

**AITKIN COUNTY HEALTH & HUMAN SERVICES  
BOARD MEETING AGENDA  
August 28, 2012**

**9:00 A.M.**

- I. Call to Order**
  - II. Pledge of Allegiance**
  - III. Approval of Agenda**
  - IV. Review July 24, 2012 Health & Human Service Board Minutes**
  - V. Review Bills**
  - VI. General/Miscellaneous Information**
    - A. Economic and Workforce Program Trends – Michelle Ufford (45 mins)**
    - B. Zixport/ZixGateway Email Encryption – Tom Burke**
    - C. Budget Discussion – Tom Burke/Kathy Ryan**
    - D. PH Nuisance Abatement – Tom Burke**
    - E. Medica Disclosure of Ownership & Management Information & Exclusions Statement for Providers – Tom Burke**
  - VII. Administrative Reports:**
    - A. Caseload Update & Graph – Eileen Foss, Income Maintenance Supervisor**
    - B. Financial & Transportation Reports – Kathy Ryan, Fiscal Supervisor**
  - VIII. Joint Powers Board Reports:**
    - A. Tri-County Community Health Services Board (CHS) – Commissioner Westerlund / Tom Burke / Cynthia Bennett Minutes of the August 9<sup>th</sup> meeting & Fund Balance Policy**
  - IX. Committee Reports from Commissioners**
    - A. H&HS Advisory Committee** - Commissioners Westerlund and/or Marcotte Meeting updates from Committee Members: Vernon Awes & Roberta Elvecrog Minutes of the August 1<sup>st</sup> meeting.
    - B. AEOA / NEMOJT Committee Updates – Commissioner Napstad**
    - C. CJI (Children’s Justice Initiative) – Commissioner Westerlund**
  - X. Adjournment:**
- Next Meeting – September 25, 2012**

**The Statistical Reports for the second quarter of 2012  
for Income Maintenance, Social Services and Public Health are included in this packet.**

**AITKIN COUNTY HEALTH & HUMAN SERVICES**  
**BOARD MEETING MINUTES**  
**July 24, 2012**

**I. Call to Order**

The Aitkin County Board of Commissioners met this 24th day of July, 2012, at 9:02 a.m. as the Aitkin County Health & Human Services Board, beginning with the Pledge of Allegiance, with the following members present: Chairperson Commissioner Mark Wedel; Commissioners Anne Marcotte, Brian Napstad, Don Niemi and Laurie Westerlund; and others present included: County Administrator Patrick Wussow; H&HS Director Tom Burke; Staff Members Sue Tange, Social Service Supervisor; Eileen Foss, Income Maintenance Supervisor; Cynthia Bennett, Public Health Supervisor; Kathleen Ryan, Fiscal Supervisor; Julie Lueck, Clerk to the Health & Human Services Board; and guests; Roberta Elvecrog, DAC & HHS Advisory; Vern Awes, HHS Advisory Committee Member; Nanci Sauerbrau, Aitkin Independent Age; and Georgia Johnson, Citizen.

**II. Pledge of Allegiance**

**III. Approval of Agenda**

*Motion by Commissioner Napstad, seconded by Commissioner Westerlund, and carried; the vote was to approve the agenda as presented today.*

**IV. Review June 26, 2012 Health & Human Service Board Minutes**

*Motion by Commissioner Westerlund, seconded by Commissioner Niemi, and carried; the vote was to approve the June 26, 2012 Health & Human Services Board Meeting Minutes as mailed/posted.*

**V. Review Bills**

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

**VI. General/Miscellaneous Information**

**A. Flooding Update – Sheriff Scott Turner updated the Board on the Flooding Situation and distributed his July 24, 2012, Flood Update sheet.**

**B. Just In Time Video Training was viewed by the Commissioners and audience.** Tom Burke discussed the flooding situation and impact to the residents as well as our agency.

**VII. Contracts**

**A. Facilities Use Agreement between Aitkin County Health & Human Services and State of Minnesota/Minnesota State Colleges and Universities (Pine Technical College) for the period July 1, 2012 through June 30, 2013 for the purpose of Early Childhood classes/training for Child Care Resource & Referral (CCR&R).** *Motion by Commissioner Westerlund, seconded by Commissioner Marcotte, and carried, the motion was to approve and authorize the Board Chair to sign the Facilities Use Agreement between Aitkin County Health & Human Services and State of Minnesota/Minnesota State Colleges and Universities (Pine Technical College) for the period July 1, 2012 through June 30, 2013 for the purpose of Early Childhood classes/training for Child Care Resource & Referral (CCR&R).*

**B. WIC Agreements for the period September 1, 2012 through August 31, 2013 for provision of space to administer the Aitkin County WIC Program between ACHHS and:**

- 1. Hill City Independent School District #2**
- 2. McGregor Independent School District #4**

*Motion by Commissioner Marcotte, seconded by Commissioner Niemi, and carried, the motion was to approve and authorize the Board Chair to sign the WIC Agreements for the period September 1, 2012 through August 31, 2013 for provision of space to administer the Aitkin County WIC Program between ACHHS and:*

- 1. Hill City Independent School District #2*
- 2. McGregor Independent School District #4*

**VIII. Administrative Reports:**

- A. Caseload Update & Graph** – Eileen Foss, Income Maintenance Supervisor, noted that additional funds haven't been needed for crisis situations related to the flooding.
- B. Financial & Transportation Reports** – Kathy Ryan, Fiscal Supervisor, noted that transportation costs are slightly high, but it is still a bargain!

**IX. Joint Powers Board Reports:**

- A. Tri-County Community Health Services Board (CHS) – Commissioner Westerlund / Tom Burke / Cynthia Bennett June 22<sup>nd</sup> Meeting Update/See attached meeting minutes** – Tom Burke noted that an IT discussion took place surrounding a tri-county (Aitkin-Itasca-Koochiching) plan being worked on to have the same set up in CHAMPS as we do in the Income Maintenance E-docs. If so, one county would host and the other two counties would buy licenses off of that which would reduce our cost rather than each one having their own system. Champs will connect with the State of Minnesota. At this point we each have our own systems that have to be merged prior to sending it to the State.

**X. Committee Reports from Commissioners**

- A. H&HS Advisory Committee** - Commissioners Westerlund and/or Marcotte Meeting updates from Committee Members: Vernon Awes & Roberta Elvecrog No Minutes as the June 6<sup>th</sup> meeting was canceled & no meeting held in July. Vernon Awes noted that they received up to \$2,000 from a donor requesting the money be distributed to flood victims to assist them if they don't have insurance to get them back to their normal lives. Suggested they contact Aitkin County CARE to assist in matching those in need with the funding available. Another thought was to contact an electrical inspector to assist with getting power back to homes whose power was shut off due to the flooding.
- B. AEOA / NEMOJT Committee Updates** – Commissioner Napstad noted meetings are held in Virginia and everything was canceled the past month.
- C. CJI (Children's Justice Initiative)** – Commissioner Westerlund
- D. Commissioner Napstad questioned the replacement of the windows in the Pioneer Villa building and removal of the old air conditioners and Commissioner Westerlund noted that replacement was delayed due to unforeseen circumstances. Concerns relative to the high temperatures and lack of AC during this time. It was noted that letters went out to residents in April noting the specifications for the new AC units to be purchased by the residents.**

**XI. Adjournment:**

**Next Meeting – August 28, 2012**

*Motion by Commissioner Napstad, seconded by Commissioner Westerlund, and carried; the vote was to adjourn the meeting at 10:11 a.m.*

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Mark Wedel, Chairperson

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Tom Burke, Director  
Aitkin County Health & Human Services

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Julie Lueck, Clerk to Aitkin County Health & Human Services Board

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<u>Vendor</u>	<u>Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Service Dates</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
85003	Aitkin County DAC							
	05-400-440-0410-6231			12.93	PAPERSHRED			Services Or Contracts
					07/02/2012	07/30/2012		
	05-420-600-4800-6231			34.17	PAPERSHRED			Services Or Contracts
					07/02/2012	07/30/2012		
	05-430-700-4800-6231			45.25	PAPERSHRED			Services Or Contracts
					07/02/2012	07/30/2012		
85003	Aitkin County DAC			92.35	3 Transactions			
86222	Aitkin Independent Age							
	05-400-440-0410-6231			4.20	SUBSCRIPTION(1YR)			Services Or Contracts
	05-420-600-4800-6231			11.10	SUBSCRIPTION(1YR)			Services Or Contracts
	05-430-700-4800-6231			174.00	PHN-CBS NOTICE			Services Or Contracts
					07/30/2012	07/30/2012		
	05-430-700-4800-6231			14.70	SUBSCRIPTION(1YR)			Services Or Contracts
	05-430-720-3020-6069			55.00	CHILD CARE ADV 7/18 & 21/12			Community Ed & Prevent/Advertising
					07/18/2012	07/21/2012		
86222	Aitkin Independent Age			259.00	5 Transactions			
1070	Aitkin True Value							
	05-400-440-0410-6405			31.42	DEHUMIDIFIER		A220655	Supplies-Computer/Office/Meeting
	05-400-440-0410-6405			1.34	ANT BAIT		A221848	Supplies-Computer/Office/Meeting
	05-420-600-4800-6405			83.04	DEHUMIDIFIER		A220655	Supplies-Computer/Office/Meeting
	05-420-600-4800-6405			3.56	ANT BAIT		A221848	Supplies-Computer/Office/Meeting
	05-430-700-4800-6405			109.97	DEHUMIDIFIER		A220655	Supplies-Computer/Office/Meeting
	05-430-700-4800-6405			4.71	ANT BAIT		A221848	Supplies-Computer/Office/Meeting
1070	Aitkin True Value			234.04	6 Transactions			
8239	Ameripride Linen & Apparel Services							
	05-400-440-0410-6231			3.72	CLEANING SERVICE			Services Or Contracts
	05-420-600-4800-6231			9.83	CLEANING SERVICE			Services Or Contracts
	05-430-700-4800-6231			13.02	CLEANING SERVICE			Services Or Contracts
8239	Ameripride Linen & Apparel Services			26.57	3 Transactions			
12106	ANTOINE ELECTRIC							
	05-400-440-0410-6231			5.04	REPAIR STACKER SWITCH(RM 122)		12112	Services Or Contracts
	05-420-600-4800-6231			13.32	REPAIR STACKER SWITCH(RM 122)		12112	Services Or Contracts
	05-430-700-4800-6231			17.64	REPAIR STACKER SWITCH(RM 122)		12112	Services Or Contracts

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12106 ANTOINE ELECTRIC		36.00	3 Transactions	
137 Best Western-Kelly Inn				
05-420-640-4800-6330		368.60	IVD CONF ROOMS(4 STAFF)	Transportation/Travel/Parking
137 Best Western-Kelly Inn		368.60	1 Transactions	
710 Brainerd Dispatch				
05-430-700-4800-6231		375.00	PHN-CBS NOTICE	92441 Services Or Contracts
			07/15/2012 07/22/2012	
710 Brainerd Dispatch		375.00	1 Transactions	
246 Brothers Fire Protection				
05-400-440-0410-6231		15.40	ANNUAL INSPECTION	9437 Services Or Contracts
05-420-600-4800-6231		40.70	ANNUAL INSPECTION	9437 Services Or Contracts
05-430-700-4800-6231		53.90	ANNUAL INSPECTION	9437 Services Or Contracts
246 Brothers Fire Protection		110.00	3 Transactions	
9973 Cremation Society Of Minnesota-Duluth				
05-420-650-4800-6810		1,080.00	COUNTY BURIAL 8/18/12	County Burials
			08/18/2012 08/18/2012	
9973 Cremation Society Of Minnesota-Duluth		1,080.00	1 Transactions	
88628 Dalco				
05-400-440-0410-6405		20.80	TOWELS/ISSUE	2483911 Supplies-Computer/Office/Meeting
05-420-600-4800-6405		54.99	TOWELS/ISSUE	2483911 Supplies-Computer/Office/Meeting
05-430-700-4800-6405		72.82	TOWELS/ISSUE	2483911 Supplies-Computer/Office/Meeting
88628 Dalco		148.61	3 Transactions	
89399 DCI Industries Of Gainesville Inc				
05-400-440-0410-6405		25.29	CLEANING SUPPLIES	40915 Supplies-Computer/Office/Meeting
05-420-600-4800-6405		66.84	CLEANING SUPPLIES	40915 Supplies-Computer/Office/Meeting
05-430-700-4800-6405		88.51	CLEANING SUPPLIES	40915 Supplies-Computer/Office/Meeting
89399 DCI Industries Of Gainesville Inc		180.64	3 Transactions	
11051 Department of Human Services				
05-420-640-4800-6231		405.31	CS-MO FED OFFSET FEE-MAY'12	Services Or Contracts
05-420-640-4800-6231		58.60	CS-MO FED OFFSET FEE-JULY'12	Services Or Contracts

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<u>No.</u> <u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u> <u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
05-420-650-4400-6025		5,364.81 MA ESTATE-JULY'12		County Share - Ma
05-420-650-4400-6025		1,549.00 MA LTC UN 65-JULY'12		County Share - Ma
05-420-650-4400-6025		37.50 MA/AX RECIP-INELIGIBLE-JULY'12		County Share - Ma
11051 Department of Human Services		7,415.22 5 Transactions		
1491 Dutch's Electric, Inc				
05-400-440-0410-6231		13.64 CHECK FOR SMOKE PROBLEM	19977	Services Or Contracts
05-420-600-4800-6231		36.08 CHECK FOR SMOKE PROBLEM	19977	Services Or Contracts
05-430-700-4800-6231		47.78 CHECK FOR SMOKE PROBLEM	19977	Services Or Contracts
1491 Dutch's Electric, Inc		97.50 3 Transactions		
91108 Govconnection, Inc				
05-400-440-0410-6625		48.30 FLATSCREEN TV-TRNG	49199241	Furniture, Fixtures, Etc.
		06/22/2012 06/22/2012		
05-420-600-4800-6625		127.65 FLATSCREEN TV-TRNG	49199241	Office & Other Equipment
		06/22/2012 06/22/2012		
05-430-700-4800-6625		169.05 FLATSCREEN TV-TRNG	49199241	Office & Other Equipment
		06/22/2012 06/22/2012		
91108 Govconnection, Inc		345.00 3 Transactions		
2186 Hillyard Inc - Kansas City				
05-400-440-0410-6405		36.46 CLEANING SUPPLIES	600324814	Supplies-Computer/Office/Meeting
05-420-600-4800-6405		96.37 CLEANING SUPPLIES	600324814	Supplies-Computer/Office/Meeting
05-430-700-4800-6405		127.63 CLEANING SUPPLIES	600324814	Supplies-Computer/Office/Meeting
2186 Hillyard Inc - Kansas City		260.46 3 Transactions		
11889 Honeywell International Inc.				
05-400-440-0410-6231		21.66 LABOR-VALVE PROBLEMS	1021289	Services Or Contracts
05-400-440-0410-6625		7,118.76 HHS CONDENSER REPLACEMENT	3591509	Furniture, Fixtures, Etc.
05-420-600-4800-6231		57.25 LABOR-VALVE PROBLEMS	1021289	Services Or Contracts
05-420-600-4800-6625		18,813.85 HHS CONDENSER REPLACEMENT	3591509	Office & Other Equipment
05-430-700-4800-6231		75.81 LABOR-VALVE PROBLEMS	1021289	Services Or Contracts
05-430-700-4800-6625		24,915.64 HHS CONDENSER REPLACEMENT	3591509	Office & Other Equipment
11889 Honeywell International Inc.		51,002.97 6 Transactions		
11428 Horizon Roofing				
05-400-440-0410-6231		31.29 REPAIR LEAK(B.METSA RM)	BE0040	Services Or Contracts
05-420-600-4800-6231		82.71 REPAIR LEAK(B.METSA RM)	BE0040	Services Or Contracts

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11428 Horizon Roofing	05-430-700-4800-6231	109.53 223.53	REPAIR LEAK(B.METSA RM) 3 Transactions	BE0040 Services Or Contracts
2340 Hyytinen Hardware Hank	05-400-440-0410-6405	6.28	PH-FAUCET FILTERS	1055348 Supplies-Computer/Office/Meeting
	05-420-600-4800-6405	16.60	PH-FAUCET FILTERS	1055348 Supplies-Computer/Office/Meeting
	05-430-700-4800-6405	21.99	PH-FAUCET FILTERS	1055348 Supplies-Computer/Office/Meeting
2340 Hyytinen Hardware Hank		44.87	3 Transactions	
90182 Laboratory Corp Of America Holdings	05-420-640-4800-6397	66.00	IVD GENETIC TEST 0015257974-01	Genetic Tests Iv-D
	05-420-640-4800-6397	66.00	IVD GENETIC TEST 0011004939-02	Genetic Tests Iv-D
	05-420-640-4800-6397	66.00	IVD GENETIC TEST 0011001899-03	Genetic Tests Iv-D
90182 Laboratory Corp Of America Holdings		198.00	3 Transactions	
89079 McGregor Area Ambulance Service	05-400-401-0000-6812	2,105.00	JULY'12 RUNS (BAL PD IN FULL)	Mcgregor Area Ambulance
89079 McGregor Area Ambulance Service		2,105.00	1 Transactions	
89080 Meds-1 Ambulance Service Inc	05-400-401-0000-6813	325.00	JULY'12 RUNS	Meds-1 Hill City Ambulance
89080 Meds-1 Ambulance Service Inc		325.00	1 Transactions	
89078 Mille Lacs Health System	05-400-401-0000-6814	220.00	JULY'12 RUNS	Isle Ambulance/Mille Lacs Health System
89078 Mille Lacs Health System		220.00	1 Transactions	
89765 Minnesota Elevator Service	05-400-440-0410-6231	21.25	ELEVATOR SERVICE-AUG'12	250904 Services Or Contracts
	05-420-600-4800-6231	56.15	ELEVATOR SERVICE-AUG'12	250904 Services Or Contracts
	05-430-700-4800-6231	74.36	ELEVATOR SERVICE-AUG'12	250904 Services Or Contracts
89765 Minnesota Elevator Service		151.76	3 Transactions	
3297 Mn Dept Of Health(Ivd)	05-420-640-4800-6379	40.00	IVD PATRNTY ADJ 0011594757-02	280087 Other Iv-D Charges
3297 Mn Dept Of Health(Ivd)		40.00	1 Transactions	



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11120 Nardini Fire Equipment Co.,Inc				
05-400-440-0410-6231		21.51	ANNUAL INSPECTION	414241 Services Or Contracts
05-420-600-4800-6231		56.83	ANNUAL INSPECTION	414241 Services Or Contracts
05-430-700-4800-6231		75.26	ANNUAL INSPECTION	414241 Services Or Contracts
11120 Nardini Fire Equipment Co.,Inc		153.60	3 Transactions	
89081 North Ambulance Brainerd				
05-400-401-0000-6809		2,250.00	JULY'12 RUNS	No. Memorial Ambulance-Aitkin
89081 North Ambulance Brainerd		2,250.00	1 Transactions	
86235 Office Shop Inc/The				
05-400-440-0410-6231		77.83	CONTRACT-OSS	IRC5035 Services Or Contracts
05-420-600-4800-6231		205.71	CONTRACT-OSS	IRC5035 Services Or Contracts
05-430-700-4800-6231		272.42	CONTRACT-OSS	IRC5035 Services Or Contracts
86235 Office Shop Inc/The		555.96	3 Transactions	
3810 Paulbeck's County Market				
05-400-440-0410-6405		4.11	AGENCY SUPPLIES	6000511243 Supplies-Computer/Office/Meeting
05-420-600-4800-6405		10.86	AGENCY SUPPLIES	6000511243 Supplies-Computer/Office/Meeting
05-430-700-4800-6405		14.39	AGENCY SUPPLIES	6000511243 Supplies-Computer/Office/Meeting
3810 Paulbeck's County Market		29.36	3 Transactions	
12166 PETERSON-GRIMSMO CHAPEL				
05-420-650-4800-6810		2,000.00	COUNTY BURIAL 8/18/12	County Burials
			08/18/2012 08/18/2012	
12166 PETERSON-GRIMSMO CHAPEL		2,000.00	1 Transactions	
4233 S & T Office Products Inc				
05-400-440-0410-6405		52.81	OFFICE SUPPLIES	Supplies-Computer/Office/Meeting
05-400-440-0410-6405		14.08	PH-CALCULATOR(C.BENNETT)	Supplies-Computer/Office/Meeting
05-400-440-0410-6405		14.95	ACCTG-CALCULATOR(S.MATH)	Supplies-Computer/Office/Meeting
05-420-600-4800-6405		139.59	OFFICE SUPPLIES	Supplies-Computer/Office/Meeting
05-420-600-4800-6405		39.50	ACCTG-CALCULATOR(S.MATH)	Supplies-Computer/Office/Meeting
05-430-700-4800-6405		184.86	OFFICE SUPPLIES	Supplies-Computer/Office/Meeting
05-430-700-4800-6405		52.31	ACCTG-CALCULATOR(S.MATH)	Supplies-Computer/Office/Meeting
4233 S & T Office Products Inc		498.10	7 Transactions	

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<u>No. Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
86177 Sheriff Aitkin County						
05-420-640-4800-6270			50.00	IVD SERVICE 0014275720-02	1955	Aitkin Co Sheriff Fees Iv-D
05-420-600-4800-6265			274.00	FRAUD(APR-JUNE'12)	228	Sheriff - Fraud Investigation
				04/01/2012 06/30/2012		
05-430-720-3980-6020			10.00	DAYCARE BKGRD CHECK	179	License And Resource Development
05-430-720-3980-6020			10.00	DAYCARE BKGRD CHECK	183	License And Resource Development
05-430-720-3980-6020			30.00	DAYCARE BKGRD CHECK	188	License And Resource Development
05-430-720-3980-6020			50.00	DAYCARE BKGRD CHECK	205	License And Resource Development
05-430-720-3980-6020			30.00	DAYCARE BKGRD CHECK	223	License And Resource Development
86177 Sheriff Aitkin County			454.00	7 Transactions		
10960 Sheriff Becker County						
05-420-640-4800-6379			36.50	IVD SERVICE 0010743937-03		Other Iv-D Charges
10960 Sheriff Becker County			36.50	1 Transactions		
86944 Sheriff Crow Wing County						
05-420-640-4800-6379			70.00	IVD SERVICE 0015257974-01	75231	Other Iv-D Charges
86944 Sheriff Crow Wing County			70.00	1 Transactions		
86460 Sheriff Dakota County						
05-430-720-3980-6020			5.25	DAYCARE BKGRD CHECK		License And Resource Development
				06/06/2012 06/06/2012		
86460 Sheriff Dakota County			5.25	1 Transactions		
86401 Sheriff Isanti County						
05-420-640-4800-6379			45.61	IVD SERVICE 0012068631-02		Other Iv-D Charges
86401 Sheriff Isanti County			45.61	1 Transactions		
12143 SMB OF MINNESOTA						
05-400-440-0410-6231			63.00	BALANCE A/C VALVES(CHILD SUPP)	11804	Services Or Contracts
05-420-600-4800-6231			166.50	BALANCE A/C VALVES(CHILD SUPP)	11804	Services Or Contracts
05-430-700-4800-6231			220.50	BALANCE A/C VALVES(CHILD SUPP)	11804	Services Or Contracts
12143 SMB OF MINNESOTA			450.00	3 Transactions		
4507 Sorenson Root Thompson Funeral Home						
05-420-650-4800-6810			2,000.00	COUNTY BURIAL		County Burials
				07/23/2012 07/23/2012		

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<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
4507	Sorenson Root Thompson Funeral Home		2,000.00	1 Transactions	
88859	Spee*Dee-St Cloud				
	05-420-600-4800-6231		167.58	IM SERVICE	2232662 Services Or Contracts
88859	Spee*Dee-St Cloud		167.58	1 Transactions	
10588	Stanley Access Technologies Llc				
	05-400-440-0410-6231		51.33	REPAIR ENTRY DOOR-STICKING	0902195220 Services Or Contracts
	05-420-600-4800-6231		135.68	REPAIR ENTRY DOOR-STICKING	0902195220 Services Or Contracts
	05-430-700-4800-6231		179.68	REPAIR ENTRY DOOR-STICKING	0902195220 Services Or Contracts
10588	Stanley Access Technologies Llc		366.69	3 Transactions	
11607	Thrifty White Pharmacy-Aitkin				
	05-400-430-0407-6262		60.99	FAM PLAN-BIRTH CTRL	Family Planning Approp
11607	Thrifty White Pharmacy-Aitkin		60.99	1 Transactions	
11608	Thrifty White Pharmacy-Mcgregor				
	05-400-430-0407-6262		47.98	FAM PLAN-BIRTH CTRL	Family Planning Approp
11608	Thrifty White Pharmacy-Mcgregor		47.98	1 Transactions	
8334	United States Postal Service(Hasler)				
	05-430-000-0000-1205		5,000.00	POSTAGE METER 59688	Postage Account
8334	United States Postal Service(Hasler)		5,000.00	1 Transactions	
Final Total .....			79,531.74	42 Vendors	108 Transactions

