
7388 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				897.90
7388 V	3084	Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				905.20
				Disbursement# 11795								1,803.10
7432 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				17.06
7432 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				25.26
7432 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				24.26
7432 V	7202	Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				3.99
				Disbursement# 11796								70.57
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				2679.00-
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1323.68-
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1918.10-
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				5481.35
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				4389.78
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				110.00
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				3502.70-
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				962.23-
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				2495.58-
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				4616.54
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				346.13
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				519.07-
7433 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				5499.08
				Disbursement# 11797								7,042.52
7434 V	7498	U.S. Cellular		Services Management - Tel	41500	04022	414	62				1172.88
				Disbursement# 11798								1,172.88
7348 V	669	Understanding LLC		Services Management - Mis	41500	04022	376	62				150.00
				Disbursement# 11799								150.00
7350 V	700	UnityPoint Health		Psychotherapeutic Treatme	41500	04042	306	62				268.68
				Disbursement# 11800								268.68
7435 V	7541	Starla Varrelman		Crisis Care Coordination	41500	04023	413	62				431.20
				Disbursement# 11801								431.20
7351 V	745	Visual Edge IT, Inc		Services Management - Off	41500	04022	444	62				29.45
				Disbursement# 11802								29.45
7436 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				44.07
7436 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				44.74
7436 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				60.82
7437 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				54.79

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7437	V 7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				46.08
				Disbursement# 11803								250.50
7346	E 573	Karla K Webb		Direct Admin - Stationary	41500	04411	260	62				14.30
7346	E 573	Karla K Webb		Direct Admin - Mileage &	41500	04411	413	62				28.00
7346	E 573	Karla K Webb		Direct Admin - Telecommun	41500	04411	414	62				50.00
7346	E 573	Karla K Webb		Direct Admin - Telecommun	41500	04411	414	62				50.00
				Disbursement# 11804								142.30
					111	Total Disbursements					1,170,771.73	
					0	Total ACH					.00	
					0	Total EFT					.00	
					111	Grand Total					1,170,771.73	
						Credits/Refunds Included					13,942.99	

Totals by Fund		
41500	Central Iowa Community Service	1,170,771.73
	Final Total	1,170,771.73

End of report



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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
7728 V	6534	Central Iowa Broadband		Services Management - Tel	41500	04022	414	62				67.00	
7728 V	6534	Central Iowa Broadband		Direct Admin - Telecommun	41500	04411	414	62				33.00	
				Disbursement# 11815								Disbursement Total	100.00
7691 V	1372	Central Services 2-5-12		Services Management - Ren	41500	04022	450	62				250.00	
				Disbursement# 11816								Disbursement Total	250.00
7690 V	1370	Cerro Gordo Co. Sheriff		Prescription Medication (	41500	04046	306	62				275.04	
				Disbursement# 11817								Disbursement Total	275.04
7692 V	1402	Bridget A. Chambers		Commitment - Legal Repres	41500	04074	393	62				311.60	
				Disbursement# 11818								Disbursement Total	311.60
7704 V	3479	City of Clarion		Services Management - Wat	41500	04022	432	62				64.89	
7704 V	3479	City of Clarion		Direct Admin - Water & Se	41500	04411	432	62				21.63	
				Disbursement# 11819								Disbursement Total	86.52
7701 V	3033	Comm 1 The Local 1		Services Management - Tel	41500	04022	414	62				75.00	
7701 V	3033	Comm 1 The Local 1		Direct Admin - Telecommun	41500	04411	414	62				25.00	
				Disbursement# 11820								Disbursement Total	100.00
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				80.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				100.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				40.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				80.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				120.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				80.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				60.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				80.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				100.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				80.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				20.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				100.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				40.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				80.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				80.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				40.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				20.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				20.00	
7678 V	276	Community Health Center of		Mental Health Services in	41500	04046	305	62				20.00	
				Disbursement# 11821								Disbursement Total	1,240.00
7693 V	1751	Jessica Crawford		Services Management - Mil	41500	04022	413	62				496.30	
				Disbursement# 11822								Disbursement Total	496.30
7695 V	2126	Elderbridge Agency on Aging		Services Management - Ren	41500	04022	450	62				500.00	
				Disbursement# 11823								Disbursement Total	500.00
7696 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3770.00	
7696 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3190.00	





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7709 V	4151	Life Connections		Psychotherapeutic Treatme	41500	04042	305	62				117.66	
7709 V	4151	Life Connections		Psychotherapeutic Treatme	41500	04042	305	62				361.22	
7709 V	4151	Life Connections		Psychotherapeutic Treatme	41500	04042	305	62				143.50	
7709 V	4151	Life Connections		Psychotherapeutic Treatme	41500	04042	305	62				331.97	
7709 V	4151	Life Connections		Psychotherapeutic Treatme	41500	04042	305	62				143.50	
7709 V	4151	Life Connections		Psychotherapeutic Treatme	41500	04042	305	62				317.67	
7709 V	4151	Life Connections		Psychotherapeutic Treatme	41500	04042	305	62				117.66	
7709 V	4151	Life Connections		Psychotherapeutic Treatme	41500	04042	305	62				105.56	
				Disbursement#	11836							Disbursement Total	2,082.70
7711 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00	
7711 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00	
7711 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				31.00	
				Disbursement#	11837							Disbursement Total	93.00
7720 V	6002	Katharine Ramsay Massier		Commitment - Legal Repres	41500	04074	393	62				189.80	
				Disbursement#	11838							Disbursement Total	189.80
7710 V	4340	Tabatha McLain		Services Management - Mil	41500	04022	413	62				228.20	
				Disbursement#	11839							Disbursement Total	228.20
7715 V	5397	Medicap Pharmacy		Physiological Treatment -	41500	04041	306	62				65.55	
				Disbursement#	11840							Disbursement Total	65.55
7741 V	71966	MHDS of the ECR		Crisis Evaluation	41500	04044	301	62				200.00	
7741 V	71966	MHDS of the ECR		Crisis Evaluation	41500	04044	301	62				200.00	
7741 V	71966	MHDS of the ECR		Crisis Evaluation	41500	04044	301	62				400.00	
7741 V	71966	MHDS of the ECR		Crisis Evaluation	41500	04044	301	62				400.00	
7741 V	71966	MHDS of the ECR		Crisis Evaluation	41500	04044	301	62				200.00	
				Disbursement#	11841							Disbursement Total	1,400.00
7712 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				45.60	
7712 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				83.60	
7712 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				38.00	
7712 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				258.40	
				Disbursement#	11842							Disbursement Total	425.60
7713 V	4992	Mumma and Pedersen Attorney		Commitment - Legal Repres	41500	04074	393	62				58.40	
				Disbursement#	11843							Disbursement Total	58.40
7725 V	6262	New Beginnings Counseling Serv		Psychotherapeutic Treatme	41500	04042	305	62				69.77	
7725 V	6262	New Beginnings Counseling Serv		Psychotherapeutic Treatme	41500	04042	305	62				69.77	
7725 V	6262	New Beginnings Counseling Serv		Psychotherapeutic Treatme	41500	04042	305	62				69.77	
7725 V	6262	New Beginnings Counseling Serv		Psychotherapeutic Treatme	41500	04042	305	62				69.77	
				Disbursement#	11844							Disbursement Total	279.08
7714 V	5242	Northeast Iowa Area Agency		Services Management - Ren	41500	04022	450	62				190.00	
				Disbursement#	11845							Disbursement Total	190.00
7716 V	5723	Plains Area Mental Health Ins.		Crisis Stabilization Resi	41500	04044	313	62				1052.69	