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Health & Human Services

# Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



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<u>Vendor Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Service Dates</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
9791 BIEGANEK/JOAN M							
05- 430- 760- 3950- 6020			105.00	Guardianship/Conservator Activ	07/01/2012 07/31/2012		Guardianship/Conservatorship
9791 BIEGANEK/JOAN M			105.00	1 Transactions			
11051 Department of Human Services							
05- 430- 720- 3110- 6069			361.42	BSFE County Match	07/01/2012 07/31/2012		Bsf Child Care
05- 430- 720- 3140- 6020			31.25	MEC2 MFIP Recoveries	07/01/2012 07/31/2012		Other Child Care
05- 430- 730- 3590- 6072			2,810.95	CCDTF Maintenance of Effort	06/01/2012 06/30/2012		Ccdtf County % State Billings
11051 Department of Human Services			3,203.62	3 Transactions			
9220 DHS- MSOP							
05- 430- 745- 3721- 6081			982.70	State- operated inpatient	07/01/2012 07/31/2012		Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081			951.00	State- operated inpatient	06/01/2012 06/30/2012		Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081			982.70	State- operated inpatient	07/01/2012 07/31/2012		Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081			951.00	State- operated inpatient	06/01/2012 06/30/2012		Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081			2,456.75	State- operated inpatient	07/01/2012 07/31/2012		Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081			2,377.50	State- operated inpatient	06/01/2012 06/30/2012		Commitment Costs - Poor Relief
9220 DHS- MSOP			8,701.65	6 Transactions			
89965 DHS- ST PETER- SEE LIST							
05- 430- 745- 3721- 6081			1,714.30	State- operated inpatient	07/01/2012 07/31/2012		Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081			1,683.00	State- operated inpatient	06/01/2012 06/30/2012		Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081			1,621.30	State- operated inpatient	07/01/2012 07/31/2012		Commitment Costs - Poor Relief
05- 430- 745- 3721- 6081			1,560.00	State- operated inpatient	06/01/2012 06/30/2012		Commitment Costs - Poor Relief

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# Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



Page 4

<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u> <u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
05- 430- 760- 3950- 6020		225.32	Guardianship/conservatorship	Guardianship/Conservatorship
			07/02/2012 07/30/2012	
11589 Lutheran Social Service of MN- Mankato		341.10	2 Transactions	
11072 Lutheran Social Service Of Mn- St Paul				
05- 430- 760- 3950- 6020		76.44	Guardianship/conservatorship	Guardianship/Conservatorship
			07/09/2012 07/31/2012	
05- 430- 760- 3950- 6020		142.58	Guardianship/conservatorship	Guardianship/Conservatorship
			06/03/2012 06/21/2012	
11072 Lutheran Social Service Of Mn- St Paul		219.02	2 Transactions	
86058 Martin/Patricia				
05- 430- 760- 3950- 6020		105.00	Guardianship/conservatorship	Guardianship/Conservatorship
			07/01/2012 07/31/2012	
05- 430- 760- 3950- 6020		105.00	Guardianship/conservatorship	Guardianship/Conservatorship
			06/01/2012 06/30/2012	
86058 Martin/Patricia		210.00	2 Transactions	
91221 McCormick/John				
05- 430- 710- 3820- 6040		192.26	Relative custody assistance	Relative Custody Assistance
			08/01/2012 08/31/2012	
91221 McCormick/John		192.26	1 Transactions	
11222 MCMAHON COUNSELING &				
05- 430- 710- 3960- 6050		2,768.19	Attachment assessment	Adoptions
			05/15/2012 07/20/2012	
05- 430- 710- 3960- 6050		2,768.19	Attachment assessment	Adoptions
			05/15/2012 07/20/2012	
11222 MCMAHON COUNSELING &		5,536.38	2 Transactions	
9759 MISQUADACE/ANITA				
05- 430- 710- 3820- 6040		149.89	Relative custody assistance	Relative Custody Assistance
			08/01/2012 08/31/2012	
05- 430- 710- 3820- 6040		149.89	Relative custody assistance	Relative Custody Assistance
			08/01/2012 08/31/2012	
05- 430- 710- 3820- 6040		163.02	Relative custody assistance	Relative Custody Assistance
			08/01/2012 08/31/2012	

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# Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



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<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
05- 430- 750- 3350- 6020		489.18	07/01/2012 07/31/2012	Family Support Program
90748 OAKRIDGE HOMES SILS		1,553.13	07/03/2012 07/31/2012	3 Transactions
89879 OCCUPATIONAL DEVELOPMENT CENTER				
05- 430- 745- 3160- 6050		108.75	07/01/2012 07/31/2012	Adult Transportation
05- 430- 760- 3370- 6050		240.00	07/01/2012 07/31/2012	Employability- supported employ
89879 OCCUPATIONAL DEVELOPMENT CENTER		348.75	07/01/2012 07/31/2012	2 Transactions
87514 Pine Manors Inc				
05- 430- 730- 3710- 6080		1,925.00	07/05/2012 07/16/2012	Detoxification (Category I)
87514 Pine Manors Inc		1,925.00	07/05/2012 07/16/2012	1 Transactions
88878 PRODUCTIVE ALTERNATIVES INC				
05- 430- 750- 3380- 6050		302.25	07/01/2012 07/31/2012	Extended and supported employm
05- 430- 750- 3380- 6050		418.50	07/01/2012 07/31/2012	Extended and supported employm
05- 430- 750- 3380- 6050		279.00	07/01/2012 07/31/2012	Extended and supported employm
88878 PRODUCTIVE ALTERNATIVES INC		999.75	07/01/2012 07/31/2012	3 Transactions
11269 REMNICA HOUSE				
05- 430- 710- 3190- 6020		90.00	07/14/2012 07/18/2012	Supervised visit/phone contact
11269 REMNICA HOUSE		90.00	07/14/2012 07/18/2012	1 Transactions
4242 RYAN & BRUCKER LTD				
05- 430- 750- 3950- 6020		35.00	07/01/2012 07/31/2012	Public guardianship
05- 430- 750- 3950- 6020		70.00	06/01/2012 06/30/2012	Public guardianship
05- 430- 750- 3950- 6020		35.00	05/01/2012 05/31/2012	Public guardianship

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# Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



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Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	36,125.72	Health & Human Services	
All Funds		36,125.72	Total	Approved by, .....
				.....
				.....

# Economic and Workforce Program TRENDS

---

*in Northeast Minnesota*



*From 1970 to 2009...*

- **Overall, the population in the region shrank 3%**

Aitkin: +37%

Carlton: +22%

Cook: +59%

Koochiching: -23%

Lake: -21%

Itasca: +25%

St. Louis: -11%

*From 2000 to 2009...0.14% increase*

- **8.3% of population change due to migration**

Aitkin: +722

Carlton: +2,156

Cook: +333

Koochiching: -889

Lake: -25

Itasca: +805

St. Louis: -1,377

## By County & Composition

- **83% increase in personal income** (1970 to 2009)

Aitkin: 193%	Carlton: 123%	Koochiching: 61%	Lake: 80%
Cook: 222%	Itasca: 141%	St. Louis: 67%	

- **44% of personal income from labor earnings** (2009)

Aitkin: 54%	Carlton: 42%	Koochiching: 44%	Lake: 43%
Cook: 48%	Itasca: 48%	St. Louis: 43%	

*(60% in non-metro Minnesota; 59% in non-metro US)*

- **56% of personal income from non-labor income** (2009)

Aitkin: 46%	Carlton: 58%	Koochiching: 56%	Lake: 57%
Cook: 52%	Itasca: 52%	St. Louis: 57%	

*(40% in non-metro Minnesota; 41% in non-metro US)*

## *Per Capita Income & Earnings per Job*

<b>1970-2009</b>	<b><i>Per Capita Income</i></b>	<b><i>Average Earnings per Job</i></b>
<b>Region</b>	<b>+88%</b>	<b>-1%</b>
Aitkin	+115%	-5%
Carlton	+83%	-5%
Cook	+102%	-21%
Itasca	+92%	-16%
Koochiching	+111%	0%
Lake	+127%	-27%
St. Louis	+86%	6%

### ***2009 Average Earnings Per Job:***

- ✓ NE MN: \$41,317
- ✓ MN non-metro: \$36,716
- ✓ US non-metro: \$38,761



*By Industry Sector*

	2000	2009
<b>3 industry sectors with largest personal income:</b>	Services (27%) Government (21%) Manufacturing (12%)	Government (22%) Hlthcare/Soc. Assist. (19%) Manufacturing (8%)
	<b>1970-2000</b>	<b>2001 - 2009</b>
<b>3 Sectors that added the most new personal income:</b>	Services Government Trans. & public utilities	Healthcare/Soc. Assist. Government Finance & Insurance

## *Components of Employment*

### **From 1970 – 2009:**

- ❑ NE MN Employment grew 32% vs. 81% in non-metro areas of Minnesota
- ❑ Self employment increased 158% vs. 54% non-metro MN
- ❑ 'Wage and salary' employment increased 32% vs. 95% in non-metro MN

### **From 2000 – 2009:**

- ❑ Regional employment grew 1% vs. 3.2% in non-metro MN and 4% in non-metro US
- ❑ Self employment grew by 14% vs. 11% in non-metro MN
- ❑ Wage and salary' employment decreased 2.5%

# Employment by Industry

## *From 2001 – 2009*

□ **Of the 21 industry classifications, 10 lost jobs:**

Farm (-28%)

Manufacturing (-27%)

Wholesale Trade (-19%)

Information (-17%)

Mining (-16%)

Construction (-2%)

Retail Trade (-5%)

Transportation & Warehousing (-7%)

Other Services, except Public Administration (-2%)

Government (-6%)



## *From 2001 – 2009*

- **Of the 21 industry classifications, 11 gained jobs:**

Forestry, Fishing & Related (47%)

Educational Services (39%)

Healthcare & Social Assistance (35%)

Real Estate/Rental/Leasing (31%)

Professional & Technical Services (20%)

Finance & Insurance (20%)

Arts, Entertainment & Recreation (19%)

Management of Companies & Enterprises (12%)

Administrative & Waste Services (4%)

Utilities (3%)

Accommodation & Food Services (0.2%)

# Employment by County

## Change from 2001 – 2009

Area	Overall Change	Biggest Losses	Biggest Gains
Region	1.5% (2,757 jobs)	Farming, manufacturing	Forestry, educational services, healthcare
Aitkin	5.7% (409 jobs)	Farming, manufacturing	Finance, arts & recreation, educational services
Carlton	2.8% (492 jobs)	Farming, trade, manufacturing, utilities	Real estate, educational services, arts & recreation
Cook	4.2% (167 jobs)	Manufacturing, trade, transportation, accommodation	Finance, administrative/waste services, educational services
Itasca	2.1% (473 jobs)	Manufacturing, trade	Finance/insurance, real estate/leasing, healthcare
Koochiching	-10.2% (-763 jobs)	Administrative/waste services, manufacturing, professional & technical	Real estate/leasing, wholesale trade
Lake	-0.3% (-18 jobs)	Farming, retail trade	Finance/insurance, arts & recreation, administrative/waste services
St. Louis	1.7% (1,997 jobs)	Farming, mining, manufacturing, information	Real estate/leasing, professional/technical, educational svcs, healthcare



## *Comparative Recovery from Recessions*

**January '80 – July '80:** 1.3% increase in jobs (MN non-metro: +14.1%)

**August '80 – June '80:** 4.7% increase in jobs (MN non-metro: +3.8%)

**July '81 – November '82:** 14.8% jobs lost (MN non-metro: -10.7%)

**December '82 – '90:** 18.5% increase in jobs (MN non-metro: +10.2%)

**July '90 – March '91:** 4.2% jobs lost (MN non-metro: -3.9%)

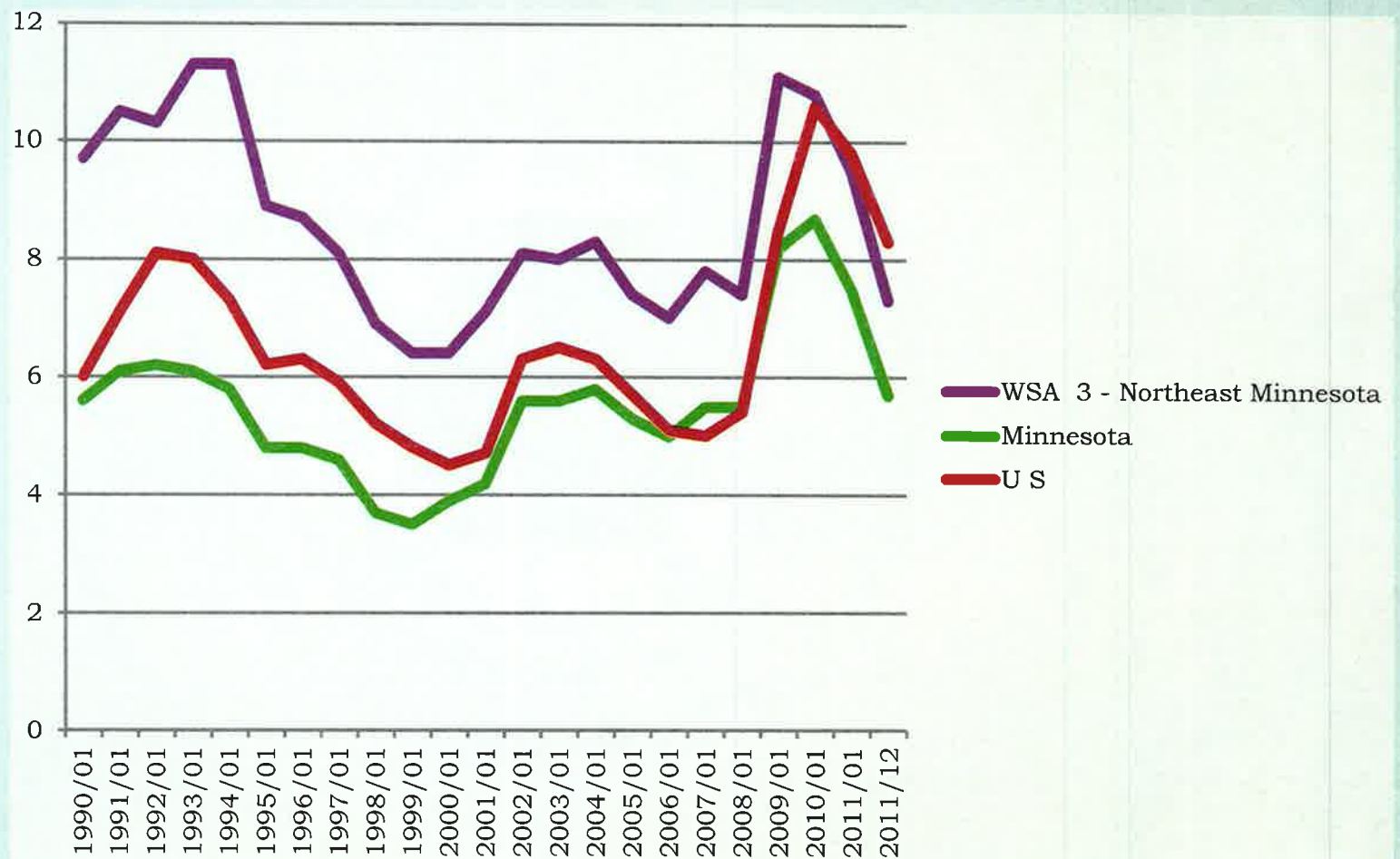
**April '91 – February '01:** 14.7% jobs gained (MN non-metro: +22.9%)

**December '07 – June '09:** 0.4% jobs lost (MN non-metro: -2.1%)

**July '09 – October '11:** 1.6% jobs gained (MN non-metro: +2.3%)

# Unemployment

## Unemployment Rate Comparison



# Unemployment

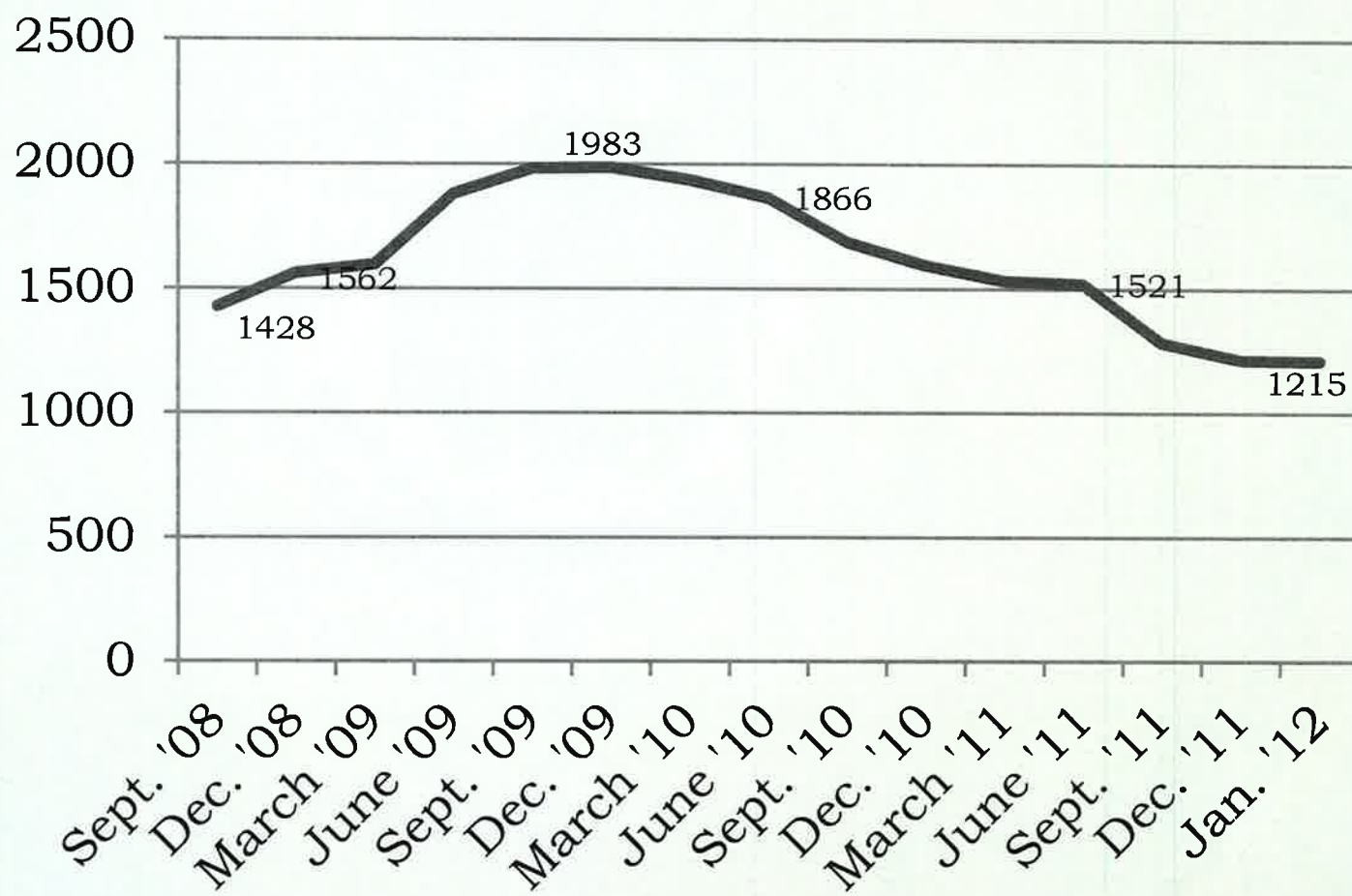
## *Historical Unemployment by County*

Date	Aitkin	Carlton	Cook	Itasca	Kooch	Lake	St. Louis	NE MN	MN
Dec '11	8.8	7.2	6.9	7.8	7.9	5.8	6.5	7.3	5.7
Dec '10	10.4	8.1	<b>8.1</b>	9.4	8.5	7.4	7.5	8.4	6.8
Dec '09	<b>10.7</b>	<b>9.2</b>	7.1	<b>10.5</b>	9.2	<b>9.1</b>	<b>8.5</b>	<b>9.5</b>	<b>7.7</b>
Dec '08	10.6	8.1	7.5	9.5	<b>9.6</b>	7.2	7.7	8.8	6.6
Dec '07	8.0	6.4	5.9	7.6	6.9	4.9	5.5	6.5	4.9
Dec '06	7.0	5.2	6.1	7.0	6.8	4.5	5.1	6.0	4.4
Dec '05	7.0	5.7	5.5	6.0	6.6	4.6	5.0	5.6	4.2
Dec '04	7.7	6.4	6.5	7.1	5.9	4.5	5.2	6.2	4.3
Dec '03	8.1	6.7	6.6	7.9	5.8	4.8	6.0	6.8	4.8
Dec '02	7.1	6.2	6.2	6.4	5.8	4.6	5.1	6.0	4.3



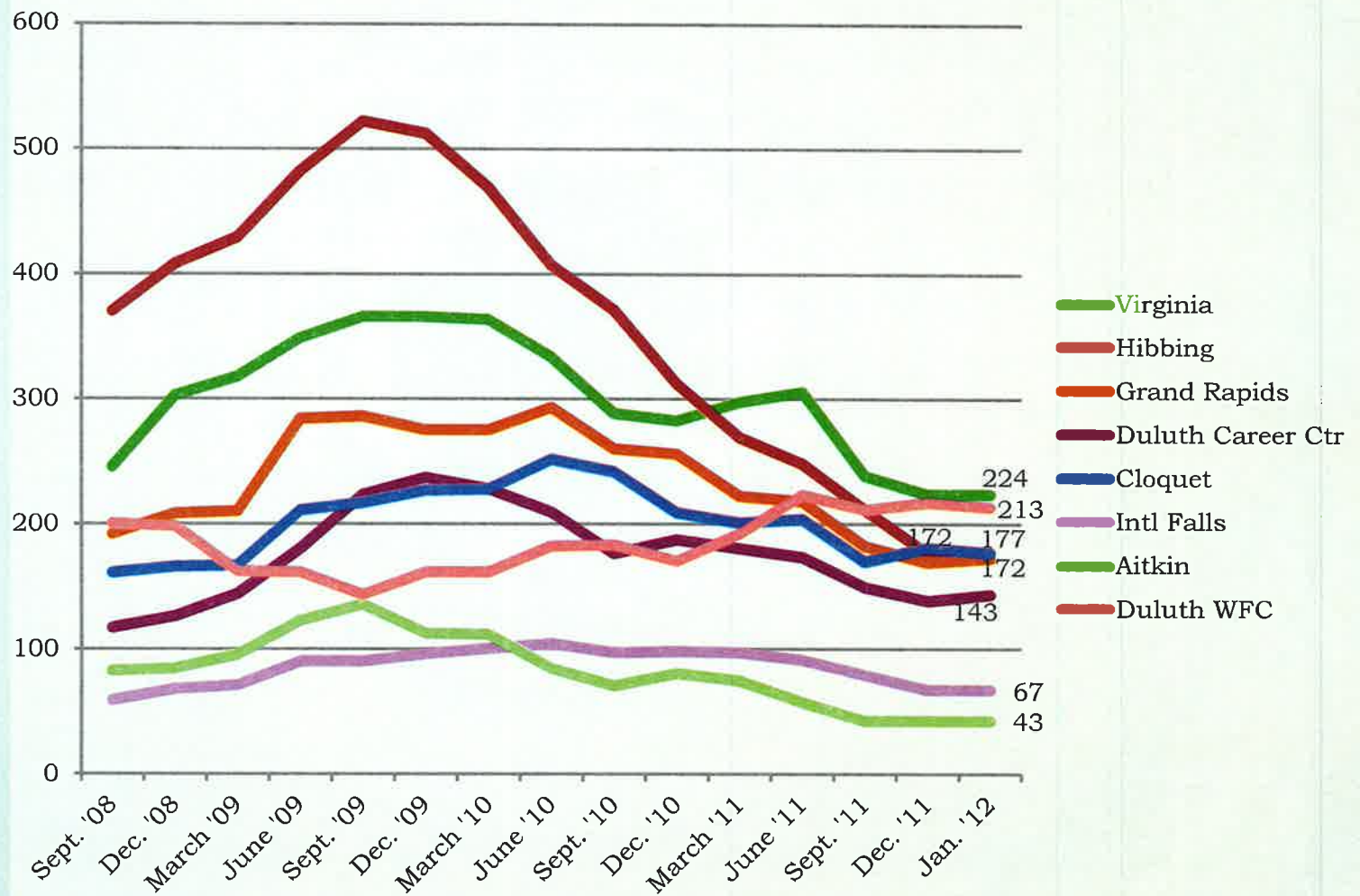
# Caseload Trends

## Overall Caseload Totals for Region



# Caseload Trends

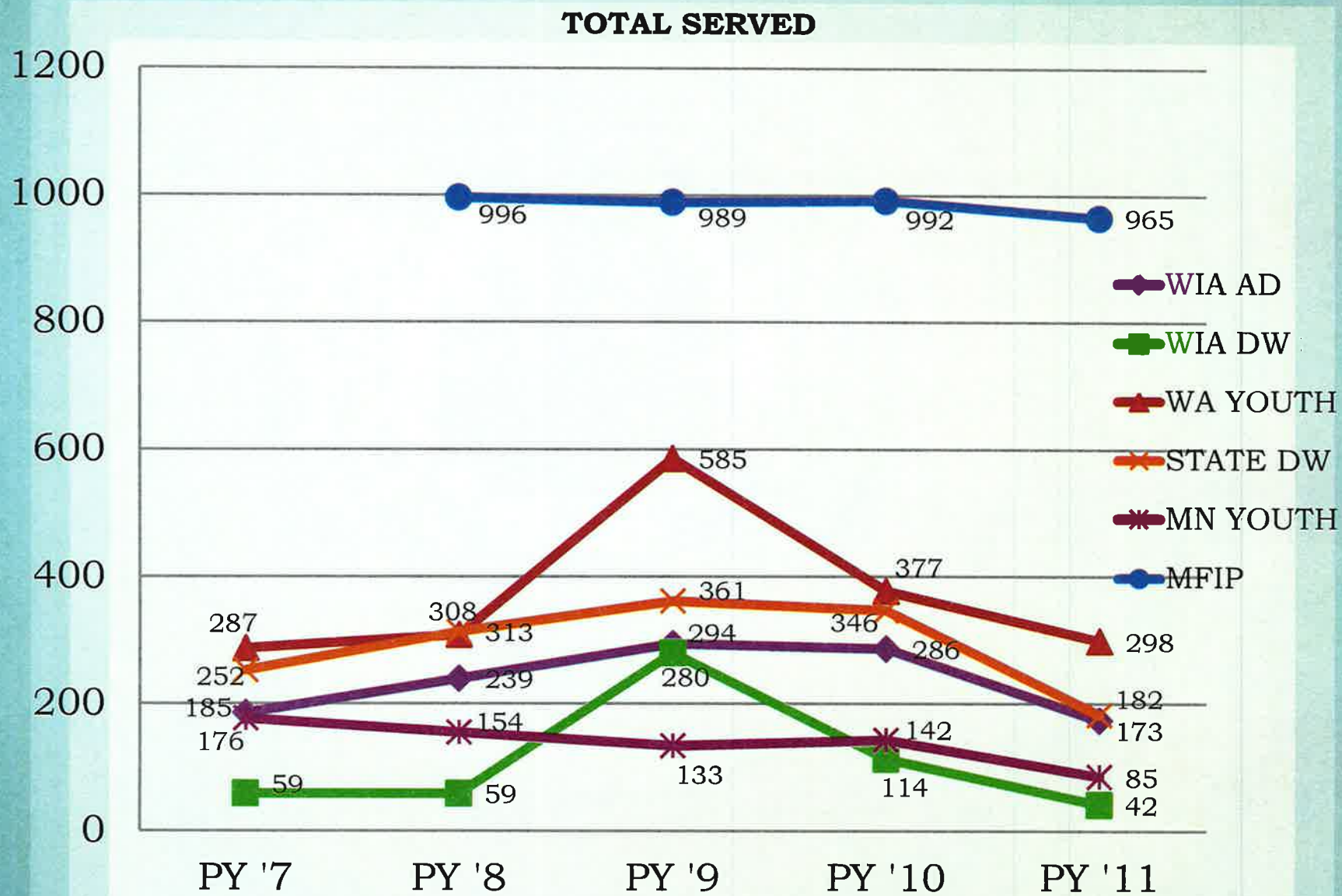
## Overall Caseloads by Office Location





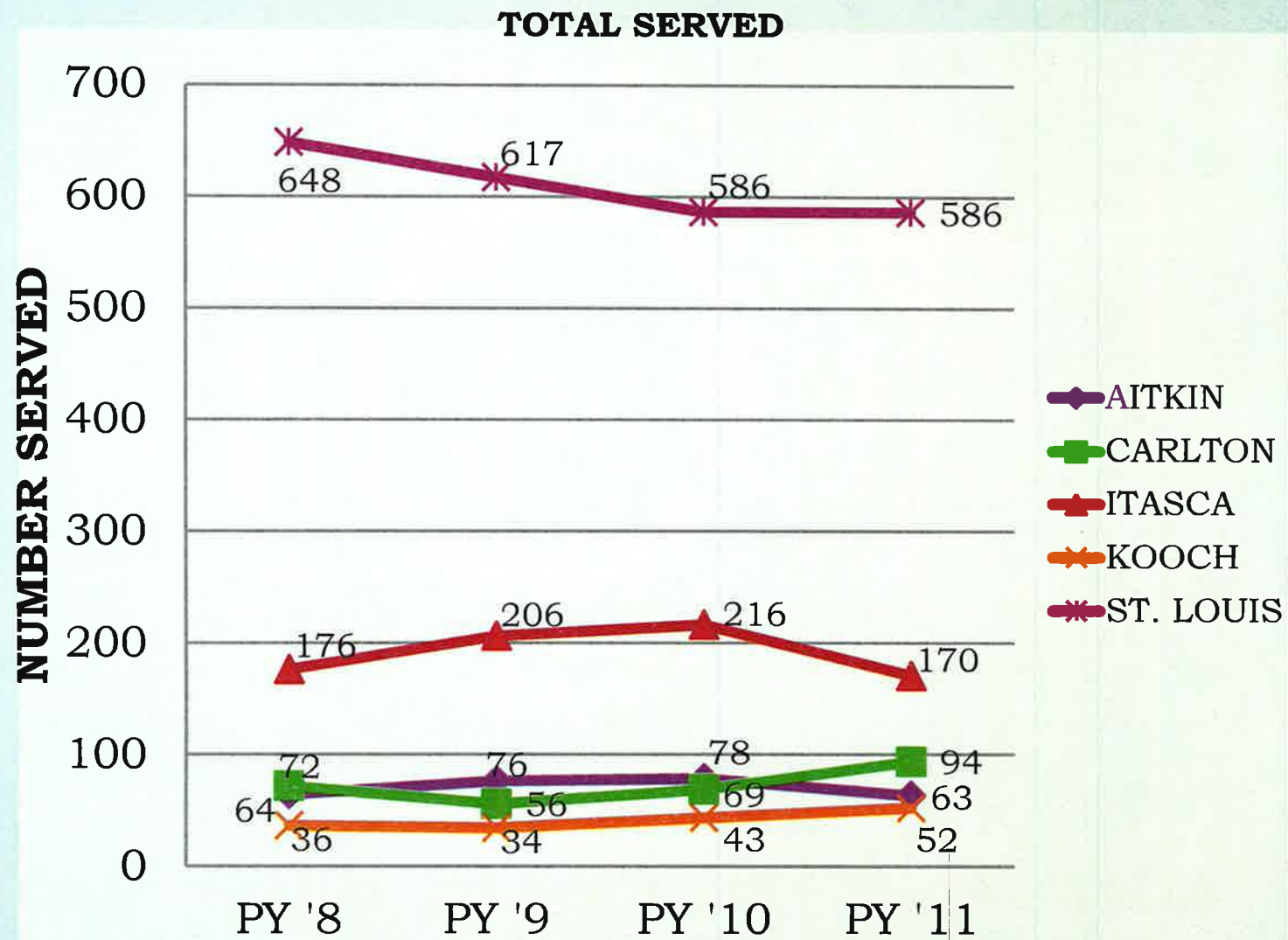
# Caseload Trends

## Caseloads by Program



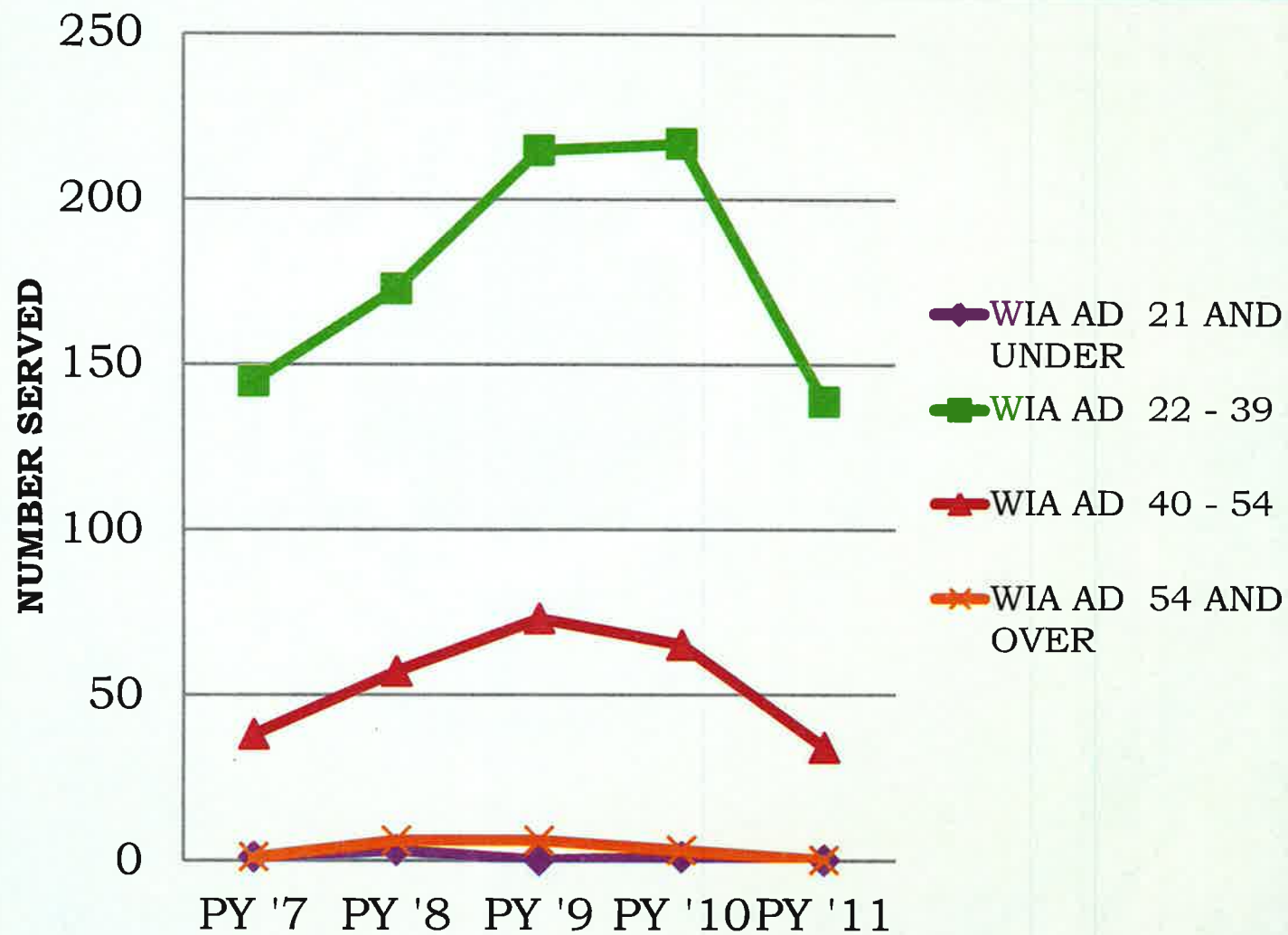
# Caseload Trends

*MFIP*



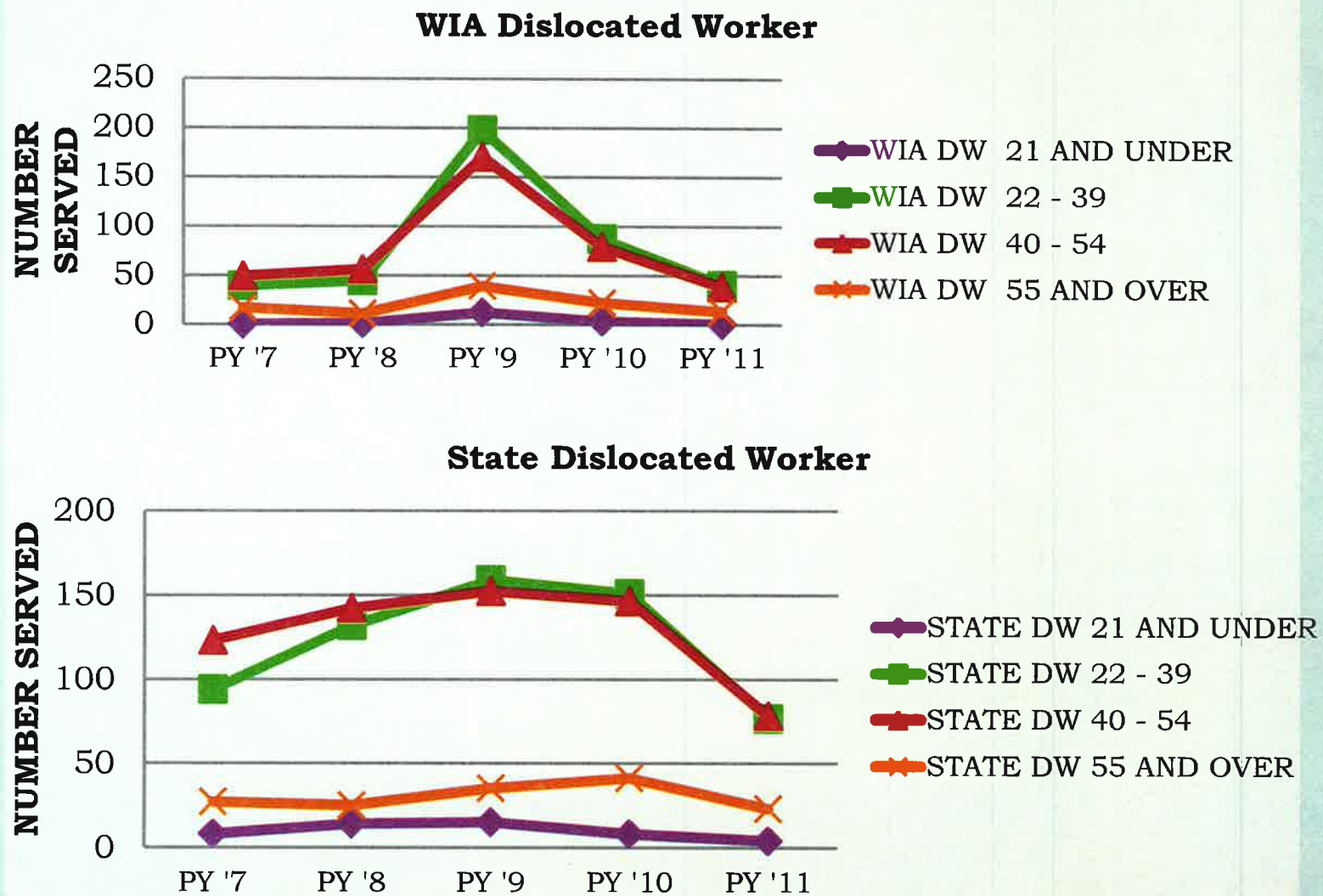


## WIA Adult Program by Age Group



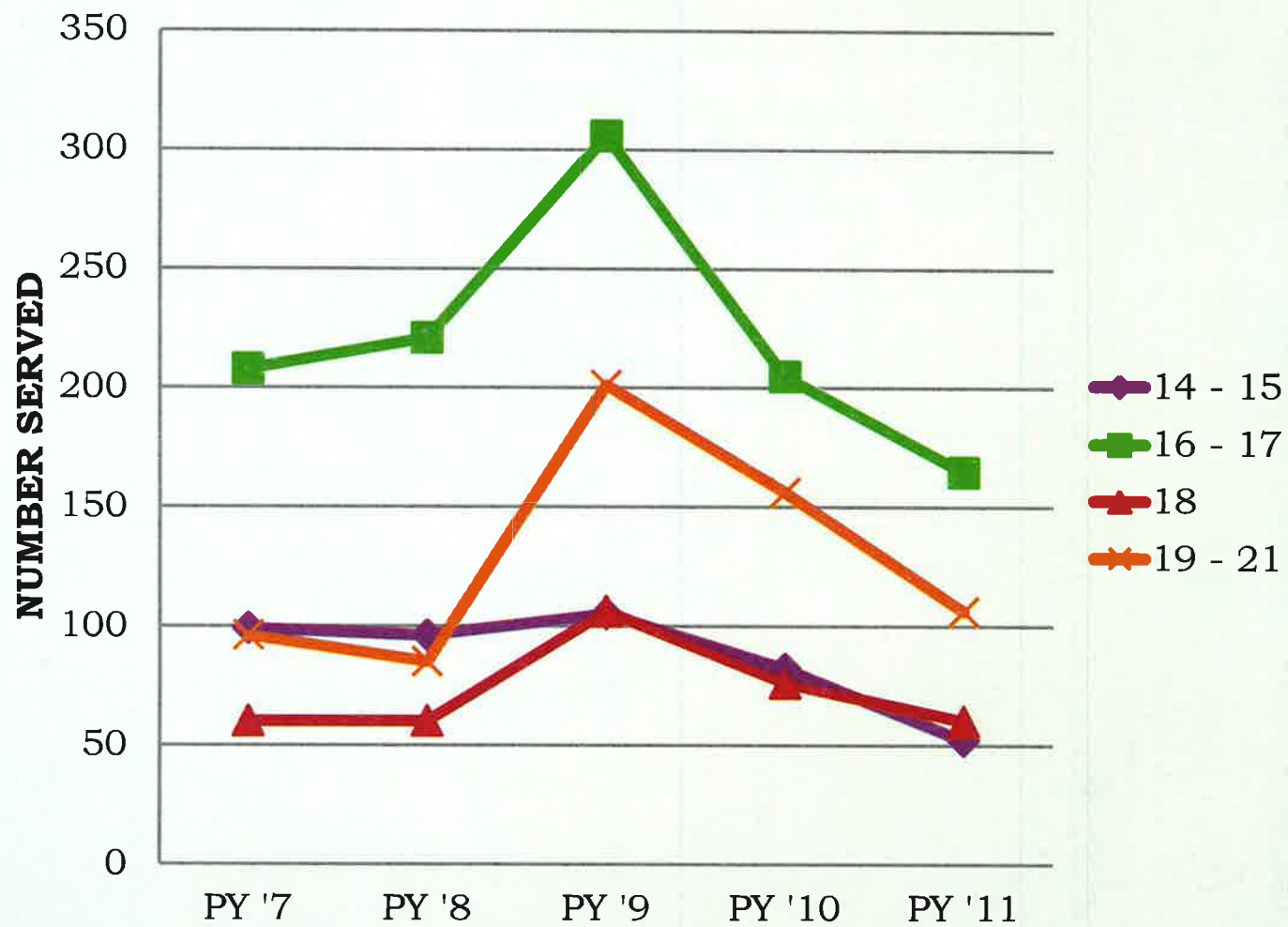


## Dislocated Workers by Age Group



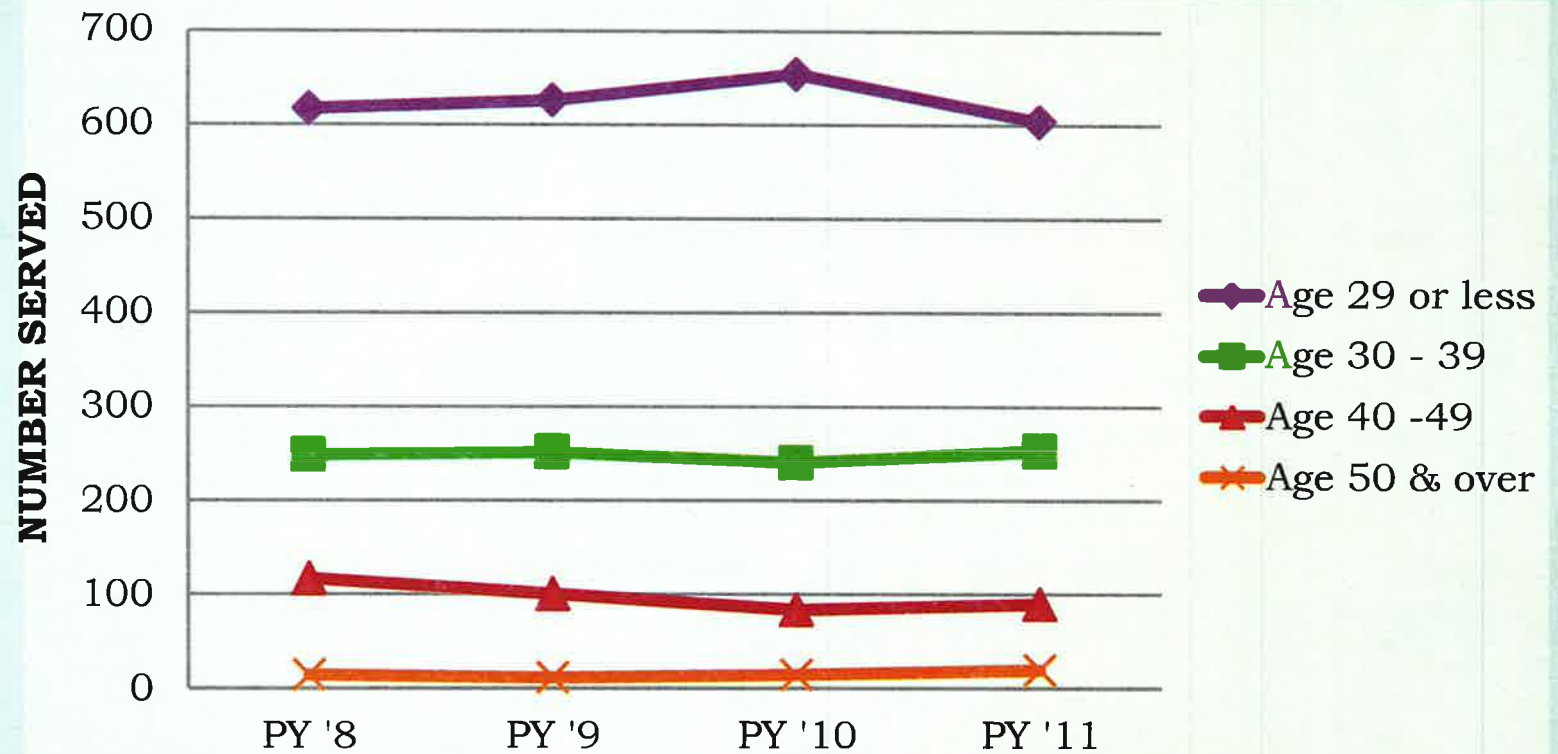
# Demographic Trends

## *Youth Served by Age*



# Demographic Trends

## *MFIP Served by Age*





## *Select Populations – WIA Adult, PY07 – PY11*

- ❑ Males: Increase in participation, from 32% to 44%
- ❑ Females: Decline in participation, from 68% to 56%
- ❑ Minorities: Normally around 7-10%, big jump in PY11 to 22%
- ❑ Veterans: Big decrease from 6% in PY07 to 1% in PY11
- ❑ High School Diploma or less: Slight decrease but still represents the majority of participants (62% in PY07 to 56% in PY11)
- ❑ Long-term unemployed: Steady increase from 40% to 52%
- ❑ One parent family: Slight decrease from 46% to 39%
- ❑ Age 55 and older: Very small percentage traditionally, currently 1%, down from high of 2.5% in PY08