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7722 V	6101	RingCentral, Inc.		Services Management - Tel	41500	04022	414	62				624.88	
7722 V	6101	RingCentral, Inc.		Direct Admin - Telecommun	41500	04411	414	62				255.24	
				Disbursement# 11853								Disbursement Total	880.12
7723 V	6195	Angie Rodamaker		Services Management - Mil	41500	04022	413	62				786.10	
				Disbursement# 11854								Disbursement Total	786.10
7724 V	6224	Rolling Hills Community		Mental Health Advocate -	41500	04075	395	62				7666.49	
7724 V	6224	Rolling Hills Community		Mental Health Advocate -	41500	04075	395	62				5590.55	
7724 V	6224	Rolling Hills Community		Mental Health Advocate -	41500	04075	395	62				5590.55	
				Disbursement# 11855								Disbursement Total	18,847.59
7726 V	6281	Router12 Networks LLC		Services Management - Tel	41500	04022	414	62				95.00	
				Disbursement# 11856								Disbursement Total	95.00
7679 V	322	Salvation Army		Support Services - Repres	41500	04032	327	62				154.00	
				Disbursement# 11857								Disbursement Total	154.00
7729 V	6618	Sigmeth Roberts Law, PLC		Commitment - Legal Repres	41500	04074	393	62				565.18	
7729 V	6618	Sigmeth Roberts Law, PLC		Commitment - Legal Repres	41500	04074	393	62				116.80	
7729 V	6618	Sigmeth Roberts Law, PLC		Commitment - Legal Repres	41500	04074	393	62				36.50	
7729 V	6618	Sigmeth Roberts Law, PLC		Commitment - Legal Repres	41500	04074	393	62				261.12	
7729 V	6618	Sigmeth Roberts Law, PLC		Commitment - Legal Repres	41500	04074	393	62				225.35	
				Disbursement# 11858								Disbursement Total	1,204.95
7730 V	6682	Lisa Soder		Services Management - Mil	41500	04022	413	62				226.80	
				Disbursement# 11859								Disbursement Total	226.80
7731 V	6949	Kelly D. Steele		Commitment - Legal Repres	41500	04074	393	62				170.00	
7731 V	6949	Kelly D. Steele		Commitment - Legal Repres	41500	04074	393	62				170.00	
				Disbursement# 11860								Disbursement Total	340.00
7732 V	6982	Storey-Kenworthy/Matt Parrott		Direct Admin - Stationary	41500	04411	260	62				415.23	
				Disbursement# 11861								Disbursement Total	415.23
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				237.98	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				146.80	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				98.40	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				13.40	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				290.60	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				171.80	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				86.80	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				73.40	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				98.40	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.00	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.00	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				247.00	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				171.00	
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00	

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.00
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				516.20
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.00
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				159.00
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				173.00
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00
7733 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.00
				Disbursement#	11862	Disbursement	Total					3,422.78
7734 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				6600.30
7734 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				6182.64
7734 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1940.29
7734 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				7150.55
7734 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1868.75
7734 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				6533.46
7734 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				10891.60
7734 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				6167.62
7734 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				6648.87
7735 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				1449.46
7735 V	7401	Treasurer State of Iowa		State MHI Inpatient - Per	41500	04071	319	62				7647.64
				Disbursement#	11863	Disbursement	Total					63,081.18
7736 V	7541	Starla Varrelman		Crisis Care Coordination	41500	04023	413	62				407.40
				Disbursement#	11864	Disbursement	Total					407.40
7687 V	745	Visual Edge IT, Inc		Services Management - Off	41500	04022	444	62				21.83
7687 V	745	Visual Edge IT, Inc		Direct Admin - Office Equ	41500	04411	444	62				32.75
7687 V	745	Visual Edge IT, Inc		Services Management - Off	41500	04022	444	62				21.18
7687 V	745	Visual Edge IT, Inc		Direct Admin - Office Equ	41500	04411	444	62				10.43
				Disbursement#	11865	Disbursement	Total					86.19
7737 V	7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				181.21
				Disbursement#	11866	Disbursement	Total					181.21
7685 V	671	Jennifer Weaver		Commitment - Legal Repres	41500	04074	393	62				146.00
				Disbursement#	11867	Disbursement	Total					146.00
7739 V	7806	Russell Wood		Direct Admin - Mileage &	41500	04411	413	62				685.30
				Disbursement#	11868	Disbursement	Total					685.30
7681 V	350	Woolstock Mutal Telephone Assn		Services Management - Tel	41500	04022	414	62				41.25
7681 V	350	Woolstock Mutal Telephone Assn		Direct Admin - Telecommun	41500	04411	414	62				13.75
				Disbursement#	11869	Disbursement	Total					55.00
7740 V	7870	Youth & Shelter Services, Inc		Public Education Services	41500	04005	373	62				13536.00
				Disbursement#	11870	Disbursement	Total					13,536.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
					66	Total Disbursements						262,105.62
					0	Total ACH						.00
					0	Total EFT						.00
					66	Grand Total						262,105.62
						Credits/Refunds Included						2,724.68

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Totals by Fund		Invoice#	Amount
41500	Central Iowa Community Service		262,105.62
	Final Total		262,105.62

End of report

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
8068 V	15	Abbe Center for Community		Comm Based Settings (6+ B	41500	04064	314	62				785.05
8068 V	15	Abbe Center for Community		Comm Based Settings (6+ B	41500	04064	314	62				3476.65
				Disbursement# 11871								4,261.70
8069 V	20	Access, Inc.		Support Services - Suppor	41500	04232	329	62				16305.07
8069 V	20	Access, Inc.		Day Habilitation	41500	04250	367	62				728.56
				Disbursement# 11872								17,033.63
8070 V	129	Alliant Energy		Services Management - Ele	41500	04022	431	62				26.89
8070 V	129	Alliant Energy		Direct Admin - Electric P	41500	04411	431	62				13.24
				Disbursement# 11873								40.13
8071 V	169	Amazon Capital Services		Direct Admin - Informatio	41500	04411	632	62				124.89
				Disbursement# 11874								124.89
8073 V	635	Bauerly & Langel, PLC		Commitment - Legal Repres	41500	04074	393	62				163.80
				Disbursement# 11875								163.80
8074 V	682	Belmond Community Hospital		Planning & Management Con	41500	04004	429	62				39.50
8074 V	682	Belmond Community Hospital		Planning & Management Con	41500	04004	429	62				39.50
8074 V	682	Belmond Community Hospital		Planning & Management Con	41500	04004	429	62				39.50
				Disbursement# 11876								118.50
8077 V	790	Black Hawk Co Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				38.40
				Disbursement# 11877								38.40
8078 V	876	Boone County Auditor		Mental Health Advocate -	41500	04075	395	62				8695.19
8078 V	876	Boone County Auditor		Mental Health Advocate -	41500	04075	395	62				5923.24
				Disbursement# 11878								14,618.43
8079 V	884	Boone County Jail		Prescription Medication (	41500	04046	306	62				229.64
				Disbursement# 11879								229.64
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				4583.33
8081 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				134.03
8081 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				230.44
8081 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				134.03
8081 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				230.44
8081 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				134.03
8081 V	1230	Capstone Behavioral Healthcare		Crisis Evaluation	41500	04044	301	62				230.44
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				8713.12
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	366	62				7739.44
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04242	366	62				418.32
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				154.51
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				134.03
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				134.03
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				134.03
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				113.36
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				134.03
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				54.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				268.06
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				134.03
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	305	62				247.39
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				230.44
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				19.52
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				128.27
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				91.46
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				91.46
8081 V	1230	Capstone Behavioral Healthcare		Psychotherapeutic Treatme	41500	04042	306	62				77.74
8081 V	1230	Capstone Behavioral Healthcare		Mental Health Services in	41500	04046	305	62				154.51
8081 V	1230	Capstone Behavioral Healthcare		Support Services - Suppor	41500	04032	329	62				16643.08
				Disbursement# 11880								41,491.57
												Disbursement Total
8083 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				282.53
8083 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				93.02
8083 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				93.02
8083 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	305	62				40.00
8083 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				30.00
8083 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				30.00
8083 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				30.00
8083 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				30.00
8083 V	1327	Center Associates		Psychotherapeutic Treatme	41500	04042	306	62				91.46
				Disbursement# 11881								720.03
												Disbursement Total
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				2701.65
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				813.75
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				2018.11
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				390.60
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				162.75
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				1269.45
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				2018.11
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				764.93
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				390.60
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				1855.36
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				716.10
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				895.12
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				683.56
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				1497.31
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				553.35
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				390.60
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				976.51
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				862.58
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				748.65
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				1383.39
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				1025.33
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				813.75
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				358.05
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				1025.33
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				895.14
8085 V	1349	Central Iowa Detention		Transportation - General	41500	04031	354	62				179.03



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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
8088 V	1603	Community & Family Resource		Psychotherapeutic Treatme	41500	04042	306	62				71.94	
8088 V	1603	Community & Family Resource		Mental Health Court relat	41500	04046	425	62				5365.95	
				Disbursement# 11889								Disbursement Total	5,437.89
8154 V	83451	Community Care of Knoxville		Basic Needs - Rent Paymen	41500	04033	340	62				600.00	
8154 V	83451	Community Care of Knoxville		Support Services - Suppor	41500	04032	329	62				4218.70	
				Disbursement# 11890								Disbursement Total	4,818.70
8089 V	1614	Comprehensive Systems Inc		Day Habilitation	41500	04750	367	62				139.54	
				Disbursement# 11891								Disbursement Total	139.54
8091 V	1773	Culligan		Services Management - Wat	41500	04022	432	62				3.91	
				Disbursement# 11892								Disbursement Total	3.91
8090 V	1770	DAKS Enterprises LTD		Services Management - Wat	41500	04022	432	62				19.30	
8090 V	1770	DAKS Enterprises LTD		Direct Admin - Water & Se	41500	04411	432	62				9.50	
				Disbursement# 11893								Disbursement Total	28.80
8106 V	4320	Daniel Pharmacy		Prescription Medication (	41500	04046	306	62				560.91	
				Disbursement# 11894								Disbursement Total	560.91
8153 V	83247	Easterseals Society of Ia Inc		Crisis Stabilization Resi	41500	04044	313	62				1242.66	
				Disbursement# 11895								Disbursement Total	1,242.66
8111 V	4545	Elevate Housing Foundation		Psychotherapeutic Treatme	41500	04042	379	62				111791.22	
				Disbursement# 11896								Disbursement Total	111,791.22
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3190.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3770.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				4350.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3480.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				4060.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1450.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3770.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3190.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3770.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2610.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				4060.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3190.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				4350.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				5220.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3190.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00	
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00	