## *Select Populations – Dislocated Workers, PY07-11*

- ❑ Males & Females: Have fluctuated but stays relatively evenly split, with the exception of PY09 where males represented 64% of dislocated worker participants
- ❑ Minorities: Slight increase from 3% to 5%
- ❑ Veterans: Remains steady around 10%
- ❑ High School Diploma or less: Decrease from about half to 43%
- ❑ Long-term unemployed: Increase from 35% to 53%
- ❑ One parent family: Steady range from 12% – 15%
- ❑ Age 55 and older: Wide variation year to year, from low of 8% in PY8 to current 13%



## *Select Populations -Youth Programs, PY07-11*

- ❑ Male: Participation increasing, from 59% to 65%
- ❑ Female: Decreased participation from 41% to 35%
- ❑ Minority: consistently 8 – 9% of overall population
- ❑ Drop outs: Holds steady around 2%
- ❑ Offenders: Slight decrease, from 13% to 10% currently
- ❑ Homeless: Very small segment, steady around 1%
- ❑ Recovering chemical dependency: decrease from 6% to 4%
- ❑ Foster children: decrease from high of 14% in PY8 to 7% currently

## *Select Populations - MFIP*

- ☐ Males: consistently represent about 25% of total
- ☐ Minority: consistently 20% of total
- ☐ Age 40 or older: 10-13% of total
- ☐ High school diploma or less: consistently 80% of total

### **County Highlights:**

- ☐ Itasca county has highest male participation (29%)
- ☐ St. Louis county has highest minority participation (23% versus 12-15% in other counties)
- ☐ Itasca and Kooch have highest age 40+ participation (15%)
- ☐ Aitkin county has highest percentage of participants without a high school degree (89%)



## *Credential Attainment – Adult Programs*

- ❑ WIA Adults enroll in training at a higher rate than dislocated workers
- ❑ Dislocated workers have better completion rates than WIA Adults: 82% - 89% vs. 69% - 81%
- ❑ The recession lead to large increases in classroom training for dislocated workers (82% in PY09 and 90% in PY10)

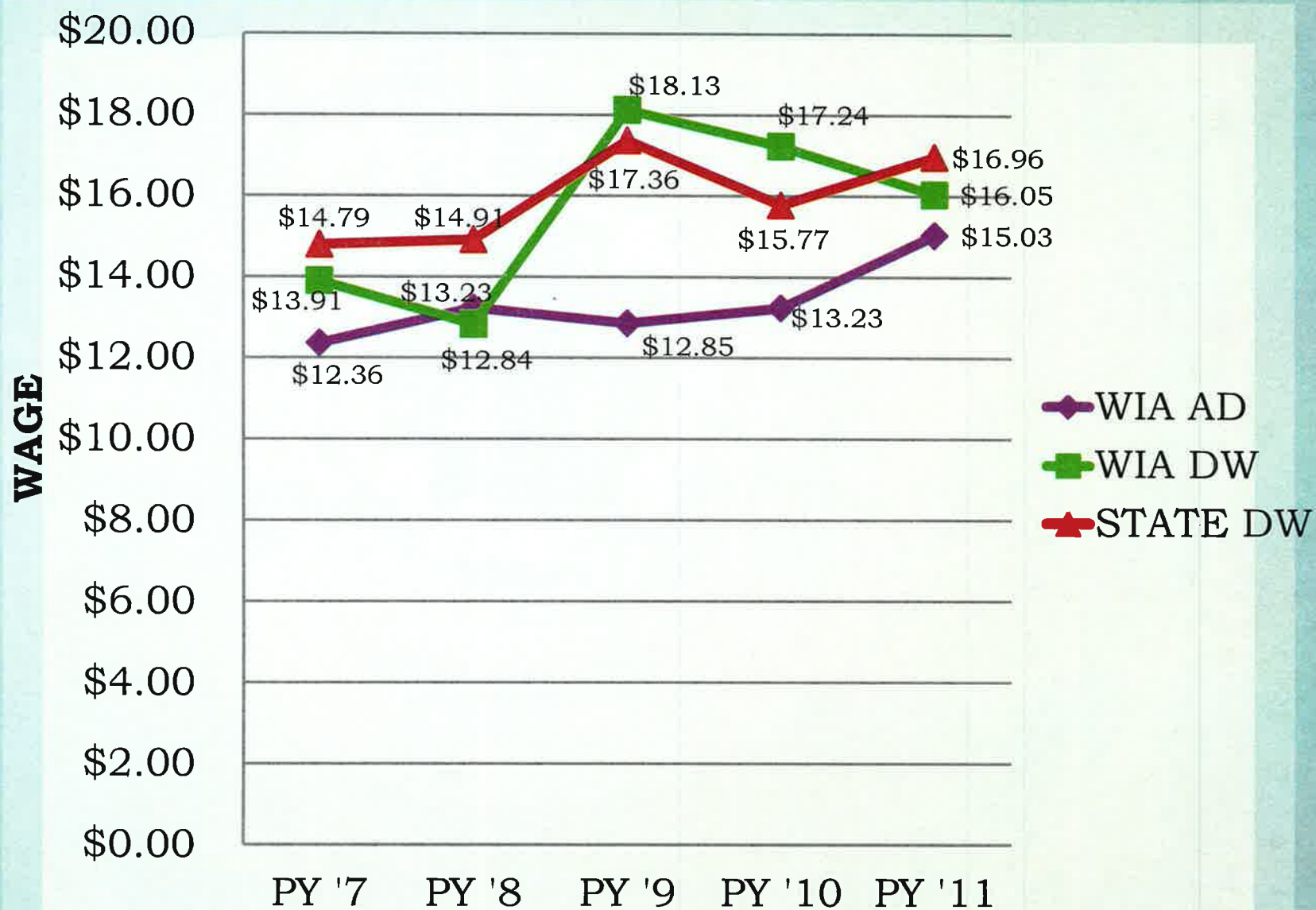


## *Exits by Job Placement*

- ❑ Dislocated Workers are more likely to exit the program due to employment than WIA Adults
- ❑ Generally, 80-85% of all adult participants (dislocated workers and WIA Adult) exit due to employment
- ❑ PY09 through PY11: decreasing rates of placement for WIA Adults, but not as bad for dislocated workers

# Outcome Trends

## Average Wage at Placement



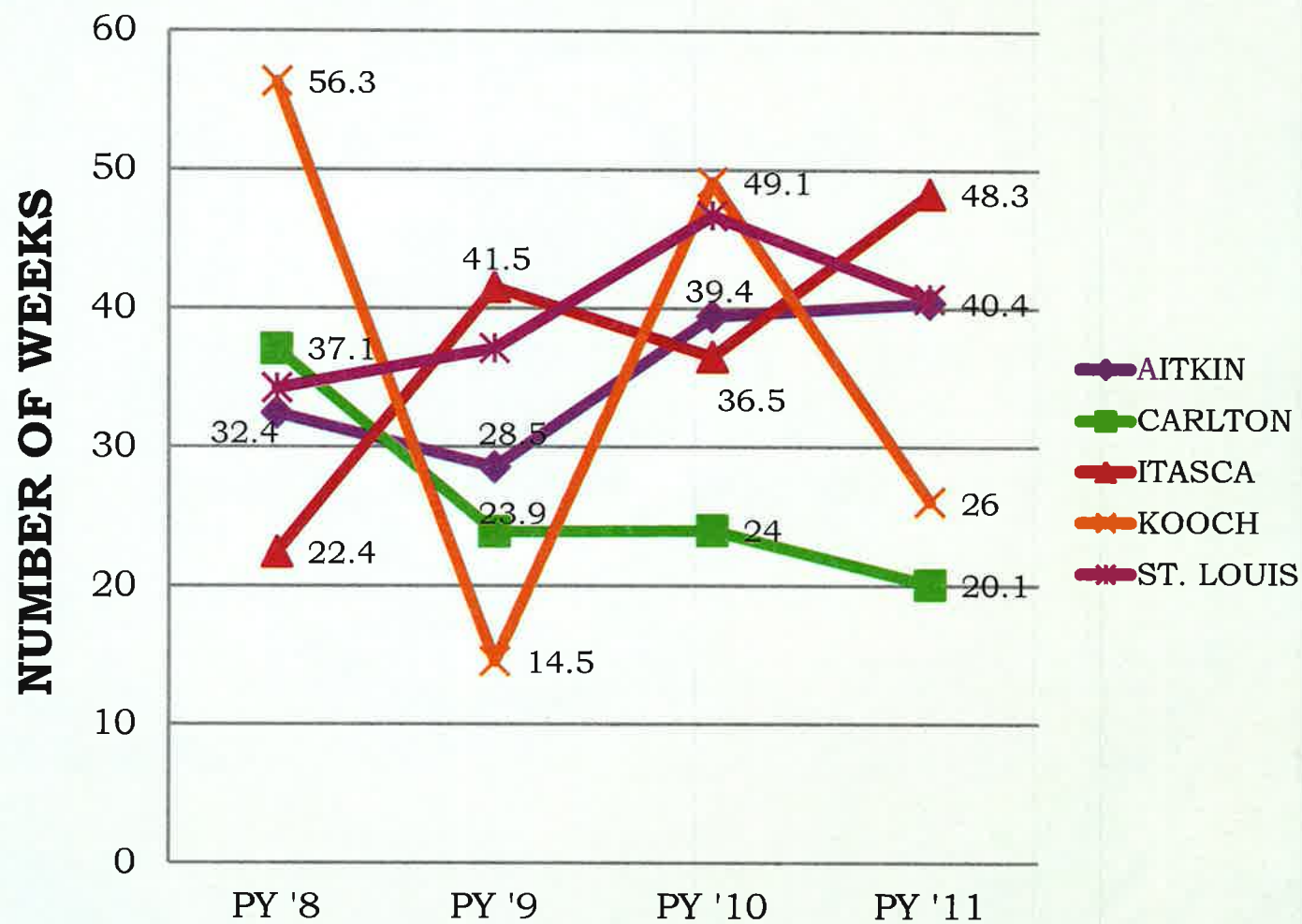


## *MFIP Wage at Placement*

<b>Area</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Region	\$9.22	\$8.70	\$9.24	\$9.09
Aitkin	\$10.25	\$8.63	\$8.12	\$9.49
Carlton	\$8.77	\$8.46	\$9.38	\$8.27
Itasca	\$9.13	\$9.09	\$9.07	\$9.14
Kooch	\$9.70	\$8.12	\$10.54	\$8.58
St. Louis	\$8.27	\$9.20	\$9.07	\$9.95

# Outcome Trends

## MFIP - Average Weeks on Program



## Presented By

Steve Solbrack  
 Solbrekk Business Technology Solutions  
 1000 Boone Ave N, Ste 650  
 Golden Valley, MN 55427  
 Main: (763) 475-9111  
 Fax: (763) 404-3960  
 steve@solbrekk.com



## Quote

Quote Number: 24825  
 Quote Date: 2/23/2012  
 Page Number: 1  
 Good Thru: 7/31/2012  
 Payment Terms: Net 30 Days

Quoted to: Steve Bennett  
 Aitkin County  
 209 2nd St NW, Room 116  
 Aitkin, MN 56431

## ZixCorp Email Encryption Service - Hosted ZixGateway

QTY	PRODUCT DESCRIPTION	UNIT PRICE	ANNUAL PRICE
63	Hosted ZixGateway Users - Policy-based Email Encryption	\$ 39.00	\$ 2,457.00
<u>Hosted ZixGateway Includes:</u> <ol style="list-style-type: none"> <li>1. Hosted by Solbrekk in the US Internet datacenter in Minnetonka, MN</li> <li>2. Full content scanning of the message body and attachments</li> <li>3. Can encrypt, route, block, or brand outbound email based on corporate policies</li> <li>4. Transparently ensures compliance for secure email communications</li> <li>5. Does not require special training or procedures for employees</li> <li>6. No software to install and no additional resources needed</li> </ol>			
Note: Pricing based on \$2,457 for Hosted ZixGateway annually for 3 year agreement			
Total Hosted ZixGateway Annual Price:			\$ 2,457.00

It is understood that customer currently has approximately 250 users on their network. The email for all users will be routed via a secure TLS connection to the Solbrekk Hosted ZixGateway. Solbrekk and Zix have the right to view usage reports at a later time. If the number of user's actively using email encryption exceeds the number of licenses invoiced, the number of licenses invoiced can be increased accordingly upon 30 days notice.

Hosted ZixGateway

Year 1	\$2,457
Year 2	\$2,457
Year 3	\$2,457
Total for 3 Years	\$7,371

Paid Annually for 3 Year Agreement

The undersigned hereby accepts this proposal and would like to place an order for the product listed above. Customer will submit a signed purchase order with this signed quote.

Aitkin County

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Title \_\_\_\_\_

Order Accepted by Solbrekk \_\_\_\_\_

Date \_\_\_\_\_

**Presented By**

Steve Solbrack  
Solbrekk Business Technology Solutions  
1000 Boone Ave N, Ste 650  
Golden Valley, MN 55427  
Main: (763) 475-9111  
Fax: (763) 404-3960  
steve@solbrekk.com

**Quote**

Quote Number: 24826  
Quote Date: 2/23/2012  
Page Number: 1  
Good Thru: 7/31/2012  
Payment Terms: Net 30 Days

**Quoted to:** Steve Bennett  
Aitkin County  
209 2nd St NW, Room 116  
Aitkin, MN 56431

**ZixCorp Email Encryption Service - ZixPort**

QTY	PRODUCT DESCRIPTION	UNIT PRICE	ANNUAL PRICE
1	ZixPort Corporate Up to 75 Users - branded portal with secure compose, reply, and forward capabilities for non-ZixMail or ZixGateway recipients	\$ 1,600.00	\$ 1,600.00
<u>ZixPort Corporate Overview:</u> 1. Fully branded web portal 2. Method for non-ZixMail or ZixGateway recipients to retrieve secure messages 3. No end user client required to download 4. No client hardware/software or FTE (full-time employee) investment			
<b>Note: Pricing based on \$1,600 for ZixPort paid annually for 3 year agreement</b>			
<b>Total ZixPort Annual Price:</b>			<b>\$ 1,600.00</b>

It is understood that customer currently has approximately 250 users on their network. The email for all users will be routed via a secure TLS connection to the Solbrekk Hosted ZixGateway. Solbrekk and Zix have the right to view usage reports at a later time. If the number of user's actively using email encryption exceeds the number of licenses invoiced, the number of licenses invoiced can be increased accordingly upon 30 days notice.

	<u>ZixPort</u>
Year 1	\$1,600
Year 2	\$1,600
Year 3	\$1,600
Total for 3 Years	<u>\$4,800</u>

**Paid Annually for 3 Year Agreement**

The undersigned hereby accepts this proposal and would like to place an order for the product listed above. Customer will submit a signed purchase order with this signed quote.

**Aitkin County**

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Title \_\_\_\_\_

Order Accepted by Solbrekk \_\_\_\_\_

Date \_\_\_\_\_

## Summary

### Health and Human Services 2013 Budget

#### Public Health:

Have not received budget information from the State as of date.

The Local Public Health Grant amount is based on the 2012 allocation of **\$49,398**.

In addition to the \$49,398 there is a Maintenance of Effort of 75%. Aitkin County is required to spend at least **\$86,447** to earn the \$49,398.

The Maternal and Child Health Grant amount is also based on the 2012 allocation of **\$22,819**. In addition to the \$22,819 there is a Maintenance of Effort of 50%, which means Aitkin County is required to spend at least **\$34,229** to earn the \$22,819.

WIC was budgeted based on the increase of \$13.00 Per Participant with an average of 1200 participants per quarter.

The SHIP Grant was funded through 6/30/2013 from the Health Care Access fund, but was decreased appx. 31% from the past biennium.

In 2010 PH received four PHER grants (federal) - the PHER grants all ended 8/30/10 and were not renewed.(05-400-400-0402-5422)

#### **PUBLIC HEALTH - Grants for each program area**

##### **Disease Prevent and Control**

Emergency Preparedness, County Dollars, Fees,

##### **Emergency Medical Services**

County Dollars

##### **Women, Infants and Children**

WIC Federal Grant

##### **Child and Teen Checkups**

C & TC Federal and State Dollars

##### **Family Health - Maternal Child Health, TANF Home Visits, Follow A Long, Etc**

MCH Federal Grant, TANF Federal Grant

##### **Health Education**

SHIP

#### **Income Maintenance:**

The Legislature passed a reduction to the MFIP Consolidated Fund which targeted TANF administrative reimbursement. The reimbursement rate for TANF earned through the IM-RMS will be reduced from 50% to 44% through 6/30/2011.

2012 Legislation reduced the MFIP Consolidated fund by approximately 10%. The 2011 allocation was reduced \$12,147 the 2012 allocation was reduced by \$27,942, the 2013 allocation was reduced by \$20,864.

Legislature reinstated Emergency GA and Emergency MSA effective July 1, 2010.

2012 - EGA and EMSA were combined into one program for single persons and childless couples under 200% FPG.

GAMC coverage ended for clients in 2010 - unless covered by a CCDS.

#### **Child Support:**

##### **State Incentive Earnings:**

State funding for child support action-related incentives and guideline implementation was discontinued in 2011.

Counties will continue to receive state incentives from the cost recovery fee revenue. Individual county shares of this revenue are estimated using the County Performance Analysis Tool (CPAT) on the DHS CountyLink web site.

##### **Federal Incentive Earnings:**

DHS estimates that statewide federal incentives for federal fiscal year 2013 will be consistent with the 2012 level of \$12 million.

Individual county shares of this amount are estimated using the County Performance Analysis Tool (CPAT) on the DHS County Link web site.

##### **Federal Incentive Earnings Match:**

The temporary reinstatement of the federal financial participation match for child support expenditures funded with federal incentive revenue due to the American Recovery and Reinstatement Act of 2009 will end September 30, 2010. No match is available for calendar fiscal year (CFY) 2011 and beyond.

\*\*Beginning January 1, 2010, counties will be responsible for the Federal Tax Intercept Offset Fee. This expense is eligible for 66% percent reimbursement as an administrative cost.



## **Social Services:**

### **Medicaid Administration for Social Services (SSTS)**

The statewide SSTS MA administrative reimbursement for CY 2013 may change from prior levels if MNChoices reimbursement is incorporated into the SSTS. If not, reimbursement should be consistent with the CY 2012 level.

### **Targeted Case Management (TCM)**

The Centers for Medicare & Medicaid Services (CMS) published the Case Management Services Interim Final rule in December of 2007. This rule eliminated the ability to claim CW-TCM. However, the Rule was included in a moratorium signed into law June 30, 2008 postponing the effective date of the rule until April 1, 2009. A second moratorium was included in the American Recovery & Reinvestment Act (ARRA) of 2009 further postponing the effective date of the rule until July 1, 2009. Recently, additional federal regulation has been proposed by CMS containing a partial rescission of the Case Management Services Interim Final Rule. Whether this new rule contains language that will allow some type of future billing for CW-TCM past July 1, 2009, is undetermined as of this date.

**\*\*At this date, counties continue to claim CW-TCM.**

MH-TCM for clients on a Prepaid Medical Plan is now paid for by the Health Plan.

Revenue earned in the Adult and Children's Mental Health program area is tied to a Maintenance of Effort. In the 2006 State Legislative session, the Mental Health maintenance of effort was changed.

2012 - MOE requirements for CW-TCM and MH-TCM are permanently set to 90% of the 2011 level.

2012 - CCDTF County Share was increased from 16% to 23%-Counties may not see the full affect of the increase due to eligibility changes with MA and MNCare.

The overall foster care budget equals \$1,056,645 for 2013.

**\*\*\*There are some costs in Foster Care that are not controlled by H & HS.**

**These costs included placements that are made by the Corrections Department and some placements made and managed by The Mille Lacs Band of Ojibwe.**

The CCSA grant has been refocused and renamed to Vulnerable Children and Adults Act (VCAA).

The county share of sex offender costs increased from 10% to 25%.

## **Agency:**

### **American Recovery and Reinvestment Act of 2009 (ARRA)**

The higher Federal Medical Assistance Percentage (FMAP) rates and supplemental funding in some program areas are due to passage of the American Recovery and Reinvestment Act of 2009 (ARRA), otherwise known as the Federal Stimulus Bill. This Act increased federal reimbursement rates for Medical Assistance (MA) services and Title IV-E maintenance and provided supplemental funding for many federal programs including child support, emergency assistance, and food support. Most of these additional federal funds are available through 12/31/2010. After that time federal reimbursement will return to the previous levels.

\*\*\*\*Tuesday August 10th, President Obama signed into law the Education Jobs and Medicaid Assistance Act of 2010. The Act will have the following impacts on Minnesota's Federal Medical Assistance Percentage (FMAP):

1) Extends the duration of the American Recovery and Reinvestment Act of 2009 (ARRA) by two quarters (January 1, 2011 through June 30, 2011) allowing states to claim Medicaid service and Title IV-E maintenance expenditures at an enhanced FMAP during this timeframe;

2) Ensures Minnesota's enhanced FMAP will stay at the same rate through December 31, 2010.



In the 2009 budget H & HS's levy was a -3% from our 2008 budget. Thru 2011's proposed budget, H & HS's fund balance has been reduced by approximately 240,000 by that action.

2013 Budget: H & HS has four vacant positions: One CD Social Worker, One Child Protection Worker, One CSP Worker and One Part-time Nurse - While there is some savings from these vacancies the savings are offset by reduced revenues/earnings in those areas.

2004 Levy =	\$ 2,188,860
2005 Levy =	\$ 2,275,097
2006 Levy =	\$ 2,373,771
2007 Levy =	\$ 2,686,201
2008 Levy =	\$ 2,766,787
2009 Levy =	\$ 2,684,113
2010 Levy =	\$ 2,673,113
2011 Levy =	\$ 2,663,913
2012 Levy =	\$ 2,747,803
2013 Levy =	\$ 2,791,733

Payroll **INCREASE** from 2012 to 2013 = **\$25,401** (0% General Adj. but steps and 1.8% merit included)

Fund Balance as of 6/30/12 =	\$ 4,503,021
Fund Balance as of 7/31/11 =	\$ 3,911,456
Fund Balance as of 7/31/10 =	\$ 4,005,593
Fund Balance as of 7/31/09 =	\$ 3,968,408
Fund Balance as of 7/31/08 =	\$ 4,128,162

\*\*\*\*\* The corrections department (CMCC Probation Officers) is housed in the ACH&HS building. All costs excluding postage and paper are covered by the ACH&HS budget.

\*\*\*\*\* Other Departments have offices/space in H & HS including Environmental Services and 4-H.

**Non-profit allocations:** Allocations for RSVP, Senior Companion and Kinship have not been budgeted in the H & HS budget.

**Notes:****FTE Allocation**

14% PH

37% IM

49% SS

Leased copiers include:

CS Copier = Canon Lease (H &amp; HS pays)

Color Copier/OSS = Canon Lease

Mailroom Copier = Canon Lease

PH Copier = Canon Lease ( H &amp; HS pays)

Purchased copiers include:

Library Copier = Old CS copier, purchased no lease - moved from OSS area

\*\*now in downstairs hallway

Insurance: **12%** Increase from 2012 Rate = \$75 per increase for Single and \$112.50 increase for Family

Foster Care:

*\*\*Includes Corrections and Tribal placement costs*

2007 =	\$ 1,047,713	Actual 2007	\$ 819,983
2008 =	\$ 1,017,950	Actual 2008	\$ 837,977
2009 =	\$ 800,000	Actual 2009	\$ 961,154
2010 =	\$ 899,800	Actual 2010	\$ 976,259
2011 =	\$ 922,623	Actual 2011	\$ 909,516
2012 =	\$ 1,001,469	Actual thru 6/30/12	\$ 481,011
2013 =	\$ 1,056,645		

TCM Rates:

	<b>AMH</b>	<b>VA/DD</b>	<b>CMH</b>	<b>CW</b>
2007 =	\$ 786	\$ 786	\$ 459	\$ 405
2008 =	\$ 563	\$ 563	\$ 596	\$ 491
2009 =	\$ 856	\$ 856	\$ 1,001	\$ 343
2010 =	\$ 678	\$ 678	\$ 774	\$ 571
<b>2011 =</b>	<b>\$ 779</b>	<b>\$ 779</b>	<b>\$ 1,347</b>	<b>\$ 529</b>
<b>2012 =</b>	<b>\$ 715</b>	<b>\$ 715</b>	<b>\$ 1,099</b>	<b>\$ 531</b>
<b>2013 =</b>	<b>\$ 816</b>	<b>\$ 816</b>	<b>\$ 1,104</b>	<b>\$ 435</b>

Note:

Child Care Moved to MEC2 in 2003

MH-TCM, MSHO, MSC+ and other MCO income moved from 58xx to 55xx. as of 2010.

1.6% Levy increase on the levy line item 5001

Moved Kinship Allocation to Central Services for 2013 Budget

## H & HS BUDGET SUMMARY

[illegible]



Red = Legislative Changes

Green = Non Mandated

Blue = Personnel (Services)

Purple = Non Mandated, but Necessary ("reasonable efforts")

Account Number	Description	Actual 2010	Actual 2011	Year to Date	Budget 2012	Estimate 2013
				2012		
Public Health						
DP&C/EP/Immunizations						
05-000-000-0000-5423	Safe Haven Grant - 2011CWAXK024	\$0.00	\$0.00	(\$39,593.76)	\$0.00	(\$64,775.00)
05-000-000-0000-6800	Safe Haven Grant - 2011CWAXK024	\$0.00	\$0.00	\$39,593.76	\$0.00	\$64,775.00
05-400-000-0000-5001	All Current/Delinquent Taxes	(\$303,402.72)	(\$304,976.00)	(\$181,535.31)	(\$367,622.00)	(\$367,622.00)
05-400-000-0000-5205	Haca And In-Lieu	(\$30,579.26)	(\$30,711.28)	(\$195.01)	\$0.00	\$0.00
05-400-400-0402-5313	Lph Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-400-0402-5422	Federal Grants-Programs	(\$59,256.00)	(\$38,049.50)	(\$13,326.00)	(\$18,000.00)	(\$20,000.00)
05-400-400-0402-5801	Ph Immunizations	(\$272.67)	(\$175.00)	(\$733.43)	(\$400.00)	(\$400.00)
05-400-400-0402-5802	Flu Shots/Pneumvax Fees	(\$40,394.25)	(\$12,622.42)	(\$40,080.88)	(\$65,000.00)	(\$41,000.00)
05-400-400-0402-5803	Hepatitis B Fees	(\$1,415.00)	(\$880.11)	(\$992.15)	(\$1,500.00)	(\$1,000.00)
05-400-400-0402-5804	Mantoux Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-400-0402-5832	Misc Immun/Dp&C/Ep/Pan Flu	(\$2,372.01)	(\$77.00)	(\$988.80)	\$0.00	(\$900.00)
05-400-400-0402-6205	Postage	\$2,264.34	\$111.31	\$69.59	\$250.00	\$2,300.00
05-400-400-0402-6208	Staff Development/Training	\$111.20	\$1,009.04	\$10.00	\$200.00	\$150.00
05-400-400-0402-6231	Services Or Contracts	\$13,700.37	\$667.93	\$231.98	\$700.00	\$3,300.00
05-400-400-0402-6250	Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-400-0402-6330	Transportation/Travel/Parking	\$948.18	\$902.63	\$1,386.79	\$700.00	\$950.00
05-400-400-0402-6401	Vaccine Cost	\$18,490.86	\$23,407.01	\$688.69	\$26,000.00	\$23,000.00
05-400-400-0402-6405	Supplies-Computer/Office/Meeting	\$4,119.57	\$2,475.44	\$116.49	\$1,000.00	\$1,000.00
05-400-400-0402-6625	Office Equipment & Other Equipment	\$3,856.82	\$0.00	\$0.00	\$0.00	\$0.00
05-400-400-0402-6800	Emergency Event - Flooding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EMS						
05-400-401-0000-6809	No. Memorial Ambulance-Aitkin	\$20,565.00	\$20,000.00	\$8,955.00	\$20,000.00	\$20,000.00
05-400-401-0000-6810	Jacobson Rescue-Fire Dept Approp	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-401-0000-6811	Rescue Squad Approp	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-401-0000-6812	Mcgregor Area Ambulance	\$13,000.00	\$13,000.00	\$9,075.00	\$13,000.00	\$13,000.00
05-400-401-0000-6813	Meds-1 Hill City Ambulance	\$1,915.00	\$2,000.00	\$820.00	\$2,000.00	\$2,000.00
05-400-401-0000-6814	Isle Ambulance/Mille Lacs Health System	\$1,420.00	\$1,275.00	\$645.00	\$2,000.00	\$2,000.00
05-400-401-0000-6838	First Responders Appropriation	\$7,500.00	\$0.00	\$0.00	\$15,000.00	\$15,000.00
WIC						
05-400-410-0413-5322	Wic State Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-410-0413-5422	Wic Federal Grant	(\$52,506.00)	(\$62,566.00)	(\$35,315.00)	(\$62,400.00)	(\$62,400.00)
05-400-410-0413-6205	Postage	\$99.25	\$100.88	\$57.22	\$100.00	\$100.00
05-400-410-0413-6208	Staff Development/Training	\$0.00	\$122.00	\$0.00	\$100.00	\$100.00
05-400-410-0413-6231	Services, Contracts	\$450.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-410-0413-6250	Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-410-0413-6301	Wic Space Rentals	\$555.00	\$480.00	\$260.00	\$555.00	\$555.00
05-400-410-0413-6330	Transportation/Travel/Parking	\$379.74	\$536.77	\$314.79	\$500.00	\$650.00
05-400-410-0413-6405	Supplies-Computer/Office/Meeting	\$1,304.88	\$809.14	\$763.13	\$1,312.00	\$1,000.00
05-400-410-0413-6625	Office Equipment & Other Equipment	\$224.11	\$0.00	\$0.00	\$0.00	\$0.00
Family Health(MCH, C&TC, TANF)						
05-400-430-0403-5328	C & Tc State Share	(\$10,787.50)	(\$32,775.75)	(\$19,141.91)	(\$22,658.00)	(\$22,658.00)
05-400-430-0403-5422	C & Tc Federal Share	(\$10,787.50)	(\$32,775.75)	(\$19,141.91)	(\$22,657.00)	(\$22,657.00)
05-400-430-0403-6205	Postage	\$711.55	\$830.20	\$376.00	\$700.00	\$700.00
05-400-430-0403-6208	Staff Development/Training	\$0.00	\$0.00	\$0.00	\$80.00	\$80.00
05-400-430-0403-6231	Services Or Contracts	\$0.00	\$0.00	\$0.00	\$1,400.00	\$1,400.00

05-400-430-0403-6250	Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-430-0403-6330	Transportation/Travel/Parking	\$109.78	\$74.39	\$0.00	\$60.00	\$60.00
05-400-430-0403-6405	Supplies-Computer/Office/Meeting	\$1,333.01	\$3,106.76	\$133.83	\$3,274.00	\$3,274.00
05-400-430-0403-6625	Office Equipment & Other Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-430-0407-6262	Family Planning Approp	\$4,456.81	\$3,627.03	\$3,938.95	\$6,000.00	\$6,000.00
05-400-430-0407-6330	Transportation/Travel/Parking	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-430-0407-6405	Office Supplies/Computer Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-430-0408-5313	LPH Grant	(\$19,141.50)	(\$26,550.00)	(\$12,351.00)	(\$24,699.00)	(\$24,699.00)
05-400-430-0408-5422	Federal Grants-Family Health	(\$58,803.00)	(\$65,440.00)	(\$34,471.00)	(\$57,386.00)	(\$58,000.00)
05-400-430-0408-5894	Healthy Starts/Follow A Long	(\$16.00)	(\$2,831.00)	(\$337.00)	\$0.00	(\$1,000.00)
05-400-430-0408-6205	Postage	\$1,193.61	\$1,075.78	\$511.40	\$1,100.00	\$1,100.00
05-400-430-0408-6208	Staff Development/Training	\$365.00	\$145.00	\$0.00	\$200.00	\$200.00
05-400-430-0408-6231	Services Or Contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-430-0408-6250	Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-430-0408-6330	Transportation/Travel/Parking	\$1,140.27	\$914.46	\$185.54	\$1,100.00	\$1,000.00
05-400-430-0408-6405	Supplies-Computer/Office/Meeting	\$345.57	\$1,890.51	\$768.38	\$1,000.00	\$1,000.00
<b>Administration</b>						
05-400-440-0410-5322	Local Tobacco Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-440-0410-5325	Pca Assessment-State	(\$393.23)	(\$1,414.14)	(\$449.75)	(\$1,000.00)	(\$1,000.00)
05-400-440-0410-5425	Pca Assessment-Federal	(\$619.79)	(\$1,582.47)	(\$449.75)	(\$1,000.00)	(\$1,000.00)
05-400-440-0410-5500	Pca Assessment-Third Party	\$0.00	(\$391.38)	(\$257.00)	(\$300.00)	(\$300.00)
05-400-440-0410-5805	Misc Revenue (Lcts)	(\$623.00)	(\$500.00)	(\$150.00)	(\$5,000.00)	(\$5,000.00)
05-400-440-0410-6061	Local Tobacco Project Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-440-0410-6062	Misc Expend. (Lcts)	\$240.47	\$0.00	\$0.00	\$500.00	\$0.00
05-400-440-0410-6101	Gross Salary-Admin	\$110,812.18	\$111,297.42	\$57,820.89	\$115,657.00	\$117,957.00
05-400-440-0410-6108	Meals Reimbursed Taxable	\$55.36	\$7.55	\$36.55	\$60.00	\$60.00
05-400-440-0410-6109	Salaries Overtime	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-440-0410-6124	Medicare Employer 1.45%	\$1,539.69	\$1,541.11	\$799.27	\$1,678.00	\$1,710.00
05-400-440-0410-6149	Employer Deduct Contribution-Veba	\$2,315.00	\$2,380.00	\$1,927.50	\$2,380.00	\$2,380.00
05-400-440-0410-6150	Health Insurance Employer	\$16,347.11	\$17,681.87	\$8,862.12	\$17,038.00	\$19,408.00
05-400-440-0410-6151	Severence Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-440-0410-6152	Life Insurance-Employer	\$145.55	\$145.55	\$74.58	\$160.00	\$160.00
05-400-440-0410-6154	Long Term Disability	\$90.24	\$90.23	\$62.70	\$100.00	\$92.00
05-400-440-0410-6159	Pera Employer-Admin	\$7,672.92	\$8,029.42	\$4,149.08	\$8,390.00	\$8,552.00
05-400-440-0410-6165	Fica Employer 6.2%	\$6,583.64	\$6,590.75	\$3,416.94	\$7,175.00	\$7,313.00
05-400-440-0410-6205	Postage	\$718.31	\$674.82	\$419.49	\$800.00	\$800.00
05-400-440-0410-6208	Staff Development/Training	\$1,575.90	\$1,829.02	\$249.50	\$1,600.00	\$1,600.00
05-400-440-0410-6231	Services Or Contracts	\$24,733.70	\$26,509.64	\$11,122.86	\$27,150.00	\$27,150.00
05-400-440-0410-6240	Dues/Assoc Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-440-0410-6250	Telephone	\$1,755.24	\$1,578.43	\$975.65	\$1,900.00	\$1,900.00
05-400-440-0410-6254	Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-440-0410-6267	Unemployment Compensation	\$1,096.46	\$1.23	\$0.00	\$0.00	\$0.00
05-400-440-0410-6333	Travel Expense	\$12,840.42	\$8,146.20	\$409.01	\$5,550.00	\$8,500.00
05-400-440-0410-6352	Insurance-Vehicles/Equipment/Liability	\$3,282.00	\$2,950.00	\$2,118.00	\$2,382.00	\$2,118.00
05-400-440-0410-6353	Workers Comp Insurance	\$20,045.84	\$24,519.31	\$8,404.71	\$7,128.00	\$8,405.00
05-400-440-0410-6405	Supplies-Computer/Office/Meeting	\$3,657.27	\$4,745.95	\$1,828.19	\$3,700.00	\$4,200.00
05-400-440-0410-6625	Furniture, Fixtures, Etc.	\$2,935.45	\$7,529.95	\$1,602.48	\$3,200.00	\$4,200.00
05-400-440-0410-6630	Miscellaneous-Capital Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-440-0410-6801	Approp Foot Clinic/Flu Shots	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-440-0410-6804	Other Expenses - Allocated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-440-0411-6101	Ph Staff Salaries	\$261,911.88	\$264,848.77	\$134,488.03	\$274,711.00	\$275,724.00
05-400-440-0411-6108	Meals Reimbursed Taxable	\$64.46	\$34.93	\$11.16	\$100.00	\$75.00

05-400-440-0411-6109	Salaries-Overtime	\$778.54	\$1,388.65	\$492.13	\$1,400.00	\$1,000.00
05-400-440-0411-6124	Medicare Employer - Ph Nurse	\$3,450.18	\$3,478.78	\$1,766.56	\$4,005.00	\$3,998.00
05-400-440-0411-6149	Employer Deduct Contribution-Veba	\$6,000.00	\$6,000.00	\$4,750.00	\$6,000.00	\$7,000.00
05-400-440-0411-6150	Health Insurance Employer - Ph Nurse	\$41,197.12	\$45,150.40	\$25,200.24	\$42,918.00	\$55,801.00
05-400-440-0411-6152	Life Insurance-Employer - Ph Nurse	\$366.00	\$366.00	\$183.00	\$375.00	\$366.00
05-400-440-0411-6154	Long Term Disability	\$182.88	\$182.88	\$118.02	\$183.00	\$183.00
05-400-440-0411-6155	Long Term Disability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-440-0411-6159	Pera Employer-Ph Staff	\$18,388.26	\$19,302.09	\$9,785.99	\$20,025.00	\$20,062.00
05-400-440-0411-6165	Fica Employer - Nurse	\$14,753.58	\$14,875.71	\$7,553.85	\$17,125.00	\$17,157.00
05-400-440-0411-6267	Unemployment Compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

#### Health Education

05-400-450-0451-5313	Lph Grant	(\$19,141.50)	(\$26,550.00)	(\$12,351.00)	(\$24,699.00)	(\$24,699.00)
05-400-450-0451-5319	Health Ed State Grants	(\$13,330.00)	(\$14,502.00)	(\$6,680.19)	\$0.00	(\$14,000.00)
05-400-450-0451-5422	Health Ed Federal Grants	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-450-0451-5832	Misc Health Ed Grants	(\$2,320.00)	(\$104.00)	(\$24.00)	\$0.00	(\$110.00)
05-400-450-0451-6205	Postage	\$612.13	\$222.82	\$23.33	\$300.00	\$300.00
05-400-450-0451-6208	Staff Development/Training	\$155.00	\$0.00	\$350.00	\$50.00	\$350.00
05-400-450-0451-6231	Services Or Contracts	\$2,259.86	\$206.70	\$0.00	\$1,000.00	\$1,000.00
05-400-450-0451-6250	Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-400-450-0451-6330	Transportation/Travel/Parking	\$230.92	\$155.97	\$161.67	\$250.00	\$250.00
05-400-450-0451-6405	Supplies-Computer/Office/Meeting	\$5,080.82	\$3,004.36	\$689.65	\$1,000.00	\$1,000.00
05-400-450-0451-6625	Office Equipment & Other Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

### Income Maintenance

#### Administration

05-420-000-0000-5001	All Current/Delinquent Taxes	(\$443,434.37)	(\$453,643.51)	(\$335,142.12)	(\$654,393.00)	(\$654,393.00)
05-420-600-0000-5205	Cpa And In-Lieu	(\$44,692.47)	(\$44,885.71)	(\$360.02)	\$0.00	\$0.00
05-420-600-0000-5321	State Grants-Admin	(\$1,118.87)	(\$1,015.77)	(\$591.98)	(\$1,150.00)	(\$1,150.00)
05-420-600-0000-5421	Federal Grants-Admin	(\$30,321.00)	(\$31,202.00)	(\$14,781.00)	(\$30,350.00)	(\$30,350.00)
05-420-600-0000-5832	Misc Recoveries	(\$4,291.00)	(\$30.00)	(\$24.00)	(\$20.00)	(\$30.00)
05-420-600-4800-6101	Im O/Head Admin Salaries	\$231,128.49	\$232,575.79	\$122,638.35	\$244,785.00	\$247,148.00
05-420-600-4800-6108	H & Hs Meals	\$11.21	\$20.29	\$20.84	\$30.00	\$21.00
05-420-600-4800-6109	Salaries-Overtime	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-600-4800-6124	Medicare Employer	\$3,044.80	\$3,017.26	\$1,590.29	\$3,550.00	\$3,584.00
05-420-600-4800-6149	Employer Deduct Contribution-Veba	\$6,475.00	\$6,800.00	\$4,725.00	\$6,800.00	\$7,800.00
05-420-600-4800-6150	Im O/Head Admin Health Ins	\$44,885.00	\$48,007.36	\$25,022.50	\$46,732.00	\$60,946.00
05-420-600-4800-6151	Severence Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-600-4800-6152	Im O/Head Admin Life Ins	\$340.20	\$333.86	\$168.45	\$360.00	\$337.00
05-420-600-4800-6154	Long Term Disability	\$456.76	\$470.64	\$312.66	\$470.00	\$625.00
05-420-600-4800-6155	Long Term Disability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-600-4800-6159	Pera Employer	\$15,966.80	\$16,754.41	\$8,756.89	\$17,749.00	\$17,918.00
05-420-600-4800-6165	Im O/Head Admin Fica	\$13,018.95	\$12,901.06	\$6,799.69	\$15,179.00	\$15,323.00
05-420-600-4800-6205	Postage	\$5,755.59	\$6,096.16	\$3,003.13	\$6,200.00	\$6,200.00
05-420-600-4800-6208	Staff Development/Training	\$1,641.90	\$1,114.65	\$305.25	\$1,600.00	\$1,600.00
05-420-600-4800-6231	Services Or Contracts	\$30,394.77	\$34,217.92	\$15,732.16	\$32,850.00	\$32,850.00
05-420-600-4800-6250	Telephone	\$3,800.58	\$3,554.10	\$2,162.65	\$3,830.00	\$4,300.00
05-420-600-4800-6263	Contract Legal Services-Fraud	\$3,506.25	\$2,358.75	\$255.00	\$3,600.00	\$2,000.00
05-420-600-4800-6265	Sheriff - Fraud Investigation	\$10,696.00	\$870.25	\$225.00	\$6,000.00	\$2,000.00
05-420-600-4800-6330	Transportation/Travel/Parking	\$11,338.93	\$2,601.69	\$399.36	\$7,500.00	\$4,000.00
05-420-600-4800-6333	Travel Expense Im	\$3,656.19	\$2,840.09	\$656.27	\$3,000.00	\$3,000.00
05-420-600-4800-6352	Insurance-Vehicles/Equipment/Liability	\$573.00	(\$326.00)	\$0.00	\$6,416.00	\$0.00
05-420-600-4800-6353	Workers Comp Insurance	\$3,175.14	\$2,592.23	\$1,870.66	\$2,408.00	\$2,400.00
05-420-600-4800-6405	Supplies-Computer/Office/Meeting	\$7,280.62	\$7,837.83	\$4,717.63	\$8,000.00	\$9,500.00



05-420-600-4800-6625	Office & Other Equipment	\$3,555.04	\$3,141.12	\$2,715.62	\$10,200.00	\$12,200.00
05-420-600-4800-6630	Miscellaneous-Capital Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-600-4800-6800	Other Expenses - Direct Charge	\$743.49	\$2,787.21	\$0.00	\$600.00	\$0.00
05-420-600-4800-6804	Other Expenses - Allocated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-600-4820-6101	Im Rms Salaries	\$311,786.53	\$317,725.52	\$163,826.69	\$330,866.00	\$340,663.00
05-420-600-4820-6108	Meals Reimbursed Taxable	\$17.51	\$0.00	\$0.00	\$40.00	\$30.00
05-420-600-4820-6109	Salaries-Overtime	\$3,132.25	\$0.00	\$0.00	\$1,200.00	\$0.00
05-420-600-4820-6124	Medicare Employer	\$4,421.83	\$4,471.68	\$2,278.36	\$4,798.00	\$4,940.00
05-420-600-4820-6148	Employer Deduct Contribution-HSA	\$0.00	\$0.00	\$2,000.00	\$0.00	\$4,000.00
05-420-600-4820-6149	Employer Deduct Contribution-Veba	\$9,000.00	\$8,750.00	\$4,000.00	\$9,000.00	\$8,000.00
05-420-600-4820-6150	Im Rms Health Insurance Employer	\$61,838.50	\$69,664.04	\$40,200.24	\$67,500.00	\$96,301.00
05-420-600-4820-6151	Severence Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-600-4820-6152	Im Rms Life Insurance-Employer	\$590.89	\$614.01	\$310.80	\$622.00	\$622.00
05-420-600-4820-6159	Pera Employer -Rms	\$21,978.20	\$23,034.91	\$11,877.18	\$23,991.00	\$24,698.00
05-420-600-4820-6165	Im Rms Employer Fica	\$18,908.00	\$19,121.98	\$9,742.23	\$20,516.00	\$21,121.00
<b>MFIP</b>						
05-420-610-0000-5832	Afdc/Mfip Recoveries-Non Maxis	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-610-0000-5836	Afdc/Mfip Recoveries-Maxis	(\$7,448.59)	(\$9,907.71)	(\$7,647.80)	(\$8,000.00)	(\$9,000.00)
05-420-610-4100-6011	County Share-Afdc/Mfip	\$5,778.87	\$6,958.25	\$5,935.87	\$4,560.00	\$6,500.00
05-420-610-4800-6800	Program Expenses-Direct Charge	\$100.00	\$100.00	\$0.00	\$100.00	\$100.00
<b>General Assistance</b>						
05-420-620-0000-5321	State Grants-Admin Ga	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-620-0000-5322	State Grants-Programs Ga	(\$8,876.45)	(\$731.00)	(\$646.40)	(\$579.00)	(\$1,293.00)
05-420-620-0000-5832	Ga Recoveries-Non Maxis	\$0.00	\$0.00	(\$50.00)	\$0.00	\$0.00
05-420-620-0000-5836	Ga Recoveries - Maxis	(\$3,702.50)	(\$1,907.51)	(\$350.00)	(\$436.00)	(\$900.00)
05-420-620-4100-6011	County Share - Ga	\$2,018.50	\$878.76	\$237.50	\$213.00	\$600.00
05-420-620-4400-6020	Ga Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-620-4400-6022	Gamc-Cehi	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-620-4400-6025	State Share-Gamc	\$0.00	\$0.00	\$37.45	\$0.00	\$0.00
05-420-620-4400-6210	Gamc/Med Assist Transportation	\$986.42	\$0.00	\$0.00	\$0.00	\$0.00
05-420-620-4400-6212	Gamc Pmap Mileage	\$1,610.60	\$0.00	\$0.00	\$0.00	\$0.00
05-420-620-4800-6801	Program Exp Direct Charge Non Ffp	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-620-4800-6804	Other Expenses - Allocated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Food Support (SNAP)</b>						
05-420-630-0000-5321	State Grants-Admin Fs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-630-0000-5421	Federal Grants-Admin Fs	(\$104,774.00)	(\$102,362.00)	(\$47,583.00)	(\$105,000.00)	(\$102,500.00)
05-420-630-0000-5422	Federal Grants-Bonus Bucks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-630-0000-5832	Food Support Recoveries-Non Maxis	(\$25.00)	\$0.00	\$0.00	\$0.00	\$0.00
05-420-630-0000-5836	Food Support Recoveries-Maxis	(\$1,955.25)	(\$5,622.01)	(\$1,361.50)	(\$2,500.00)	(\$3,000.00)
05-420-630-4100-6011	County Share-Food Support	\$313.81	\$3,482.31	\$738.59	\$1,250.00	\$1,500.00
05-420-630-4800-6800	Other Expenses - Direct Charge	\$36.34	\$0.00	\$0.00	\$0.00	\$0.00
05-420-630-4800-6801	Bonus Bucks Expenditures	\$3,184.97	\$1,245.00	\$160.00	\$2,000.00	\$1,000.00
05-420-630-4800-6804	Fset Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-630-4800-6838	Fset-Start Work	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Child Support</b>						
05-420-640-0000-5321	State Grants-Admin lvd	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-640-0000-5328	State Incentives	(\$6,358.00)	(\$7,047.30)	(\$2,521.65)	(\$4,600.00)	(\$6,000.00)
05-420-640-0000-5421	Federal Grants-Admin lvd	(\$330,329.00)	(\$351,624.00)	(\$182,026.00)	(\$330,000.00)	(\$360,000.00)
05-420-640-0000-5423	Federal Incentives-lvd	(\$54,808.00)	(\$37,569.00)	(\$16,498.00)	(\$39,150.00)	(\$35,000.00)
05-420-640-0000-5832	Recoveries Child Support	(\$1,205.40)	(\$1,105.00)	(\$765.00)	(\$1,200.00)	(\$1,200.00)
05-420-640-4800-6205	Postage	\$3,510.60	\$3,000.24	\$1,447.15	\$3,250.00	\$3,250.00
05-420-640-4800-6208	Staff Development/Training	\$1,060.00	\$300.00	\$125.00	\$1,100.00	\$500.00