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2900.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3770.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				1740.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				3480.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2320.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				2030.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Stabilization Comm	41500	04044	312	62				900.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04244	301	62				290.00
				Disbursement#	11897	Disbursement		Total				93,120.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				290.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				320.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				320.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				320.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				320.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				320.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				320.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				640.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				320.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
8093 V	2219	eVizzit of Ia Psychiatry, JAIL		Crisis Evaluation	41500	04044	301	62				160.00
				Disbursement#	11898	Disbursement		Total				5,960.00
8126 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				1553.27
8126 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				442.75
8126 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				759.00
8126 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				914.25
8126 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				379.50
8126 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				569.25
8126 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				506.00
8126 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				253.00

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Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount	
8126 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				2404.27	
8126 V	5696	Eyerly Ball CMHS		Mobile Response	41500	04044	307	62				253.00	
8126 V	5696	Eyerly Ball CMHS		Crisis Services - System	41500	04044	379	62	33			90788.20	
8126 V	5696	Eyerly Ball CMHS		Crisis Services - System	41500	04044	379	62	34			19808.68	
				Disbursement# 11899								Disbursement Total	118,631.17
8097 V	2438	Foundation 2, Inc.		Crisis Services - System	41500	04044	379	62				9299.46	
				Disbursement# 11900								Disbursement Total	9,299.46
8094 V	2420	Franklin County Auditor		Services Management - Sal	41500	04022	100	62				102675.68	
8094 V	2420	Franklin County Auditor		Crisis Care Coordination	41500	04023	100	62				5402.56	
8094 V	2420	Franklin County Auditor		Justice System Involved C	41500	04025	100	62				8761.58	
8094 V	2420	Franklin County Auditor		Direct Admin - Salary Reg	41500	04411	100	62				89069.09	
8094 V	2420	Franklin County Auditor		Purchased Admin - Account	41500	04412	420	62				4307.38	
8094 V	2420	Franklin County Auditor		Purchased Admin - Data Pr	41500	04412	421	62				6250.33	
				Disbursement# 11901								Disbursement Total	216,466.62
8095 V	2430	Freedom Pointe of Greater		Psychotherapeutic Treatme	41500	04042	366	62				8739.12	
				Disbursement# 11902								Disbursement Total	8,739.12
8096 V	2436	Friendship Ark Inc.		Support Services - Suppor	41500	04332	329	62				1976.52	
8096 V	2436	Friendship Ark Inc.		Day Habilitation	41500	04350	367	62				558.18	
				Disbursement# 11903								Disbursement Total	2,534.70
8092 V	1815	Gannett Iowa LocaliQ		Direct Admin - Publicatio	41500	04411	400	62				175.80	
8092 V	1815	Gannett Iowa LocaliQ		Direct Admin - Publicatio	41500	04411	400	62				243.60	
				Disbursement# 11904								Disbursement Total	419.40
8130 V	5962	Hardin County Auditor		Mental Health Advocate -	41500	04075	395	62				8511.66	
				Disbursement# 11905								Disbursement Total	8,511.66
8099 V	2917	Heart of Ia Communications Co		Services Management - Tel	41500	04022	414	62				83.84	
8099 V	2917	Heart of Ia Communications Co		Direct Admin - Telecommun	41500	04411	414	62				41.30	
				Disbursement# 11906								Disbursement Total	125.14
8119 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				595.68	
8119 V	5137	HIRTA Public Transit		Transportation - General	41500	04231	354	62				248.20	
8119 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				223.38	
8119 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				309.84	
8119 V	5137	HIRTA Public Transit		Transportation - General	41500	04231	354	62				606.77	
8119 V	5137	HIRTA Public Transit		Transportation - General	41500	04231	354	62				210.99	
8119 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				275.29	
8119 V	5137	HIRTA Public Transit		Transportation - General	41500	04031	354	62				173.18	
8119 V	5137	HIRTA Public Transit		Transportation - General	41500	04331	354	62				309.33	
				Disbursement# 11907								Disbursement Total	2,952.66
8152 V	83215	Carrie Hisler		Services Management - Mil	41500	04022	413	62				921.20	
				Disbursement# 11908								Disbursement Total	921.20
8147 V	72556	Ia Specialty Hospital-Clarion		Planning & Management Con	41500	04004	429	62				39.50	

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8147 V	72556	Ia Specialty Hospital-Clarion		Planning & Management Con	41500	04004	429	62				59.43
8147 V	72556	Ia Specialty Hospital-Clarion		Planning & Management Con	41500	04004	429	62				118.50
8147 V	72556	Ia Specialty Hospital-Clarion		Planning & Management Con	41500	04004	429	62				39.50
8147 V	72556	Ia Specialty Hospital-Clarion		Planning & Management Con	41500	04004	429	62				197.50
8147 V	72556	Ia Specialty Hospital-Clarion		Planning & Management Con	41500	04004	429	62				98.93
8147 V	72556	Ia Specialty Hospital-Clarion		Planning & Management Con	41500	04004	429	62				79.00
				Disbursement#	11909	Disbursement		Total				632.36
8101 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04032	329	62				5057.79
8101 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04250	368	62				421.54
8101 V	3227	Imagine The Possibilities Inc		Support Services - Suppor	41500	04332	329	62				1188.77
8101 V	3227	Imagine The Possibilities Inc		Day Habilitation	41500	04350	367	62				846.28
8101 V	3227	Imagine The Possibilities Inc		Voc/Day - Individual Supp	41500	04350	368	62				406.33
				Disbursement#	11910	Disbursement		Total				7,920.71
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				128.27
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				426.80
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				895.59
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				128.27
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				256.54
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				827.50
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				725.33
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				298.53
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				124.17
8103 V	3532	Integrated Telehealth Partners		Mental Health Services in	41500	04046	305	62				88.54
				Disbursement#	11911	Disbursement		Total				5,516.36
8102 V	3335	Iowa Dept of Hlth & Human Srvs		MHDS Fiscal Agent Reimbur	41500	04414	951	62				4475721.75
				Disbursement#	11912	Disbursement		Total				4,475,721.75
8104 V	3620	Jasper County Sheriff		Prescription Medication (	41500	04046	306	62				168.92
				Disbursement#	11913	Disbursement		Total				168.92
8155 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				845.75
8155 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				193.00
8155 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				227.00
8155 V	3620	Jasper County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				313.50
				Disbursement#	11914	Disbursement		Total				1,579.25
8105 V	4005	L & M Pharmacy Care		Physiological Treatment -	41500	04041	306	62				9.00
				Disbursement#	11915	Disbursement		Total				9.00
8082 V	1279	LifeWorks Community Services		Support Services - Suppor	41500	04032	329	62				3962.79
8082 V	1279	LifeWorks Community Services		Support Services - Suppor	41500	04332	329	62				185.64