05-420-640-4800-6231	Services Or Contracts	\$5,814.32	\$4,964.63	\$2,808.79	\$6,152.00	\$6,152.00
05-420-640-4800-6250	Telephone	\$1,316.74	\$1,293.33	\$677.27	\$1,325.00	\$1,325.00
05-420-640-4800-6263	Contract Legal Services Iv-D	\$24,373.75	\$27,308.75	\$14,407.50	\$27,000.00	\$28,000.00
05-420-640-4800-6270	Aitkin Co Sheriff Fees Iv-D	\$1,800.00	\$1,850.00	\$500.00	\$2,200.00	\$1,900.00
05-420-640-4800-6330	Transportation/Travel/Parking	\$2,668.95	\$858.05	\$76.63	\$1,400.00	\$900.00
05-420-640-4800-6379	Other Iv-D Charges	\$3,356.05	\$3,093.37	\$835.00	\$3,500.00	\$3,400.00
05-420-640-4800-6397	Genetic Tests Iv-D	\$1,667.00	\$1,188.00	\$924.00	\$1,700.00	\$1,700.00
05-420-640-4800-6405	Supplies-Computer/Office/Meeting	\$1,080.81	\$1,572.22	\$498.13	\$1,500.00	\$1,500.00
05-420-640-4800-6625	Office & Other Equipment	\$2,824.48	\$2,645.16	\$1,113.06	\$3,600.00	\$3,600.00
05-420-640-4800-6804	Other Expenses - Allocated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-640-4820-6101	Gross Salary	\$247,629.92	\$251,280.77	\$128,016.83	\$259,312.00	\$265,151.00
05-420-640-4820-6108	Taxable Meals Iv-D	\$126.66	\$55.87	\$27.33	\$150.00	\$58.00
05-420-640-4820-6109	Salaries-Overtime	\$0.00	\$88.48	\$0.00	\$0.00	\$0.00
05-420-640-4820-6124	Medicare Employer	\$3,379.12	\$3,417.30	\$1,815.05	\$3,762.00	\$3,845.00
05-420-640-4820-6149	Employer Deduct Contribution-Veba	\$7,250.00	\$7,250.00	\$4,500.00	\$7,000.00	\$6,000.00
05-420-640-4820-6150	Health Insurance Employer	\$47,618.12	\$52,233.88	\$22,897.04	\$50,418.00	\$50,400.00
05-420-640-4820-6151	Severence Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-640-4820-6152	Life Insurance-Employer	\$427.00	\$439.20	\$207.20	\$430.00	\$430.00
05-420-640-4820-6154	Long Term Disability	\$246.48	\$246.47	\$159.12	\$250.00	\$250.00
05-420-640-4820-6155	Long Term Disability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-640-4820-6159	Pera Employer	\$17,160.37	\$18,224.30	\$9,281.19	\$18,811.00	\$19,223.00
05-420-640-4820-6165	Fica Employer	\$14,448.78	\$14,612.85	\$7,760.92	\$16,087.00	\$16,439.00
<b>Medical Assistance</b>						
05-420-650-0000-5320	State Financing Ma	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-650-0000-5321	State Grants-Admin Ma	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-650-0000-5322	State Grants-Programs Ma	(\$66,279.56)	(\$83,034.43)	(\$43,166.37)	(\$67,000.00)	(\$82,000.00)
05-420-650-0000-5421	MA Administration Aid	(\$134,447.00)	(\$146,859.00)	(\$86,141.00)	(\$136,000.00)	(\$150,000.00)
05-420-650-0000-5422	MA Incentive Federal	(\$80,312.13)	(\$71,739.26)	(\$35,619.97)	(\$67,000.00)	(\$71,000.00)
05-420-650-0000-5832	Ma Recoveries-Non Maxis	(\$113,335.07)	(\$75,469.09)	(\$47,068.45)	(\$75,000.00)	(\$82,000.00)
05-420-650-0000-5836	Ma Recoveries - Maxis	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-650-4400-6020	Medicare Premium Reimbursement	\$7,922.79	\$11,459.59	\$4,255.80	\$10,000.00	\$9,000.00
05-420-650-4400-6022	Ma Cehi Reimbursement	\$63,418.87	\$56,266.34	\$34,963.81	\$62,000.00	\$62,000.00
05-420-650-4400-6025	County Share - Ma	\$74,047.64	\$75,398.76	\$32,304.16	\$61,500.00	\$56,250.00
05-420-650-4400-6210	Medical Assistance Transportation	\$75,773.83	\$65,168.85	\$36,880.27	\$60,000.00	\$72,000.00
05-420-650-4400-6212	Ma Pmap Mileage/Transportation	\$4,668.65	\$11,449.59	\$12,942.96	\$8,700.00	\$24,000.00
05-420-650-4400-6215	Mncare Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-650-4800-6800	Program Expenses Direct Charge Ffp	\$93.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-650-4800-6810	County Burials	\$16,130.00	\$14,200.00	\$12,768.00	\$17,000.00	\$20,000.00
05-420-650-5830-6284	Epsdt Contract	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>MSA</b>						
05-420-660-0000-5832	Msa Recoveries-Non Maxis	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-420-660-0000-5836	Msa Recoveries - Maxis	(\$322.00)	\$0.00	(\$81.00)	(\$300.00)	(\$200.00)
05-420-660-4100-6011	County Share - Msa	\$222.50	\$0.00	\$40.50	\$150.00	\$125.00
05-420-680-0000-5421	Refugee and Entrant Assistance	(\$134.00)	\$0.00	\$0.00	(\$134.00)	\$0.00

## Social Services

### Administration

05-430-000-0000-5001	All Current/Delinquent Taxes	(\$1,587,028.53)	(\$1,587,349.65)	(\$879,748.09)	(\$1,725,788.00)	(\$1,769,718.00)
05-430-700-0000-5205	Cpa And In-Lieu	(\$159,952.19)	(\$160,643.58)	(\$945.05)	\$0.00	\$0.00
05-430-700-0000-5312	Family Preserv Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-0000-5325	State Grants-CSSA/CCSA/VCAA	(\$182,940.00)	(\$197,967.00)	\$0.00	(\$197,967.00)	(\$192,801.00)
05-430-700-0000-5344	Family Preservation Aid	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-0000-5420	Family Preserv Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-0000-5421	MA SSTS Admin*54	(\$186,930.00)	(\$157,579.00)	(\$89,289.00)	(\$177,000.00)	(\$180,000.00)
05-430-700-0000-5423	SSIS Operational 09	\$0.00	(\$887.00)	\$0.00	\$0.00	\$0.00
05-430-700-0000-5426	TXX SS Block Grant*56	(\$119,942.00)	(\$119,697.00)	(\$59,778.00)	(\$119,555.00)	(\$116,631.00)
05-430-700-0000-5427	Concurrent Perm Plan*56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-0000-5805	Misc Revenue (Lcts)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-0000-5828	Mh Initiative	(\$26,000.00)	(\$21,000.00)	\$0.00	(\$15,000.00)	(\$15,000.00)
05-430-700-0000-5832	Ss Administrative Recoveries	(\$6,829.34)	(\$6,312.05)	(\$3,825.55)	(\$4,600.00)	(\$6,000.00)
05-430-700-0000-5833	Mh Init-Housing	(\$6,550.00)	(\$6,550.00)	(\$400.00)	(\$8,000.00)	(\$7,000.00)
05-430-700-0000-5836	Mh Init-Employ Capacity	(\$20,130.46)	(\$20,000.00)	\$0.00	(\$10,000.00)	(\$20,000.00)
05-430-700-4800-6062	Pos Lcts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4800-6101	Allocated Admin Salary	\$167,505.25	\$159,471.36	\$76,545.19	\$162,095.00	\$151,596.00
05-430-700-4800-6108	Meals Reimbursed Taxable	\$18.36	\$30.14	\$27.62	\$20.00	\$45.00
05-430-700-4800-6109	Salaries-Overtime	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4800-6124	Medicare Employer	\$2,147.16	\$2,022.63	\$970.81	\$2,351.00	\$2,198.00
05-430-700-4800-6149	Employer Deduct Contribution-Veba	\$4,050.00	\$4,160.00	\$3,602.50	\$4,160.00	\$4,160.00
05-430-700-4800-6150	Allocated Admin Health Ins	\$28,941.80	\$29,878.57	\$13,430.16	\$27,953.00	\$32,605.00
05-430-700-4800-6151	Severence Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4800-6152	Allocated Admin Life Ins	\$198.00	\$190.19	\$89.70	\$200.00	\$200.00
05-430-700-4800-6154	Long Term Disability	\$374.53	\$360.48	\$219.36	\$366.00	\$366.00
05-430-700-4800-6155	Long Term Disability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4800-6159	Pera Employer	\$11,377.89	\$11,401.48	\$5,398.77	\$11,753.00	\$10,991.00
05-430-700-4800-6165	Allocated Admin Fica	\$9,180.93	\$8,647.83	\$4,151.58	\$10,051.00	\$9,399.00
05-430-700-4800-6205	Postage	\$8,118.79	\$6,172.55	\$2,912.81	\$7,800.00	\$6,500.00
05-430-700-4800-6208	Staff Development/Training	\$5,460.20	\$4,818.07	\$3,463.25	\$5,000.00	\$5,000.00
05-430-700-4800-6231	Services Or Contracts	\$51,221.76	\$50,953.63	\$23,728.72	\$53,000.00	\$52,000.00
05-430-700-4800-6250	Telephone	\$7,684.42	\$7,226.24	\$3,662.92	\$8,200.00	\$7,300.00
05-430-700-4800-6312	Sales Tax Audit Adjustment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4800-6330	Transportation/Travel/Parking	\$74,020.45	\$53,288.06	\$15,110.10	\$50,000.00	\$75,000.00
05-430-700-4800-6333	Travel Expense	\$5,759.50	\$4,119.34	\$870.32	\$4,400.00	\$4,000.00
05-430-700-4800-6352	Insurance-Vehicles/Equipment/Liability	\$18,330.65	\$17,890.60	\$16,220.70	\$9,532.00	\$16,225.00
05-430-700-4800-6353	Workers Comp Insurance	\$11,191.02	\$2,583.46	\$11,897.63	\$15,981.00	\$12,000.00
05-430-700-4800-6405	Supplies-Computer/Office/Meeting	\$13,807.80	\$12,976.35	\$6,683.92	\$14,000.00	\$14,000.00
05-430-700-4800-6625	Office & Other Equipment	\$20,253.87	\$10,166.02	\$4,561.83	\$16,600.00	\$19,600.00
05-430-700-4800-6630	Miscellaneous-Capital Expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4800-6800	Direct Charge Expenses Non Ffp	\$26,239.51	\$6,108.25	\$5,234.00	\$5,300.00	\$5,300.00
05-430-700-4800-6801	Non Profit Allocations	\$7,537.60	\$16,200.00	\$7,000.00	\$7,000.00	\$0.00
05-430-700-4800-6802	Mh Init - Lac	\$554.00	\$1,657.56	\$516.43	\$1,400.00	\$1,300.00
05-430-700-4800-6803	Mh Int - Consumer Support	\$10,363.72	\$10,053.98	\$1,180.56	\$11,000.00	\$2,500.00
05-430-700-4800-6804	Mh Init - Housing Expense	\$7,951.00	\$1,398.09	\$1,475.00	\$5,000.00	\$4,000.00
05-430-700-4800-6809	Mh Init - Employability	\$4,743.00	\$3,580.50	\$2,278.50	\$5,000.00	\$5,000.00
05-430-700-4800-6810	Mh Init - Flex	\$646.50	\$2,644.13	\$189.47	\$2,500.00	\$2,500.00
05-430-700-4820-6101	Direct Social Service Salaries	\$1,190,882.95	\$1,173,209.53	\$536,190.31	\$1,121,618.00	\$1,081,505.00
05-430-700-4820-6102	Wages-Part Time	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

05-430-700-4820-6108	Meals Reimbursed Taxable	\$745.09	\$700.55	\$285.21	\$750.00	\$725.00
05-430-700-4820-6109	Salaries-Overtime	\$4,894.58	\$3,949.77	\$3,323.75	\$5,200.00	\$5,200.00
05-430-700-4820-6124	Direct Soc Serv Medicare	\$16,389.52	\$16,260.93	\$7,480.50	\$16,350.00	\$15,757.00
05-430-700-4820-6149	Employer Deduct Contribution-Veba	\$28,250.00	\$26,750.00	\$14,750.00	\$27,000.00	\$23,000.00
05-430-700-4820-6150	Direct Soc Serv Health Ins	\$190,129.80	\$196,505.77	\$87,494.18	\$190,009.00	\$188,701.00
05-430-700-4820-6151	Severence Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4820-6152	Direct Soc Serv Life Ins	\$1,421.30	\$1,406.30	\$672.94	\$1,500.00	\$1,450.00
05-430-700-4820-6154	Long Term Disability	\$229.80	\$229.80	\$148.32	\$250.00	\$230.00
05-430-700-4820-6155	Long Term Disability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4820-6159	Pera Employer	\$83,385.59	\$84,986.60	\$38,828.97	\$81,749.00	\$78,786.00
05-430-700-4820-6165	Direct Soc Serv Fica	\$70,078.20	\$69,529.01	\$31,984.80	\$69,909.00	\$67,376.00
05-430-700-4820-6267	Unemployment Compensation	\$0.00	\$118.58	\$120.43	\$0.00	\$0.00
05-430-700-4821-6101	Direct Ph Salaries	\$153,743.92	\$151,745.93	\$79,253.54	\$155,420.00	\$152,829.00
05-430-700-4821-6108	Meals Reimbursed Taxable	\$25.08	\$0.00	\$14.12	\$30.00	\$30.00
05-430-700-4821-6109	Salaries Overtime	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4821-6124	Direct Ph Medicare	\$2,225.12	\$2,200.46	\$1,125.96	\$2,254.00	\$2,216.00
05-430-700-4821-6149	Employer Deduct Contribution-Veba	\$2,660.00	\$2,660.00	\$1,495.00	\$2,660.00	\$2,660.00
05-430-700-4821-6150	Direct Ph Health Ins	\$18,618.55	\$20,271.85	\$9,350.00	\$19,950.00	\$22,344.00
05-430-700-4821-6152	Direct Ph Life Insurance	\$194.64	\$194.64	\$91.22	\$200.00	\$200.00
05-430-700-4821-6154	Long Term Disability-Employer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4821-6155	Long Term Disability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-700-4821-6159	Pera Employer	\$10,659.42	\$11,001.41	\$5,471.62	\$11,270.00	\$11,080.00
05-430-700-4821-6165	Direct Ph Fica - Employer	\$9,515.29	\$9,408.34	\$4,814.42	\$9,638.00	\$9,475.00
05-430-700-4821-6267	Unemployment Compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Family Services</b>						
05-430-710-0000-5320	Misc State Receipts	(\$1,134.30)	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-0000-5321	Relative Custody Asst S02	(\$17,749.00)	(\$17,441.00)	(\$9,629.00)	(\$16,246.00)	(\$18,000.00)
05-430-710-0000-5323	Family Response-State Share	\$0.00	(\$9,527.00)	(\$2,167.00)	(\$3,022.00)	(\$3,269.00)
05-430-710-0000-5324	State-Cadi/Tbi/Ltcc S01	(\$3,414.14)	(\$5,332.14)	(\$1,219.04)	(\$5,500.00)	(\$5,000.00)
05-430-710-0000-5341	Consumer Support Grant S68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-0000-5420	Fed-Cadi/Tbi/Ltcc F06	(\$5,473.88)	(\$6,226.33)	(\$1,219.09)	(\$5,500.00)	(\$5,000.00)
05-430-710-0000-5422	Family Group Dis Making	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-0000-5423	Title IV-B2 Family Response*65	(\$9,527.00)	(\$817.00)	(\$848.00)	(\$8,170.00)	(\$5,328.00)
05-430-710-0000-5425	Title IV-B1 Family Response*65	\$0.00	\$0.00	\$0.00	\$0.00	(\$3,511.00)
05-430-710-0000-5429	IV-E Self Grant*04	(\$1,824.00)	(\$2,347.00)	(\$968.00)	(\$3,558.00)	(\$2,350.00)
05-430-710-0000-5433	CJA Grant Award*09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-0000-5441	IV-E Foster Care*01	(\$70,351.00)	(\$84,597.00)	(\$34,860.00)	(\$72,000.00)	(\$72,000.00)
05-430-710-0000-5442	IV-E SSTs Admin*02	(\$22,407.00)	(\$34,807.00)	(\$25,668.00)	(\$34,000.00)	(\$35,000.00)
05-430-710-0000-5453	CW TCM Revenue	(\$224,973.02)	(\$164,555.84)	(\$48,429.08)	(\$165,000.00)	(\$165,000.00)
05-430-710-0000-5482	IV-E Admin LCTS*07	(\$59,806.00)	(\$66,988.00)	(\$10,558.00)	(\$65,000.00)	(\$21,000.00)
05-430-710-0000-5483	MA Admin LCTS*07	\$0.00	(\$6,981.00)	(\$22,659.00)	\$0.00	(\$44,000.00)
05-430-710-0000-5832	Admin Foster Care Recoveries	(\$132,107.86)	(\$123,435.87)	(\$64,497.49)	(\$120,000.00)	(\$125,000.00)
05-430-710-0000-5833	IV-E Foster Care Recoveries	(\$3,530.75)	(\$3,908.05)	(\$9,021.34)	(\$6,300.00)	(\$5,000.00)
05-430-710-0000-5840	PSOP Grant - MLB	\$0.00	\$0.00	(\$6,939.54)	\$0.00	\$0.00
05-430-710-3010-6050	Information And Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3020-6020	Childrens Justice Act Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3020-6065	Self Funds-Comm Education	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3040-6020	Child Protect Assess/Investigation	\$0.00	\$326.00	\$0.00	\$0.00	\$0.00
05-430-710-3070-6020	Child Welfare Assessment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3080-6020	Family Assessment Response	\$0.00	\$75.92	\$0.00	\$200.00	\$0.00
05-430-710-3090-6027	Concurrent Planning Assessment	\$5,585.64	\$0.00	\$0.00	\$2,500.00	\$0.00
05-430-710-3160-6020	Transportation Child Serv	\$4,075.96	\$4,157.52	\$970.23	\$4,000.00	\$2,000.00



05-430-710-3160-6057	Foster Care-Transportation	\$9,520.71	\$10,267.87	\$3,069.04	\$10,000.00	\$10,000.00
05-430-710-3160-6077	Iv-E Foster Care Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3180-6020	Health-Related Services	\$105.94	\$0.00	\$539.94	\$300.00	\$1,000.00
05-430-710-3180-6057	Health Related Services-Foster Care	\$81.56	\$193.64	\$0.00	\$500.00	\$350.00
05-430-710-3180-6077	Iv-E Foster Care-Health Related	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3181-6020	Drug Testing - CMCC Juveniles	\$0.00	\$0.00	\$525.29	\$0.00	\$1,500.00
05-430-710-3190-6020	Court Related Services & Activities	\$8,511.98	\$7,968.44	\$65.75	\$8,500.00	\$8,500.00
05-430-710-3190-6050	Court Related Services-Txx	\$0.00	\$703.05	\$0.00	\$0.00	\$0.00
05-430-710-3210-6020	Legal Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3240-6020	Home-Based Support Services	\$90.27	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3360-6020	Consumer Support Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3390-6050	Educational Assistance/Child Txx	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3410-6020	Children's Justice Act Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3410-6050	Environment Access/Specialized Suppies	\$822.38	\$0.00	\$0.00	\$500.00	\$0.00
05-430-710-3410-6057	Electronic Monitor/Specialize Supply-Ohp	\$1,201.38	\$0.00	\$352.00	\$2,000.00	\$2,000.00
05-430-710-3410-6065	Self Funds-Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3440-6050	Housing Services-Child	\$550.00	\$2,581.39	\$922.27	\$0.00	\$1,000.00
05-430-710-3440-6065	Self Funds-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3450-6020	Social & Recreational/Hippo Therapy	\$360.00	\$0.00	\$116.16	\$0.00	\$0.00
05-430-710-3450-6094	Social & Recreational/Waiver Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3460-6065	Self Funds - Adolescent Life Skills	\$2,394.21	\$1,775.00	\$1,919.46	\$3,558.00	\$2,350.00
05-430-710-3470-6020	Independent Living Skills	\$0.00	\$175.00	\$459.00	\$0.00	\$500.00
05-430-710-3550-6020	Individual Counseling	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00
05-430-710-3550-6094	Individual Counseling/Waiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3560-6020	Group Counseling	\$360.00	\$0.00	\$0.00	\$600.00	\$0.00
05-430-710-3620-6020	Family-Based Counseling Services	\$0.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00
05-430-710-3620-6027	Concurrent Permanency Planning	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3630-6020	Family-Based Life Mgmt Skills Services	\$168.00	\$2,651.44	\$0.00	\$0.00	\$0.00
05-430-710-3640-6020	Family Assessment Response Services	\$2,024.77	\$3,436.31	\$2,473.83	\$4,500.00	\$4,500.00
05-430-710-3650-6027	Serv For Concurrent Perm Plan	\$1,116.88	\$1,023.75	\$0.00	\$3,000.00	\$1,500.00
05-430-710-3660-6020	Family Group Decision Making	\$303.60	\$1,453.74	\$80.16	\$3,000.00	\$1,500.00
05-430-710-3661-6020	Triple P Activity	\$1,404.70	\$2,859.02	\$0.00	\$2,500.00	\$2,500.00
05-430-710-3670-6020	PSOP - Parent Support Outreach Services	\$0.00	\$478.58	\$3,435.96	\$0.00	\$0.00
05-430-710-3710-6050	Shelter-Truancy Program	\$582.30	\$0.00	\$0.00	\$600.00	\$0.00
05-430-710-3710-6053	Shelter-Corrective	\$6,589.10	\$2,655.89	\$1,959.20	\$5,000.00	\$5,000.00
05-430-710-3710-6057	Child Shelter	\$408.60	\$177.00	\$1,462.30	\$5,000.00	\$5,000.00
05-430-710-3710-6077	Child Shelter/Iv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3711-6057	Child Shelter-Correctional	\$2,490.30	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3712-6057	Child Shelter-Icwa	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3712-6077	Child Shelter-Icwa/Iv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3800-6057	Treatment Foster Care	\$33,226.63	\$101,130.12	\$40,883.40	\$130,000.00	\$90,000.00
05-430-710-3801-6057	Treatment Foster Care/Correctional	\$22,856.90	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3810-6057	Family Foster Care	\$346,845.36	\$167,153.57	\$76,814.53	\$465,809.00	\$490,195.00
05-430-710-3810-6077	Family Foster Care/Iv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3811-6057	Family Foster Care-Correctional	\$18,694.69	\$11,627.25	\$9,783.11	\$0.00	\$0.00
05-430-710-3811-6077	Family Foster Care-Correctional/Iv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3812-6057	Family Foster Care-Icwa	\$111,277.50	\$138,816.27	\$45,913.51	\$0.00	\$0.00
05-430-710-3812-6077	Family Foster Care-Icwa/Iv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3820-6040	Relative Custody Assistance	\$18,509.82	\$17,868.80	\$8,397.25	\$24,000.00	\$18,000.00
05-430-710-3830-6057	Children's Group Residential Care	\$14,709.60	\$45,321.48	\$2,347.30	\$90,000.00	\$90,000.00
05-430-710-3830-6077	Group Residential Care/Iv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3831-6057	Group Residential Care-Correctional	\$13,372.90	\$17,569.80	\$39,888.40	\$0.00	\$0.00