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8082 V	1279	LifeWorks Community Services		Day Habilitation	41500	04350	367	62				1402.08
8082 V	1279	LifeWorks Community Services		Voc/Day - Individual Supp	41500	04350	368	62				76.05
8082 V	1279	LifeWorks Community Services		Voc/Day - Group Supported	41500	04350	369	62				370.04
8082 V	1279	LifeWorks Community Services		Day Habilitation	41500	04750	367	62				264.96
8082 V	1279	LifeWorks Community Services		Basic Needs - Other	41500	04033	399	62				81.48
				Disbursement# 11916							Disbursement Total	6,343.04
8107 V	4400	Mainstream Living		Day Habilitation	41500	04050	367	62				409.08
8107 V	4400	Mainstream Living		Day Habilitation	41500	04250	367	62				1759.12
8107 V	4400	Mainstream Living		Day Habilitation	41500	04350	367	62				1359.32
8107 V	4400	Mainstream Living		Voc/Day - Group Supported	41500	04350	369	62				183.88
8107 V	4400	Mainstream Living		Support Services - Suppor	41500	04232	329	62				1747.20
				Disbursement# 11917							Disbursement Total	5,458.60
8108 V	4443	Marshall County		Prescription Medication (	41500	04046	306	62				1371.18
				Disbursement# 11918							Disbursement Total	1,371.18
8156 V	4443	Marshall County		Commitment - Sheriff Tran	41500	04074	353	62				75.00
				Disbursement# 11919							Disbursement Total	75.00
8109 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4600.00
8109 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				2450.00
8109 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				1380.00
8109 V	4500	Mary Greeley Medical Center		Sub Acute Services (6+ Be	41500	04064	309	62				4600.00
				Disbursement# 11920							Disbursement Total	13,030.00
8110 V	4508	Mason City Clinic		Commitment - Diagnostic E	41500	04074	300	62				120.00
				Disbursement# 11921							Disbursement Total	120.00
8113 V	4727	Medical Associates Clinic		Commitment - Diagnostic E	41500	04074	300	62				180.00
				Disbursement# 11922							Disbursement Total	180.00
8117 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				596.74
8117 V	4901	Medicap Pharmacy 8095		Prescription Medication (	41500	04046	306	62				102.39
				Disbursement# 11923							Disbursement Total	699.13
8112 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	395	62				70.92
8112 V	4698	Ruth Helen Melby		Mental Health Advocate -	41500	04075	395	62				70.95
				Disbursement# 11924							Disbursement Total	141.87
8114 V	4748	The Mental Health Lab, PLLC		Mental Health Services in	41500	04046	305	62				804.18
8114 V	4748	The Mental Health Lab, PLLC		Mental Health Services in	41500	04046	305	62				1206.27
				Disbursement# 11925							Disbursement Total	2,010.45
8115 V	4766	Mid-Iowa Triumph Recovery Ctr		Psychotherapeutic Treatme	41500	04042	366	62				7481.76
				Disbursement# 11926							Disbursement Total	7,481.76
8116 V	4778	MidAmerican Energy		Services Management - Ele	41500	04022	431	62				105.80
8116 V	4778	MidAmerican Energy		Direct Admin - Electric P	41500	04411	431	62				35.27
				Disbursement# 11927							Disbursement Total	141.07

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8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				22.80
8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				121.60
8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				22.80
8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				68.40
8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				45.60
8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				38.00
8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				60.80
8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				60.80
8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				114.00
8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				15.20
8118 V	4931	Moore, McKibben, Goodman &		Commitment - Legal Repres	41500	04074	393	62				152.00
				Disbursement# 11928								722.00
				Disbursement Total								
8080 V	1226	NAMI Central Iowa		Psychotherapeutic Treatme	41500	04042	366	62				8739.12
				Disbursement# 11929								8,739.12
				Disbursement Total								
8120 V	5240	Norse Ventures DBA Thrive		Voc/Day - Individual Supp	41500	04250	368	62				5886.44
8120 V	5240	Norse Ventures DBA Thrive		Voc/Day - Individual Supp	41500	04350	368	62				811.53
				Disbursement# 11930								6,697.97
				Disbursement Total								
8121 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04032	329	62				5624.68
8121 V	5283	North Iowa Vocational Center		Psychotherapeutic Treatme	41500	04042	329	62				5240.07
8121 V	5283	North Iowa Vocational Center		Crisis Stabilization Resi	41500	04044	313	62				1242.66
8121 V	5283	North Iowa Vocational Center		Crisis Stabilization Resi	41500	04044	313	62				2071.10
8121 V	5283	North Iowa Vocational Center		Crisis Stabilization Resi	41500	04044	313	62				2071.10
8121 V	5283	North Iowa Vocational Center		Crisis Stabilization Resi	41500	04044	313	62				2071.10
8121 V	5283	North Iowa Vocational Center		Crisis Stabilization Resi	41500	04044	313	62				414.22
8121 V	5283	North Iowa Vocational Center		Crisis Stabilization Resi	41500	04044	313	62				2485.32
8121 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04050	368	62				243.80
8121 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04232	329	62				176.10
8121 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04232	329	62				1291.40
8121 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04250	367	62				611.20
8121 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04250	368	62				1295.04
8121 V	5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04250	369	62				915.53
8121 V	5283	North Iowa Vocational Center		Support Services - Suppor	41500	04332	329	62				234.80
8121 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04350	367	62				143.06
8121 V	5283	North Iowa Vocational Center		Day Habilitation	41500	04350	367	62				71.53
8121 V	5283	North Iowa Vocational Center		Voc/Day - Individual Supp	41500	04350	368	62				76.05
8121 V	5283	North Iowa Vocational Center		Voc/Day - Group Supported	41500	04350	369	62				363.66
8121 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				150.40
8121 V	5283	North Iowa Vocational Center		Comm Based Settings (6+ B	41500	04064	329	62				2218.40
8121 V	5283	North Iowa Vocational Center		Crisis Stabilization Resi	41500	04044	313	62				828.44
				Disbursement# 11931								29,839.66
				Disbursement Total								
8122 V	5448	One Vision-Opportunity Village		Voc/Day - Individual Supp	41500	04350	368	62				1217.86
				Disbursement# 11932								1,217.86
				Disbursement Total								
8098 V	2872	Optimae LifeServices, Inc.		Basic Needs - Rent Paymen	41500	04033	340	62				1319.00
8098 V	2872	Optimae LifeServices, Inc.		Basic Needs - Ongoing Ren	41500	04033	345	62				4766.04
8098 V	2872	Optimae LifeServices, Inc.		Basic Needs - Other	41500	04033	399	62				573.42