05-430-710-3832-6057	Group Residential Care-Icwa	\$48,096.57	\$16,400.20	\$19,929.90	\$0.00	\$0.00
05-430-710-3832-6077	Grp Residential Care-Icwa/lv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3850-6020	Correctional Expense-Non Foster Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3850-6057	Correctional Facilities	\$66,820.90	\$208,352.80	\$97,140.87	\$185,160.00	\$260,000.00
05-430-710-3850-6077	Correctional Facility/lv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3852-6057	Correctional Facilities-Icwa	\$103,403.56	\$107,920.91	\$56,690.60	\$0.00	\$0.00
05-430-710-3852-6077	Correctional Facility-Icwa/lv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3860-6057	Detention Placement	\$0.00	\$0.00	\$199.60	\$0.00	\$0.00
05-430-710-3880-6057	Supervised Independent Living	\$0.00	\$1,228.00	\$0.00	\$0.00	\$0.00
05-430-710-3890-6020	Respite Care - Non Foster Care	\$528.67	\$163.44	\$69.54	\$300.00	\$150.00
05-430-710-3890-6057	Respite Care-Foster Care	\$21,983.33	\$1,144.77	\$1,222.14	\$2,000.00	\$2,000.00
05-430-710-3890-6077	Respite Care/lv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3892-6057	Respite Care-Icwa	\$785.25	\$1,308.80	\$0.00	\$0.00	\$0.00
05-430-710-3910-6020	Cac/Cadi/Tbi Case Mgmt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3920-6020	Family Assessment Case Mgmt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-710-3930-6020	General Case Management	\$486.14	\$381.78	\$104.00	\$500.00	\$400.00
05-430-710-3960-6050	Adoptions	\$0.00	\$3,269.25	\$0.00	\$100.00	\$0.00
05-430-710-3970-6064	Collaborative Grant	\$59,806.00	\$73,969.00	\$33,217.00	\$65,000.00	\$65,000.00
05-430-710-3980-6020	License & Resource Development	\$225.65	\$100.00	\$0.00	\$300.00	\$300.00
<b>Child Care/Employment Services</b>						
05-430-720-0000-5321	Child Care Ahic Prgm S10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-720-0000-5322	State-Employment Svs S11	(\$23,438.00)	(\$33,194.00)	(\$12,841.00)	(\$21,500.00)	(\$18,776.00)
05-430-720-0000-5326	MFIP CC Admin S66	(\$5,947.00)	(\$6,534.00)	(\$2,245.00)	(\$3,500.00)	(\$6,250.00)
05-430-720-0000-5370	BSF Child Care Admin S08	(\$2,860.00)	(\$4,490.00)	(\$2,056.00)	(\$4,194.00)	(\$4,342.00)
05-430-720-0000-5426	MFIP CC Admin*13	(\$7,459.00)	(\$6,213.00)	(\$2,443.00)	(\$4,800.00)	(\$6,250.00)
05-430-720-0000-5432	Employment & Train Serv - F14	(\$199,581.00)	(\$179,770.00)	(\$105,205.00)	(\$190,684.00)	(\$164,839.00)
05-430-720-0000-5461	Bsf Federal F16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-720-0000-5469	Child Care Discretion 61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-720-0000-5470	BSF Child Care Admin*15	(\$6,009.00)	(\$7,290.00)	(\$3,220.00)	(\$6,560.00)	(\$7,085.00)
05-430-720-0000-5832	Misc Child Care Recoveries/Fees	(\$5,495.50)	(\$7,526.92)	(\$3,676.72)	(\$5,000.00)	(\$6,000.00)
05-430-720-3010-6020	Information & Referral - Child Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-720-3020-6069	Community Ed & Prevent/Advertising	\$684.00	\$705.00	\$330.00	\$750.00	\$750.00
05-430-720-3110-6069	Bsf Child Care	\$1,084.26	\$5,421.26	\$2,168.48	\$4,337.00	\$4,337.00
05-430-720-3120-6069	Mfip Child Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-720-3140-6020	Other Child Care	\$5,922.74	\$5,371.41	\$1,983.77	\$4,100.00	\$4,100.00
05-430-720-3140-6057	Day Care-Foster Care	\$1,579.00	\$1,166.65	\$0.00	\$1,000.00	\$1,000.00
05-430-720-3140-6077	Day Care-Foster Care/lv-E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-720-3370-6038	Mfip-Employment Services	\$236,797.10	\$218,442.22	\$102,838.09	\$196,114.00	\$156,325.00
05-430-720-3373-6039	Ligss - Supportive Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-720-3980-6020	License And Resource Development	\$932.35	\$518.31	\$210.00	\$1,200.00	\$600.00
05-430-720-3980-6273	Ccac Day Care Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Chemical Dependency</b>						
05-430-730-0000-5314	Detox Transportation Advance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-730-0000-5321	CDTF Fund Admin S17	(\$7,297.57)	(\$6,180.78)	(\$2,325.09)	(\$12,198.00)	(\$6,100.00)
05-430-730-0000-5421	MA Rule 25 Admin SSTs*22	(\$22,344.00)	(\$34,846.00)	(\$12,764.00)	(\$28,500.00)	(\$28,500.00)
05-430-730-0000-5832	Detox Recoveries	(\$37,302.18)	(\$20,645.27)	(\$9,080.94)	(\$27,000.00)	(\$20,000.00)
05-430-730-3050-6050	Rule 25 Assessment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-730-3090-6050	Pre-Petition Screening/Hearing	\$967.50	\$0.00	\$0.00	\$0.00	\$0.00
05-430-730-3160-6020	Cd Transportation	\$26.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-730-3170-6050	Detox Transportation	\$423.36	\$0.00	\$308.28	\$0.00	\$500.00
05-430-730-3520-6050	Outpatient Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-730-3590-6072	Ccdtf County % State Billings	\$99,015.31	\$53,146.64	\$13,477.26	\$76,000.00	\$60,000.00

05-430-730-3690-6050	Aftercare - Txx	\$391.41	\$0.00	\$0.00	\$0.00	\$0.00
05-430-730-3700-6080	Commitment Costs - Alcoholism	\$16,827.11	\$12,198.00	\$0.00	\$13,000.00	\$13,000.00
05-430-730-3700-6081	Cd Shelter-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-730-3710-6020	Detoxification - Grand Rapids	\$5,976.72	\$10,400.00	\$14,625.00	\$48,000.00	\$48,000.00
05-430-730-3710-6080	Detoxification - Other	\$2,750.00	\$5,265.00	\$3,300.00	\$4,000.00	\$6,600.00
05-430-730-3711-6020	Detoxification - Brainerd	\$43,596.00	\$32,100.00	\$0.00	\$0.00	\$0.00
05-430-730-3740-6050	Residential Rehabilitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-730-3930-6050	General Case Management	\$262.50	\$148.10	\$0.00	\$0.00	\$0.00
05-430-730-4800-6800	Other Cd/Detox Fees	\$400.00	\$300.00	\$0.00	\$600.00	\$300.00
05-430-730-4820-6267	Unemployment Compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Mental Health</b>						
05-430-740-0000-5341	Ch-Mh Rule 78-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-0000-5350	State Share-Mh Case Mgmt S26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-0000-5351	Child MH Combined S63	(\$22,031.00)	(\$12,886.00)	(\$11,526.00)	(\$19,487.00)	(\$19,443.00)
05-430-740-0000-5437	IV-E MH Foster Care*28	\$0.00	\$0.00	(\$11,948.00)	\$0.00	(\$11,948.00)
05-430-740-0000-5444	MA Rule 5 Foster Care*66	(\$32,244.23)	(\$12,985.16)	(\$18,404.15)	(\$30,000.00)	(\$32,250.00)
05-430-740-0000-5450	MA CMH TCM*64	(\$45,519.47)	(\$48,847.33)	(\$13,050.61)	(\$46,000.00)	(\$43,000.00)
05-430-740-0000-5451	Child Combined F60-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-0000-5500	Insurance Company Revenue	(\$16,425.00)	(\$18,363.00)	(\$19,466.00)	(\$16,000.00)	(\$21,500.00)
05-430-740-0000-5832	Misc Child MH Recoveries	(\$5,611.76)	(\$89,710.25)	(\$6,321.30)	(\$5,000.00)	(\$5,000.00)
05-430-740-3020-6020	Community Ed & Prevention-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3020-6050	Community Ed & Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3050-6020	Child Outpat Assess/Psyc. Testing	\$8,573.75	\$12,664.68	\$7,436.29	\$9,000.00	\$14,000.00
05-430-740-3070-6020	Early Identification & Intervention	\$287.56	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3100-6020	Child Level of Care Determination	\$0.00	\$0.00	\$525.00	\$0.00	\$525.00
05-430-740-3160-6057	Mh Foster Care Transportation	\$63.50	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3170-6020	Child Transportation-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3170-6057	Child Transportation-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3170-6077	Child Transportation-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3300-6020	Other Family Community Support Services	\$103.67	\$300.26	\$66.89	\$500.00	\$200.00
05-430-740-3530-6020	Child Outpatient Psychotherapy	\$1,355.00	\$0.00	\$0.00	\$1,500.00	\$0.00
05-430-740-3550-6020	Child Outpat Medication Mgmt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3620-6020	Family Based Services Mh	\$0.00	\$0.00	\$835.80	\$0.00	\$0.00
05-430-740-3621-6020	Family Based Services-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3670-6020	Children's Day Treatment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3720-6080	Regional Treatment Center-Do Not Use	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3720-6081	Commitment Costs-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3830-6057	Rule 5-Children's Residential Trmt	\$103,209.65	\$70,889.29	\$80,325.65	\$100,000.00	\$100,000.00
05-430-740-3830-6077	Rule 5/Iv-E-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3831-6057	Rule 5 Chld Residential Trmt-Corrections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3832-6057	Rule 5 Chld Residential Trmt-Icwa	\$36,959.87	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3832-6077	Rule 5 - Icwa-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3890-6020	Child Mh Respite	\$2,467.43	\$499.20	\$686.40	\$2,500.00	\$1,500.00
05-430-740-3890-6057	Mh Respite - Foster Care	\$12,082.35	\$6,191.75	\$3,029.31	\$5,000.00	\$6,100.00
05-430-740-3900-6020	Child Rule 79 Case Mgmt	\$990.00	\$1,271.25	\$1,080.00	\$1,000.00	\$1,260.00
05-430-740-3920-6020	Child General Case Mgmt	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-740-3930-6071	Title Xx Clinical Wkr Supervision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-0000-5322	Mh State Reimburse S26-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-0000-5343	Adult MH Rule 78 CSP S25	(\$47,501.00)	(\$57,541.00)	(\$13,854.00)	(\$50,894.00)	(\$55,418.00)
05-430-745-0000-5421	MA Adult MH TCM*31	(\$82,314.53)	(\$74,480.93)	(\$31,496.27)	(\$83,000.00)	(\$74,500.00)
05-430-745-0000-5500	Insurance Company Revenue	(\$14,390.00)	(\$14,749.00)	(\$8,999.00)	(\$14,400.00)	(\$14,400.00)
05-430-745-0000-5832	Adult MH - Misc Recoveries	(\$2,957.58)	(\$175.44)	(\$50.00)	(\$450.00)	(\$350.00)

05-430-745-3025-6020	COMMUNITY ED & PREVENTION	\$0.00	\$450.00	\$0.00	\$0.00	\$0.00
05-430-745-3030-6071	Client Outreach - Csp	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3070-6020	Early Identification And Intervention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3085-6020	Adult Outpat Diagnostic Assess/Psyc	\$27,508.13	\$27,381.25	\$6,909.94	\$28,000.00	\$28,000.00

05-430-745-3090-6050	Pre-Petition Screening/Hearing	\$1,192.50	\$3,644.92	\$2,205.00	\$2,000.00	\$4,000.00
05-430-745-3160-6050	Adult Transportation	\$1,594.14	\$1,667.27	\$630.75	\$1,800.00	\$1,800.00
05-430-745-3160-6071	Transportation Csp-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3340-6050	Csp-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3340-6071	Pyschosocial Rehab/Ind Living Skills Csp	\$990.00	\$1,271.25	\$1,080.00	\$990.00	\$1,260.00
05-430-745-3360-6050	Adult Crisis Stabilization	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3370-6071	Employability Csp-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3430-6050	Housing Subsidy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3460-6050	Basic Living/Social Skills	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3520-6050	Adult Outpatient Psychotherapy	\$902.00	\$0.00	\$0.00	\$500.00	\$0.00
05-430-745-3540-6050	Adult Outpat Medication Mgmt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3720-6081	State-Operated Inpatient - Rtc Or Cbhh	\$12,699.00	\$12,046.00	\$32,822.12	\$20,000.00	\$20,000.00
05-430-745-3721-6081	Commitment Costs - Poor Relief	\$57,879.50	\$45,782.10	\$44,294.90	\$61,000.00	\$95,000.00
05-430-745-3730-6020	Adult Acute Care Hospital Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3910-6020	Adult Rule 79 Case Mgmt	\$1,980.00	\$2,632.50	\$2,160.00	\$2,000.00	\$2,520.00
05-430-745-3930-6050	Adult General Case Mgmt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-745-3930-6071	Adult Gen Case Management-Do Not Use	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Developmental Disabilities</b>						
05-430-750-0000-5320	Misc State Grants - Parental Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-0000-5321	State Share-DD Screening S37	(\$668.98)	(\$473.48)	(\$276.38)	(\$600.00)	(\$600.00)
05-430-750-0000-5323	State Share-DD Services S38	(\$50,823.45)	(\$57,043.83)	(\$33,099.15)	(\$63,000.00)	(\$66,500.00)
05-430-750-0000-5341	DD Family Support Grant*35	(\$1,611.00)	(\$232.00)	\$0.00	(\$1,000.00)	\$0.00
05-430-750-0000-5373	DD SILS Program S34	(\$12,428.00)	(\$10,077.00)	(\$3,625.00)	(\$10,800.00)	(\$10,717.00)
05-430-750-0000-5420	Fed Share-DD Services F38	(\$81,498.76)	(\$66,991.31)	(\$33,099.16)	(\$63,000.00)	(\$66,500.00)
05-430-750-0000-5421	Federal Share-DD Screening F40	(\$668.98)	(\$473.48)	(\$276.38)	(\$600.00)	(\$600.00)
05-430-750-0000-5423	Fed Share Dd/Rtc Enhanced Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-0000-5445	MA VA/DD TCM*42	(\$18,813.48)	(\$13,706.40)	(\$5,767.57)	(\$18,000.00)	(\$13,500.00)
05-430-750-0000-5810	Co Share Waivered Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-3020-6094	Community Ed & Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-3160-6050	Transportation/Txx	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-3160-6094	Transportation - Waiver	\$240.00	\$360.00	\$100.00	\$360.00	\$360.00
05-430-750-3340-6073	Semi-Independent Living Serv (Sils)	\$13,231.73	\$10,801.78	\$8,701.33	\$13,500.00	\$13,932.00
05-430-750-3350-6020	Family Support Program	\$411.82	\$0.00	\$0.00	\$1,000.00	\$0.00
05-430-750-3380-6020	Extended & Supported Employment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-3380-6050	Extended Supported Employment	\$11,156.49	\$11,619.93	\$5,711.25	\$12,500.00	\$12,500.00
05-430-750-3410-6050	Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-3410-6094	Environment Access,Adapt,Special Supply	\$1,223.10	\$11,234.49	\$0.00	\$600.00	\$0.00
05-430-750-3640-6020	Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-3660-6050	Day Trng And Habilitation (Dac)	\$16,688.78	\$8,226.02	\$0.00	\$8,179.00	\$0.00
05-430-750-3890-6020	Respite Care	\$378.09	\$294.07	\$1,786.75	\$0.00	\$0.00
05-430-750-3890-6094	Respite Care - Waiver	\$1,259.20	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-3930-6020	Adult Rule 185 Case Mgmt-Non Waiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-3930-6050	Case Manage/Non Waiver Over 21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-750-3950-6020	Public Guardianship Dd	\$13,516.41	\$11,965.14	\$4,831.29	\$15,000.00	\$13,000.00



# **Adult Services**

05-430-760-0000-5318	Fire Injury Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-0000-5320	State Share - LTCC	(\$5,634.23)	(\$5,459.00)	(\$4,327.30)	(\$5,300.00)	(\$5,300.00)
05-430-760-0000-5322	State Share - CADI/CAC S44	(\$38,072.46)	(\$47,090.00)	(\$28,906.07)	(\$41,000.00)	(\$55,000.00)
05-430-760-0000-5323	State Share - EW S44	(\$10,402.39)	(\$11,834.85)	(\$4,579.29)	(\$12,000.00)	(\$11,250.00)
05-430-760-0000-5324	State Share - AC S45	(\$26,652.87)	(\$50,363.78)	(\$9,799.81)	(\$26,000.00)	(\$20,000.00)
05-430-760-0000-5325	State Share - TBI S44	(\$3,436.42)	(\$6,624.14)	(\$1,883.84)	(\$7,000.00)	(\$1,884.00)
05-430-760-0000-5331	State Share - RSC	(\$1,652.50)	(\$2,952.93)	(\$2,476.85)	(\$1,600.00)	(\$3,000.00)
05-430-760-0000-5341	Consumer Support Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-0000-5415	Title III-E Grant - Through ARDC	(\$16,215.00)	(\$2,118.00)	(\$4,931.00)	\$0.00	\$0.00
05-430-760-0000-5422	Fed Share - CADI/CAC F47	(\$61,044.68)	(\$53,670.30)	(\$28,907.27)	(\$41,000.00)	(\$55,000.00)
05-430-760-0000-5423	Fed Share - EW F47	(\$16,681.30)	(\$14,408.42)	(\$4,580.03)	(\$12,000.00)	(\$11,250.00)
05-430-760-0000-5425	Fed Share - TBI F47	(\$5,509.87)	(\$7,469.28)	(\$1,883.88)	(\$7,000.00)	(\$1,884.00)
05-430-760-0000-5432	Federal Share - RSC	(\$2,649.31)	(\$3,586.63)	(\$2,477.21)	(\$1,600.00)	(\$3,000.00)
05-430-760-0000-5434	Federal Share - LTCC	(\$9,034.51)	(\$6,574.27)	(\$4,327.37)	(\$5,300.00)	(\$5,300.00)
05-430-760-0000-5500	Insurance Company Revenue	(\$95,262.60)	(\$129,762.38)	(\$58,052.28)	(\$150,000.00)	(\$118,000.00)
05-430-760-0000-5810	Co Share - Waivered Services	(\$1,243.17)	(\$120.41)	(\$250.00)	(\$500.00)	(\$500.00)
05-430-760-0000-5832	Misc Adult Service Recoveries	(\$42,061.18)	(\$6,366.02)	(\$1,057.25)	\$0.00	(\$2,000.00)
05-430-760-0000-5834	Ac Fee-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-0000-5836	Tpl Case Mgmt-Snbc/Msc+/Msho	(\$39,215.46)	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-0000-5845	LTCC Screening-Nursing Facility	(\$32,567.98)	(\$29,339.55)	(\$19,513.50)	(\$31,643.00)	(\$31,643.00)
05-430-760-3020-6020	Community Education And Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3160-6020	Transportation-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3160-6050	Transportation - Txx	\$1,171.46	\$964.65	\$653.62	\$1,200.00	\$1,200.00
05-430-760-3160-6075	Waiver & Ac Transportation	\$210.00	\$438.95	\$310.00	\$600.00	\$600.00
05-430-760-3180-6020	Health Related Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3190-6020	Court Related Services & Activities	\$4,215.71	\$0.00	\$210.00	\$0.00	\$0.00
05-430-760-3210-6020	Legal Services Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3230-6050	Chore Services/Txx-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3230-6075	Chore Services/Waiver-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3250-6050	Homemaking Services/Txx-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3280-6075	Home Delivered Meals-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3370-6050	Employability - Txx	\$3,060.00	\$3,090.00	\$1,545.00	\$3,060.00	\$3,090.00
05-430-760-3380-6050	Extended Employment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3410-6075	Environment Access,Adapt,Special Supply	\$1,516.07	\$6,478.00	\$0.00	\$3,000.00	\$3,000.00
05-430-760-3440-6050	Housing Services	\$1,250.00	\$150.00	\$0.00	\$500.00	\$500.00
05-430-760-3450-6050	Social & Recreational Services	\$0.00	\$0.00	\$60.00	\$0.00	\$0.00
05-430-760-3470-6020	Independent Living Skills	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3480-6050	Money Management	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3580-6020	Consumer Support Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3810-6020	Adult Foster Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3810-6050	Adult Foster Care/Txx	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3810-6075	Adult Foster Care/Waiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3810-6800	Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3890-6020	Respite Care	\$10,351.50	\$13,433.63	\$0.00	\$0.00	\$0.00
05-430-760-3890-6075	Respite Care - Waiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-430-760-3950-6020	Guardianship/Conservatorship	\$10,502.82	\$7,390.16	\$4,061.24	\$9,000.00	\$9,000.00
05-430-760-3980-6020	Licensing & Resource Development	\$77.00	\$176.68	\$0.00	\$80.00	\$80.00
05-430-760-4800-6807	Ac Fees-Do Not Use-Delete	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05-440-710-3970-6064	Collaborative Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$69,164.10	(\$134,422.64)	(\$87,749.05)	\$0.00	\$0.00

# Aitkin County Health & Human Services

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

DATE: August 22, 2012

TO: Aitkin County Board of Commissioners  
Commissioner Wedel  
Commissioner Marcotte  
Commissioner Napstad  
Commissioner Niemi  
Commissioner Westerlund  
Patrick Wussow, Aitkin County Administrator

FROM: Tom Burke, Director

RE: Request for Board Action on August 28, 2012 - Public Health Nuisance

I am herewith attaching a copy of the Order to Abate a Public Health Nuisance, which was sent to Marguerite McNutt, owner of Parcel # 25-0-041503, located at 17903 – 180<sup>th</sup> Lane, McGrath, MN 56350. The Abatement order was sent out July 30, 2012, with a deadline for abatement of August 13, 2012.

Based on the findings in these reports, I am requesting your support in finding this property to be a Public Health Nuisance as defined in MN Statutes, Chapter 145A.04. I, as agent to the County Board of Commissioners, request your authorization to proceed with the abatement of this Public Health Nuisance per Aitkin County Policy. The abatement at this time will consist of removal of the structure and all debris from the property.

Due to the failure/inability of the property owner to abate the nuisance as ordered, the department shall abate the nuisance and charge all costs incurred against the real estate as a special assessment to be collected in the same manner as property taxes.

Any questions, please contact me at 218-927-7225.

C: Jim Ratz, Aitkin County Attorney  
Terry Neff, Aitkin County Environmental Services  
Kirk Peysar, Aitkin County Auditor  
Marguerite McNutt, Property Owner

**Aitkin County Health & Human Services  
Order to Abate a Public Health Nuisance**

**REVISED**

To: **Marguerite McNutt  
PO Box 184  
McGrath, MN 53650**

Pursuant to authority granted in Minnesota Statutes Section 145A be advised that the Aitkin County Health & Human Services Department has found that a Public Health Nuisance exists at (address):

**17903 – 180<sup>th</sup> Lane  
McGrath, MN 56350**

Located at parcel #: **25-0-041503 Section 26 / Township 44.0 / Range 23**

Description of Public Health Nuisance: **The home structure is dilapidated. The northern two rooms are shut off as there is a large hole in the hallway where a variety of animals such as raccoons enter the residence. The front door is not closeable due to the frame and parts of the wall being deteriorated. The front steps are eschewed and rotting. The living room, kitchen and south bedroom are completely buried in home debris. There is a pathway that an adult can move through sideways in most places. There are only two spots a person can sit. One is a chair in the living room and the other is the bed in the south bedroom. The items include clothes, furniture, and household waste. In addition, there are at least 17 former gallon water containers either full or partially full of human waste. In addition, there are at least 25 gallon containers outside of the residence on the ground immediately in front of the mobile home. The residence has neither running water nor electricity. Food items such as cheese and a roll of summer sausage was simply setting on a mound of clothes with no refrigeration. While the owner has one indoor cat, there are 20 cats around the perimeter of the home, some of which seem to live in the northern part of the trailer. The home was musty smelling. The only form of heat was a wood stove that was also covered and surrounded by debris.**

**The owner of the property does not have a permit for the structure to be on this property.**

The findings were: **This home/property is a public health nuisance.**

And that you are hereby ordered to abate the nuisance as follows:

- 1. Remove the structure and all debris from the property.**
- 2. If another home is built or brought to the site, you must obtain permits for the new structure and septic system (porta-toilet or outhouse is approved with a permit, assuming no running water is connected to the structure).**
- 3. Environmental Services office will have to approve of the new home location, there are wetlands on the site and no filling or draining of the wetlands is allowed without approval from the county.**

**This action must be completed no later than: August 16, 2012**

**Failure to abate the nuisance as ordered, the department shall abate the nuisance and charge all cost incurred against the real estate as a special assessment to be collected in the same manner as property taxes.**

Date: **July 30, 2012**

Aitkin County Health & Human Services

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Tom Burke, Director  
Aitkin County Health & Human Services  
Designated Agent









# Aitkin County Health & Human Services

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

DATE: August 21, 2012

TO: Aitkin County Board of Commissioners  
Commissioner Wedel  
Commissioner Marcotte  
Commissioner Napstad  
Commissioner Niemi  
Commissioner Westerlund  
Patrick Wussow, Aitkin County Administrator

FROM: Julie Lueck per Tom Burke, Director

RE: Medica Disclosure of Ownership and Management Information & Exclusions  
Statement for Providers

I am attaching the supporting documentation for providing specific information from each Aitkin County Commissioner for the Disclosure of Ownership and Management Information & Exclusions Statement for Providers requested by Medica at this time and in anticipation of the same request from UCare, Blue Cross/Blue Shield, Health Partners, South Country, Prime West, and other health insurance providers.