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8129 V	5840	Progress Industries		Support Services - Suppor	41500	04032	329	62				231.80
8129 V	5840	Progress Industries		Day Habilitation	41500	04050	367	62				719.64
8129 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04050	368	62				74.32
8129 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04050	368	62				60.84
8129 V	5840	Progress Industries		Support Services - Suppor	41500	04232	329	62				524.60
8129 V	5840	Progress Industries		Day Habilitation	41500	04250	367	62				1111.92
8129 V	5840	Progress Industries		Voc/Day - Individual Supp	41500	04250	368	62				812.66
8129 V	5840	Progress Industries		Day Habilitation	41500	04750	367	62				1679.16
				Disbursement#	11940							5,214.94
												Disbursement Total
8124 V	5533	Region Six Planning Commission		Transportation - General	41500	04031	354	62				405.60
8124 V	5533	Region Six Planning Commission		Transportation - General	41500	04031	354	62				18.00
8124 V	5533	Region Six Planning Commission		Transportation - General	41500	04031	354	62				179.40
8124 V	5533	Region Six Planning Commission		Transportation - General	41500	04031	354	62				159.00
				Disbursement#	11941							762.00
												Disbursement Total
8131 V	6420	REM Developmental Srv, Inc		Day Habilitation	41500	04350	367	62				457.20
8131 V	6420	REM Developmental Srv, Inc		Day Habilitation	41500	04250	367	62				1066.80
				Disbursement#	11942							1,524.00
												Disbursement Total
8132 V	6579	Jen Sheehan		Services Management - Mil	41500	04022	413	62				1117.20
				Disbursement#	11943							1,117.20
												Disbursement Total
8150 V	82938	The Shredder		Services Management - Cus	41500	04022	471	62				13.50
8150 V	82938	The Shredder		Direct Admin - Custodial	41500	04411	471	62				40.50
				Disbursement#	11944							54.00
												Disbursement Total
8133 V	6619	Sign Pro		Services Management - Sta	41500	04022	260	62				127.30
8133 V	6619	Sign Pro		Direct Admin - Stationary	41500	04411	260	62				62.70
				Disbursement#	11945							190.00
												Disbursement Total
8134 V	6812	Spring Harbor LLC		Support Services - Suppor	41500	04032	329	62				58.70
8134 V	6812	Spring Harbor LLC		Support Services - Suppor	41500	04232	329	62				469.60
8134 V	6812	Spring Harbor LLC		Support Services - Suppor	41500	04332	329	62				587.00
				Disbursement#	11946							1,115.30
												Disbursement Total
8135 V	7025	Story County Auditor		Direct Admin - Building (	41500	04411	450	62				115.00
				Disbursement#	11947							115.00
												Disbursement Total
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				233.00
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				233.00
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				44.00
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				247.00
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.00
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				44.00
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				44.00
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				44.00
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				295.00
8136 V	7110	Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00

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8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				134.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				22.40
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				134.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				70.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				192.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				384.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				159.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				208.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				99.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				44.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				307.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				562.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				148.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				118.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				143.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				173.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				395.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				134.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				162.00
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				77.60
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				134.00
				Disbursement#	11948							5,577.00
				Disbursement Total								
8136	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				74.00
8137	V	7110 Story County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				589.00
				Disbursement#	11949							663.00
				Disbursement Total								
8072	V	367 Betsy Stursma		Direct Admin - Mileage &	41500	04411	413	62				319.20
8072	V	367 Betsy Stursma		Direct Admin - Telecommun	41500	04411	414	62				50.00
				Disbursement#	11950							369.20
				Disbursement Total								
8100	V	3084 Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				686.20
8100	V	3084 Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				146.00
8100	V	3084 Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				167.90
8100	V	3084 Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				1781.60
8100	V	3084 Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				584.00
8100	V	3084 Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				1080.40
8100	V	3084 Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				219.00
8100	V	3084 Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				540.20
8100	V	3084 Dylan Thomas		Commitment - Legal Repres	41500	04074	393	62				160.60
				Disbursement#	11951							5,365.90
				Disbursement Total								
8138	V	7202 Thrifty White Pharmacy		Prescription Medication (	41500	04046	306	62				50.54
				Disbursement#	11952							50.54
				Disbursement Total								
8139	V	7392 The Trash Man		Services Management - Cus	41500	04022	471	62				29.22

Date - 6/20/25  
Time - 11:20:56

Story County - Accounting  
Final Disbursement Register

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Disbursement Date 06/24/2025

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
8139	V 7392	The Trash Man		Direct Admin - Custodial	41500	04411	471	62				9.74
				Disbursement# 11953								38.96
8140	V 7409	Treasurer, State of Iowa		Commitment - Other	41500	04074	399	62				1666.67
				Disbursement# 11954								1,666.67
8142	V 7498	U.S. Cellular		Services Management - Tel	41500	04022	414	62				468.59
				Disbursement# 11955								468.59
8075	V 700	UnityPoint Health		Mental Health Services in	41500	04046	305	62				19.97
				Disbursement# 11956								19.97
8141	V 7495	UnityPoint Health		Planning & Management Con	41500	04004	429	62				1461.50
8141	V 7495	UnityPoint Health		Psychotherapeutic Treatme	41500	04042	305	62				220.00
				Disbursement# 11957								1,681.50
8143	V 7601	VISA		Services Management - Sta	41500	04022	260	62				196.14
8143	V 7601	VISA		Services Management - Tel	41500	04022	414	62				73.09
8143	V 7601	VISA		Services Management - Ele	41500	04022	431	62				361.78
8143	V 7601	VISA		Services Management - Off	41500	04022	444	62				613.52
8143	V 7601	VISA		Direct Admin - Stationary	41500	04411	260	62				80.11
8143	V 7601	VISA		Direct Admin - Telecommun	41500	04411	414	62				29.86
8143	V 7601	VISA		Direct Admin - Electric P	41500	04411	431	62				147.76
8143	V 7601	VISA		Direct Admin - Office Equ	41500	04411	444	62				250.59
				Disbursement# 11958								1,752.85
8076	V 745	Visual Edge IT, Inc		Services Management - Off	41500	04022	444	62				28.59
				Disbursement# 11959								28.59
8144	V 7680	Warren County Sheriff		Commitment - Sheriff Tran	41500	04074	353	62				56.80
				Disbursement# 11960								56.80
8145	V 7870	Youth & Shelter Services, Inc		Crisis Services - System	41500	04044	379	62				21611.40
8145	V 7870	Youth & Shelter Services, Inc		Crisis Services - System	41500	04044	379	62				43493.10
8145	V 7870	Youth & Shelter Services, Inc		Crisis Services - System	41500	04044	379	62				37694.02
8145	V 7870	Youth & Shelter Services, Inc		Crisis Services - System	41500	04044	379	62				37694.02
8145	V 7870	Youth & Shelter Services, Inc		Crisis Stabilization Resi	41500	04044	313	62				828.44
8145	V 7870	Youth & Shelter Services, Inc		Public Education Services	41500	04005	373	62				13536.00
8145	V 7870	Youth & Shelter Services, Inc		Crisis Services - System	41500	04044	379	62				21251.21
8145	V 7870	Youth & Shelter Services, Inc		Crisis Services - System	41500	04044	379	62				21251.21
				Disbursement# 11961								197,359.40
					91	Total Disbursements						5,634,639.92
					0	Total ACH						.00
					0	Total EFT						.00
					91	Grand Total						5,634,639.92
						Credits/Refunds Included						46.44

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Final Disbursement Register

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Disbursement Date 06/24/2025

Claim #	Vendor#	Payee Name	Invoice#	Description	Fund	Funct	Obj	Dpt	Prj	Sub	Line	Amount
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Totals by Fund

41500	Central Iowa Community Service	5,634,639.92
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Final Total	5,634,639.92
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End of report

## May EXPENDITURE REPORT

FY 2025	Central Iowa Community Services (CICS) MHDS Region	Monthly Expenditures (Cash)	YTD Expenditures	Budget	Budget Remaining	% of Budget Used
<b>Core Domains</b>						
<b>COA</b>	<b>Treatment</b>					
42305	Mental Health Outpatient Therapy	\$5,603.21	\$429,642.19	\$540,000.00	\$110,357.81	79.56%
42306	Medication Prescribing & Management	\$3,471.66	\$59,595.39	\$65,000.00	\$5,404.61	91.69%
43301	Assessment & Evaluation	\$229.53	\$641.97	\$20,000.00	\$19,358.03	3.21%
71319	Mental Health Inpatient Therapy - MHI	\$121,035.84	\$326,778.79	\$425,000.00	\$98,221.21	76.89%
73319	Mental Health Inpatient Therapy	\$0.00	\$28,667.00	\$30,000.00	\$1,333.00	95.56%
73399	Other Priv./Public Hospitals - Other (non inpatient charges)	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
<b>Crisis Services</b>						
32322	Personal Emergency Response System	\$0.00	\$0.00	\$5,000.00	\$5,000.00	0.00%
44301	Crisis Evaluation	\$10,208.75	\$1,013,203.28	\$1,500,000.00	\$486,796.72	67.55%
44302	23 Hour Crisis Observation & Holding	\$0.00	\$0.00	\$20,000.00	\$20,000.00	0.00%
44305	24 Hour Access to Crisis Response	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
44307	Mobile Response	\$17,485.75	\$116,716.76	\$450,000.00	\$333,283.24	25.94%
44312	Crisis Stabilization Community-Based Services	\$13,007.35	\$56,636.96	\$150,000.00	\$93,363.04	37.76%
44313	Crisis Stabilization Residential Services	\$4,855.42	\$125,200.55	\$100,000.00	-\$25,200.55	125.20%
44396	Access Centers: Start-up / Sustainability	\$2,485.32	\$87,978.08	\$250,000.00	\$162,021.92	35.19%
<b>Support for Community Living</b>						
32320	Home Health Aide	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
32325	Respite	\$392.11	\$4,251.24	\$5,000.00	\$748.76	85.02%
32328	Home & Vehicle Modifications	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
32329	Supported Community Living	\$195,277.73	\$1,658,105.34	\$1,850,000.00	\$191,894.66	89.63%
42329	Intensive Residential Services	\$0.00	\$219,141.85	\$375,000.00	\$155,858.15	58.44%
<b>Support for Employment</b>						
50362	Prevocational Services	\$0.00	\$475.20	\$10,000.00	\$9,524.80	4.75%
50364	Job Development	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
50367	Day Habilitation	\$18,113.16	\$189,328.21	\$200,000.00	\$10,671.79	94.66%
50368	Supported Employment	\$14,612.19	\$135,763.23	\$175,000.00	\$39,236.77	77.58%
50369	Group Supported Employment - Enclave	\$790.22	\$20,483.35	\$30,000.00	\$9,516.65	68.28%
50379	System Building & Sustainability - IPS & Vocational	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
<b>Recovery Services</b>						
45323	Family Support	\$0.00	\$14,000.00	\$50,000.00	\$36,000.00	28.00%
45366	Peer Support	\$0.00	\$1,589.81	\$10,000.00	\$8,410.19	15.90%
<b>Service Coordination</b>						
21375	Case Management	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
24376	Health Homes	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
<b>Sub-Acute Services</b>						
63309	Subacute Services 1-5 Beds	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
64309	Subacute Services 6 and Over Beds	\$69,330.00	\$145,532.00	\$150,000.00	\$4,468.00	97.02%
<b>Core Evidenced Based Treatment</b>						
04422	Education & Training Services - Provider Competency	\$0.00	\$0.00	\$75,000.00	\$75,000.00	0.00%
32379	System Building & Sustainability - Supported Housing	\$0.00	\$0.00	\$63,802.00	\$63,802.00	0.00%
32396	Supported Housing	\$0.00	\$0.00	\$25,000.00	\$25,000.00	0.00%
42398	Assertive Community Treatment (ACT)	\$3,020.76	\$89,620.28	\$110,000.00	\$20,379.72	81.47%
45373	Family Psychoeducation	\$0.00	\$0.00	\$10,000.00	\$10,000.00	0.00%
45379	System Building & Sustainability - FPE & Recovery Svcs	\$0.00	\$0.00	\$10,000.00	\$10,000.00	0.00%
<b>Core Domains Total</b>		<b>\$479,919.00</b>	<b>\$4,723,351.48</b>	<b>\$6,703,802.00</b>	<b>\$1,980,450.52</b>	<b>70.46%</b>
<b>Mandated Services</b>						

46319	Oakdale	\$0.00	\$0.00	\$5,000.00	\$5,000.00	0.00%
72319	State Resource Centers	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
74XXX	Commitment Related (except 301)	\$38,745.92	\$351,340.86	\$400,000.00	\$48,659.14	87.84%
75XXX	Mental Health Advocate	\$17,885.48	\$288,484.37	\$350,000.00	\$61,515.63	82.42%
	<b>Mandated Services Total</b>	<b>\$56,631.40</b>	<b>\$639,825.23</b>	<b>\$755,000.00</b>	<b>\$115,174.77</b>	<b>84.75%</b>
<b>Additional Core Domains</b>						
	<b>Justice System Involved Services</b>					
25XXX	Coordination Services	\$30,034.50	\$478,533.17	\$650,000.00	\$171,466.83	73.62%
44346	23 Hour Crisis Line**	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
44366	Warm Line**	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
46305	Mental Health Services in Jails	\$16,303.15	\$150,571.85	\$185,000.00	\$34,428.15	81.39%
46398	Outpatient Competency Restoration	\$0.00	\$52,782.31	\$55,000.00	\$2,217.69	95.97%
46399	Justice System Involved Services - Other	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
46422	Crisis Prevention Training	\$0.00	\$150,462.00	\$175,000.00	\$24,538.00	85.98%
46425	Mental Health Court Related Costs	\$5,357.90	\$57,818.78	\$125,000.00	\$67,181.22	46.26%
74301	Civil Commitment Prescreening Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
	<b>Additional Core Evidence Based Treatment</b>					
42366	Peer Wellness/Wellness and Recovery Centers	\$94,531.10	\$1,061,340.15	\$1,225,000.00	\$163,659.85	86.64%
42397	Psychiatric Rehabilitation (IPR)	\$227.85	\$25,562.23	\$35,000.00	\$9,437.77	73.03%
	<b>Additional Core Domains Total</b>	<b>\$146,454.50</b>	<b>\$1,977,070.49</b>	<b>\$2,450,000.00</b>	<b>\$472,929.51</b>	<b>80.70%</b>
<b>Other Informational Services</b>						
03371	Information & Referral	\$94.53	\$1,463.39	\$50,000.00	\$48,536.61	2.93%
04372	Planning and/or Consultation (client related)	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
04377	Provider Incentive Payment	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
04399	Consultation Other	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
04429	Planning & Mgt Consultants (non-client related)	\$13,616.17	\$103,249.17	\$100,000.00	-\$3,249.17	103.25%
05373	Public Education	\$14,329.64	\$155,825.38	\$220,000.00	\$64,174.62	70.83%
	<b>Other Informational Services Total</b>	<b>\$28,040.34</b>	<b>\$260,537.94</b>	<b>\$370,000.00</b>	<b>\$109,462.06</b>	<b>70.42%</b>
<b>Essential Community Living Support Services</b>						
06399	Academic Services	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
20399	Coordination Services - Other	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
22XXX	Services Management	\$130,181.95	\$1,473,779.95	\$1,750,000.00	\$276,220.05	84.22%
23XXX	Crisis Care Coordination	\$5,867.68	\$139,412.66	\$190,000.00	\$50,587.34	73.38%
24399	Health Home - Other	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
31XXX	Transportation	\$30,721.56	\$383,178.61	\$425,000.00	\$41,821.39	90.16%
32321	Chore Services	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
32326	Guardian/Conservator	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
32327	Representative Payee	\$209.00	\$2,848.80	\$10,000.00	\$7,151.20	28.49%
32335	CDAC	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
32399	Other Support	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
33330	Mobile Meals	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
33332	Basic Needs - Food & Provisions	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
33340	Rent Payments (time limited)	\$7,841.74	\$44,488.67	\$100,000.00	\$55,511.33	44.49%
33343	Basic Needs - Room & Board Payments	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
33345	Ongoing Rent Subsidy	\$6,032.09	\$30,212.05	\$75,000.00	\$44,787.95	40.28%
33390	Basic Needs - Funeral Services	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
33399	Other Basic Needs	\$654.90	\$15,574.48	\$30,000.00	\$14,425.52	51.91%
41305	Physiological Outpatient Treatment	\$0.00	\$230.15	\$5,000.00	\$4,769.85	4.60%
41306	Prescription Meds	\$585.22	\$6,422.73	\$10,000.00	\$3,577.27	64.23%
41307	In-home Nursing	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
41308	Health Supplies	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
41399	Other Physiological Treatment	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
42304	Psychotherapeutic Treatment - Acute & Emergency Treatment	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
42309	Partial Hospitalization	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