Please complete the following portion of this memo and return it to Julie in the attached envelope marked "Confidential".

**Full Legal Name** of Commissioner: \_\_\_\_\_

**Home Address** of Commissioner: \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth** of Commissioner: \_\_\_\_\_

**Social Security Number** of Commissioner: \_\_\_\_\_

**JAMES P. RATZ**  
AITKIN COUNTY ATTORNEY  
217 SECOND STREET N.W., ROOM 231  
AITKIN, MINNESOTA 56431

TELEPHONE (218) 927-7347  
TOLL FREE 1-888-422-7347  
FAX (218) 927-7365

SENIOR ASSISTANT COUNTY ATTORNEY  
LISA ROGGENKAMP RAKOTZ


ASSISTANT COUNTY ATTORNEYS  
SARAH WINGE  
REBECCA A. TRAPP

PARALEGALS  
MICHELE J. MOTHERWAY  
TAMMY K. SPELDRICH

CRIME VICTIM COORDINATOR  
JESSICA L. BROWN  
TELEPHONE (218) 927-7446

**MEMORANDUM**

**TO:** Julie Lueck, Office Support Supervisor, o/b/o Tom Burke, ACHHS Director

**FROM:** James P. Ratz, County Attorney 

**DATE:** 8/17/2012

**RE:** Medica Disclosure of Ownership and Management Information & Exclusions  
Statement for Providers

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In order to meet and fulfill the requirements of the Minnesota DHS and the Federal Government, I approve and support the submission of the above-referenced documentation to Medica.




# Aitkin County Health & Human Services

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

DATE: August 16, 2012

TO: Jim Ratz, Aitkin County Attorney

FROM: Julie Lueck, OSS for   
Tom Burke, Director, ACHHS

RE: Medica Disclosure of Ownership and Management Information &  
Exclusions Statement for Providers

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I am herewith enclosing the cover letter and the blank Medica Disclosure of Ownership and Management Information & Exclusions Statement for Providers form for your review. I am also enclosing copies of the two completed documents we submitted to Medica in June and August.

All other counties are providing this information to Medica as a requirement by DHS and Federal guidelines, but we are seeking your approval prior to submitting the additional requested information which includes the Social Security Numbers of the County Commissioners.

Please note the following paragraphs we received via e-mail from Joel Christensen, Provider Compliance Specialist in the Law Department at Medica:

"We have received a little over half of the counties disclosure information. As an organization it is my responsibility not to release information of providers to another provider. The requirement that is asked of is for all of our providers in our network and not limited to counties."

"The data elements that are sent to Medica are protected at the highest level of security. The information is only entered by me. There are only two other individuals that would have access to the information that would be my Director and my back-up when I'm out of the office. The information is only used if a match comes up on our monthly sanction report. Otherwise the information is never viewed unless DHS or CMS audits us and you are one of the providers they ask to see."

This form will require that the County Board members provide not only their names, addresses, dates of birth but also their social security numbers.

Please advise us in writing, if we have your approval to submit this information to Medica.

Thanks for your assistance and guidance with this request.

An Equal Opportunity Employer

AUG 16 2012



June 27, 2012

Attention: Administrator  
Aitkin County Health & Human Services  
204 1<sup>st</sup> St NW  
Aitkin, MN 56431

**MEDICA**

**RE: Medica Health Plans (“Medica”):**

- 1. Disclosure of Ownership and Management Information & Exclusions Statement for Vendors (“Disclosure Form”); and**
- 2. Attestation of Compliance Training and Standards of Conduct (“Attestation”)**

Dear Administrator:

This letter pertains to the two above referenced forms. Please review the following information and complete the enclosed forms and **return them to Medica by July 27, 2012.**

**1. Disclosure Form. The Minnesota Department of Human Services (“DHS”) requires the Disclosure Form to be completed by counties and state agencies in addition to corporations and partnerships. For Counties and State Agencies, individuals such as County Commissioners, County Board Members, Directors or Health Directors are considered persons with ownership or control interest or managing employees. It is being sent to you in accordance with regulatory agency requirements. DHS and the Centers for Medicare & Medicaid Services (“CMS”) require Medica to have measures in place to ensure that its subcontractors (also known as first tier and downstream entities): (i) meet certain obligations pertaining to disclosure of ownership and management information; and (ii) check certain lists described below to ensure that items and services are not provided by individuals or entities excluded from participation in government programs. As a result, please complete and submit the enclosed Disclosure Form by the due date noted in this letter. The Disclosure Form includes definitions at the end of the form in Section VII for your reference and to assist you with completion of the form.**

Please note that in order to complete the questions in Section V about excluded individuals and entities, you will need to search (1) the General Services Administration (“GSA”) Excluded Parties List System (EPLS), *and* (2) either the Office of Inspector General (“OIG”) List of Excluded Individuals/Entities (“LEIE”) or the Medicare Exclusion Database. Also, please note that CMS and DHS require that those lists be checked *monthly* by you to ensure that no providers, agents, persons with an ownership or control interest, or managing employees are excluded from participation in Medicare, Medicaid or other federally funded government programs. Finally, please keep in mind that you are also required to report to Medica within five days of learning any information regarding individuals or entities specified above that have: (i) been convicted of a criminal offense related to the involvement in any program established under Medicare, Medicaid, Title XX (social services block grants), or Title XXI (child health assistance) in Minnesota or any other state or jurisdiction since the inception of those programs; (ii) been excluded from participation in Medicare or any of the State health care programs; or (iii) had civil money penalties or assessments imposed under Section 1128A of the Social Security Act (federal fraud and abuse law civil monetary penalty provisions).





**2. Training and Attestation.** CMS requires that Medicare providers complete compliance awareness training and fraud, waste and abuse awareness training at the time of contract and annually thereafter. This training requirement applies to all provider organizations and downstream entities that provide healthcare or administrative services for Medicare-eligible individuals under the Medicare Advantage program, including Medicare Part D. All employees of your organization, and those of any downstream entities, that are involved in the administration or delivery of services to Medicare members, must complete the required training.

Medica's training is available at Medica.com at the Fraud, Waste and Abuse page, or you can choose to administer your own entity's training as long as it meets the CMS requirements. Providers certified through the Medicare program or accredited as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies provider are exempt from Medica's fraud, waste and abuse awareness training, but are still required to complete the annual compliance awareness training and the Attestation form. You can access this training by visiting Medica.com. Scroll to the bottom of the page, click the Fraud & Abuse link, scroll to the section titled "Compliance Awareness and Fraud, Waste and Abuse Awareness Training for Medica Providers and Business Partners" and click on the "Complete the Compliance Awareness Training" and "Complete the Fraud Waste and Abuse Awareness Training" links.

CMS also expects that Medicare providers comply with Standards of Conduct that articulate a commitment to comply with all applicable state and federal standards. Medica's Standards of Conduct and Compliance Reporting policy may be found on Medica.com as described in the preceding paragraph.

Medica expects that you provide written attestation that your organization and any downstream entities are in compliance with the requirements composed by CMS. Please maintain the applicable attestations and any other records of training that have been completed, including documentation of dates and methods of training, the materials used for the training and logs identifying the employees that completed the required training. Medica, CMS, or agents of CMS may request such records to verify that training occurred.

**3. Return of Disclosure Form and Attestation.** Please complete and return the Disclosure Form and Attestation by July 27 2012 through one of the following means: (a) emailing a scanned copy of the completed and signed forms to [providercertifications@medica.com](mailto:providercertifications@medica.com); (b) mailing the forms to Medica Health Plans, Mail Route CP250, P.O. Box 9310, Minneapolis, MN 55440-9310; or (c) faxing the forms to 952-992-8666. If you have any questions, please call 952-992-8638, or send an email to the above email address.

Thank you.

Sincerely,

Glenn Andis  
Senior Vice President, Government Programs

Mary Lippert  
Vice President, Compliance & Privacy



## Disclosure of Ownership and Management Information & Exclusions Statement for Providers ("Disclosure Form")

### I. Instructions

This form must be completed and submitted to Medica. A new disclosure form is required and must be submitted when any information in your original form has changed.

This disclosure form is to be completed to ensure compliance with government program requirements pertaining to: (1) disclosure of ownership and control; and (2) exclusions of individuals and entities from government programs as set forth in your contract with Medica.

**The disclosure and exclusion requirements apply to partnerships and both non-profit and for-profit corporations, including without limitation limited liability companies. The requirements also apply to counties and Minnesota state agencies. For Counties and State Agencies, individuals such as County Commissioners, County Board Members, Directors or Health Directors are considered persons with ownership or control interest or managing employees. Section VII (Definitions) clarifies which entities must complete this disclosure form. The definitions also clarify which individuals and entities you must provide information about in the form. The definitions are based on law, regulation, and instructions from regulatory authorities.**

**Note:** For the purposes of this disclosure, the term "Person with an Ownership or Control Interest" is not limited to persons or corporations with an ownership interest. For example, it also includes:

- (i) senior officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies; and
- (ii) partners of a partnership, including without limitation limited liability partnerships.

**See Section VII for a complete definition of "Person with an Ownership or Control Interest" as well as definitions of other key terms such as "Managing Employee," "Provider," and "Agent."**

Please complete this disclosure form whether or not you have any information to report. If more space is needed, please attach additional information on a separate page.

For assistance in completing this disclosure form, please reference the Definitions provided under Section VII.

### II. Identifying Information

LEGAL NAME ACCORDING TO THE IRS		DBA (Doing Business As), if applicable	
ADDRESS			NPI/UMPI
CITY	STATE	ZIP CODE	OFFICE PHONE NUMBER (       )
FEDERAL EMPLOYER ID (FEIN)		MN TAX ID	



### III. Structure

Check the entity type that describes your structure:

- ☐ Sole Proprietorship   ☐ Partnership   ☐ Other Partnership (i.e., LP, LLP, LLLP)   ☐ Limited Liability Co.  
☐ For Profit Corporation   ☐ Non-Profit Corporation   ☐ County   ☐ State   ☐ Other \_\_\_\_\_

### IV. Ownership, Control and Management Information

- A. Please provide the following information for each **Managing Employee**, and **Person with an Ownership or Control Interest** in you as a Provider, or in any Subcontractor in which you as a Provider have direct or indirect ownership of 5% or more. For entities with ownership or control interest, include primary business address, every business location, and P.O. Box address. All fields must be completed. The date of birth and social security number (SSN) are required if a *person's* name is provided, and the federal employer identification (FEIN) number is required if an *entity's* name is provided.

No.	Full Legal Name	Address	Date of Birth	SSN or FEIN	% Ownership Interest, if applicable
1					
2					
3					

- B. If any Person with an Ownership or Control Interest listed in subsection IV(A) is related to another Person with an Ownership or Control Interest listed in subsection IV(A) as a spouse, parent, child or sibling, please provide the following information. If no such relationship exists, please indicate this with an "N/A."

No.	Full Legal Name	SSN	Name of Person Related To	Related Person's SSN	Relationship
1					
2					
3					

- C. For each Person with an Ownership or Control Interest listed in subsection IV(A) who also has an ownership or control interest in an organization other than that indicated in subsection IV(A), please provide the following information. If no such ownership exists, please indicate this with an "N/A."

No.	Full Legal Name	Address	SSN or FEIN	Name of Other Organization	% Ownership Interest
1					
2					
3					

## V. Excluded Individuals or Entities

A. Are there any employees, Persons with an Ownership or Control Interest in you as a Provider, or any of your Managing Employees or Agents who are or have ever:

- Been excluded from participation in Medicare or any of the State health care programs?

☐ Yes ☐ No

- Been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in Minnesota or any other state or jurisdiction since the inception of these programs?

☐ Yes ☐ No

- Had civil money penalties or assessments imposed under Section 1128A of the Social Security Act (that is, federal fraud and abuse law civil monetary penalty provisions)?

☐ Yes ☐ No

B. Do you as a Provider have any agreements for the provision of items or services related to Medicaid obligations under its contracts with the Minnesota Department of Human Services (DHS) or the Centers for Medicare and Medicaid Services (CMS) with an individual or entity who: (i) has been excluded from participation in Medicare or any of the State health care programs; (ii) has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in Minnesota or other state or jurisdiction since the inception of those programs; or (iii) had civil money penalties or assessments imposed under Section 1128A of the Social Security Act?

☐ Yes ☐ No

If you answered "Yes" to any of the above questions, list the name and social security number (SSN) or federal employer identification number (FEIN) of the individual or entity, and reason for answering "Yes" (i.e., conviction of a criminal offense related to involvement in, or exclusion from participation in, Medicare, Medicaid, or other federally funded government health care programs, or imposition of civil money penalties or assessments under Section 1128A of the Social Security Act).

No.	Full Legal Name	SSN or FEIN	Reason
1			
2			
3			
4			

## VI. Certification

I am authorized to bind the entity named in this document and I certify that the above information is true and correct. I will notify Medica of any changes to this information.

NAME (Print)	TITLE	
SIGNATURE		DATE
EMAIL ADDRESS		

**Return a completed, signed disclosure form to Medica as follows:**

Email a scanned copy of the signed form to: [providercertifications@medica.com](mailto:providercertifications@medica.com). You may also mail the form to: Medica Health Plans, Mail Route CP250, P.O. Box 9310, Minneapolis, MN 55440-9310; or Fax the form to: 952-992-8666. If you have any questions, please call 952-992-8638, or send an email to the above email address.

## VII. DEFINITIONS

For the purpose of this disclosure, the following definitions apply:

1. **Agent** means any person who has been delegated the authority to obligate or act on behalf of the Provider.
2. **Managing Employee** means an individual (including a general manager, business manager, administrator, or director) who exercises operational or managerial control over the Provider, or part thereof, or who directly or indirectly conducts the day-to-day operations of the Provider, or part thereof.
3. **Person with an Ownership or Control Interest** means a person or corporation that:
  - A) has an ownership interest, directly or indirectly, totaling 5% or more in the Provider;
  - B) has a combination of direct and indirect ownership interests equal to 5% or more in the Provider;
  - C) owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the Provider, if that interest equals at least 5% of the value of the property or assets of the Provider;
  - D) is an officer or director of a Provider organized as a corporation (this includes senior officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies); or
  - E) is a partner in a Provider organized as a partnership, including without limitation limited liability partnerships.
4. **Provider** means an individual or entity that: A) is engaged in the delivery of health care services and is legally authorized to do so by the state in which the individual or entity delivers services; and B) has entered into an agreement with Medica to provide health care services to Medica members, including members enrolled through Medica's contracts with DHS or CMS. For purposes of this disclosure, "Provider" also means a vendor providing non-health services through an agreement with Medica to members enrolled through Medica's government program contracts with DHS or CMS, provided those services are significant and material to Medica's obligations under the respective government program contract.
5. **Subcontractor** means an individual, agency, or organization to which the Provider has contracted (or a person with an employment, consulting or other arrangement with the Provider) for the provision of items and services that are significant and material to the Provider's contract with Medica and Medica's obligations under its contracts with DHS or CMS.

## Julie Lueck

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**From:** Julie Lueck [jllueck@co.aitkin.mn.us]  
**Sent:** Thursday, August 02, 2012 4:34 PM  
**To:** Molly.Sikorski@medica.com  
**Cc:** Tom Burke  
**Subject:** FW: Medica - Disclosure Form  
**Attachments:** DISCLOSURE FORM\_001.pdf

Hi Molly - Attached to this e-mail is the Disclosure of Ownership Form which has been completed.

Julie Lueck at Aitkin County Health & Human Services



## Disclosure of Ownership and Management Information & Exclusions Statement for Providers ("Disclosure Form")

### I. Instructions

This form must be completed and submitted to Medica. A new disclosure form is required and must be submitted when any information in your original form has changed.

This disclosure form is to be completed to ensure compliance with government program requirements pertaining to: (1) disclosure of ownership and control; and (2) exclusions of individuals and entities from government programs as set forth in your contract with Medica.

The disclosure and exclusion requirements apply to partnerships and both non-profit and for-profit corporations, including without limitation limited liability companies. The requirements also apply to counties and Minnesota state agencies. For Counties and State Agencies, individuals such as County Commissioners, County Board Members, Directors or Health Directors are considered persons with ownership or control interest or managing employees. Section VII (Definitions) clarifies which entities must complete this disclosure form. The definitions also clarify which individuals and entities you must provide information about in the form. The definitions are based on law, regulation, and instructions from regulatory authorities.

**Note:** For the purposes of this disclosure, the term "Person with an Ownership or Control Interest" is not limited to persons or corporations with an ownership interest. For example, it also includes:

- (i) senior officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies; and
- (ii) partners of a partnership, including without limitation limited liability partnerships.

See Section VII for a complete definition of "Person with an Ownership or Control Interest" as well as definitions of other key terms such as "Managing Employee," "Provider," and "Agent."

Please complete this disclosure form whether or not you have any information to report. If more space is needed, please attach additional information on a separate page.

For assistance in completing this disclosure form, please reference the Definitions provided under Section VII.

### II. Identifying Information

LEGAL NAME ACCORDING TO THE IRS Aitkin County		DBA (Doing Business As), if applicable Aitkin County Health and Human Services	
ADDRESS 204 1 <sup>st</sup> Street NW			NPI/UMPI 1255436721/A000001900
CITY Aitkin	STATE MN	ZIP CODE 56431	OFFICE PHONE NUMBER ( 218 ) 927-7200
FEDERAL EMPLOYER ID (FEIN) 41-6005749		MN TAX ID 8026245	

### III. Structure

Check the entity type that describes your structure:

- ☐ Sole Proprietorship   ☐ Partnership   ☐ Other Partnership (i.e., LP, LLP, LLLP)   ☐ Limited Liability Co.  
☐ For Profit Corporation   ☐ Non-Profit Corporation   ☒ County   ☐ State   ☐ Other \_\_\_\_\_

### IV. Ownership, Control and Management Information

- A. Please provide the following information for each **Managing Employee**, and **Person with an Ownership or Control Interest** in you as a Provider, or in any Subcontractor in which you as a Provider have direct or indirect ownership of 5% or more. For entities with ownership or control interest, include primary business address, every business location, and P.O. Box address. All fields must be completed. The date of birth and social security number (SSN) are required if a *person's* name is provided, and the federal employer identification (FEIN) number is required if an *entity's* name is provided.

No.	Full Legal Name	Address	Date of Birth	SSN or FEIN	% Ownership Interest, if applicable
1	No Ownership – County Government				
2					
3					

- B. If any Person with an Ownership or Control Interest listed in subsection IV(A) is related to another Person with an Ownership or Control Interest listed in subsection IV(A) as a spouse, parent, child or sibling, please provide the following information. If no such relationship exists, please indicate this with an "N/A."

No.	Full Legal Name	SSN	Name of Person Related To	Related Person's SSN	Relationship
1					
2					
3					

- C. For each Person with an Ownership or Control Interest listed in subsection IV(A) who also has an ownership or control interest in an organization other than that indicated in subsection IV(A), please provide the following information. If no such ownership exists, please indicate this with an "N/A."

No.	Full Legal Name	Address	SSN or FEIN	Name of Other Organization	% Ownership Interest
1					
2					
3					

## V. Excluded Individuals or Entities

A. Are there any employees, Persons with an Ownership or Control Interest in you as a Provider, or any of your Managing Employees or Agents who are or have ever:

- Been excluded from participation in Medicare or any of the State health care programs?

☐ Yes   X No

- Been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in Minnesota or any other state or jurisdiction since the inception of these programs?

☐ Yes   X No

- Had civil money penalties or assessments imposed under Section 1128A of the Social Security Act (that is, federal fraud and abuse law civil monetary penalty provisions)?

☐ Yes   X No

B. Do you as a Provider have any agreements for the provision of items or services related to Medica's obligations under its contracts with the Minnesota Department of Human Services (DHS) or the Centers for Medicare and Medicaid Services (CMS) with an individual or entity who: (i) has been excluded from participation in Medicare or any of the State health care programs; (ii) has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Title XX, or Title XXI in Minnesota or other state or jurisdiction since the inception of those programs; or (iii) had civil money penalties or assessments imposed under Section 1128A of the Social Security Act?

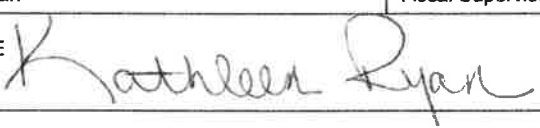
☐ Yes   X No

If you answered "Yes" to any of the above questions, list the name and social security number (SSN) or federal employer identification number (FEIN) of the individual or entity, and reason for answering "Yes" (i.e., conviction of a criminal offense related to involvement in, or exclusion from participation in, Medicare, Medicaid, or other federally funded government health care programs, or imposition of civil money penalties or assessments under Section 1128A of the Social Security Act).

No.	Full Legal Name	SSN or FEIN	Reason
1			
2			
3			
4			

## VI. Certification

I am authorized to bind the entity named in this document and I certify that the above information is true and correct. I will notify Medica of any changes to this information.

NAME (Print) Kathleen Ryan	TITLE Fiscal Supervisor
SIGNATURE 	DATE 08-02-2012
EMAIL ADDRESS kryan@co.aitkin.mn.us	

Return a completed, signed disclosure form to Medica as follows:

Email a scanned copy of the signed form to: [providercertifications@medica.com](mailto:providercertifications@medica.com). You may also mail the form to: Medica Health Plans, Mail Route CP250, P.O. Box 9310, Minneapolis, MN 55440-9310; or Fax the form to: 952-992-8666. If you have any questions, please call 952-992-8638, or send an email to the above email address.

## VII. DEFINITIONS

For the purpose of this disclosure, the following definitions apply:

1. **Agent** means any person who has been delegated the authority to obligate or act on behalf of the Provider.
2. **Managing Employee** means an individual (including a general manager, business manager, administrator, or director) who exercises operational or managerial control over the Provider, or part thereof, or who directly or indirectly conducts the day-to-day operations of the Provider, or part thereof.
3. **Person with an Ownership or Control Interest** means a person or corporation that:
  - A) has an ownership interest, directly or indirectly, totaling 5% or more in the Provider;
  - B) has a combination of direct and indirect ownership interests equal to 5% or more in the Provider;
  - C) owns an interest of 5% or more in any mortgage, deed of trust, note, or other obligation secured by the Provider, if that interest equals at least 5% of the value of the property or assets of the Provider;
  - D) is an officer or director of a Provider organized as a corporation (this includes senior officers and individual board members of for-profit and non-profit corporations, including without limitation limited liability companies); or
  - E) is a partner in a Provider organized as a partnership, including without limitation limited liability partnerships.
4. **Provider** means an individual or entity that: A) is engaged in the delivery of health care services and is legally authorized to do so by the state in which the individual or entity delivers services; and B) has entered into an agreement with Medica to provide health care services to Medica members, including members enrolled through Medica's contracts with DHS or CMS. For purposes of this disclosure, "Provider" also means a vendor providing non-health services through an agreement with Medica to members enrolled through Medica's government program contracts with DHS or CMS, provided those services are significant and material to Medica's obligations under the respective government program contract.
5. **Subcontractor** means an individual, agency, or organization to which the Provider has contracted (or a person with an employment, consulting or other arrangement with the Provider) for the provision of items and services that are significant and material to the Provider's contract with Medica and Medica's obligations under its contracts with DHS or CMS.



**Julie Lueck**

---

**From:** Julie Lueck [jllueck@co.aitkin.mn.us]  
**Sent:** Thursday, August 02, 2012 3:52 PM  
**To:** Molly.Sikorski@medica.com  
**Cc:** Tom Burke  
**Subject:** FW: Medica forms -8-2-12  
**Attachments:** 3562\_001.pdf

August 2, 2012

Molly:

With reference to your e-mail (copied below) I am attaching the documents that I faxed to Medica back on June 6<sup>th</sup>, 2012, which should provide the needed documentation for the Attestation of Compliance Training.

Would you please send us a Disclosure of Ownership Form at your earliest convenience.

Thanks – Julie Lueck at Aitkin County Health & Human Services

Dear Contracted Vendor:

We are in need of your assistance; we are trying to complete our Contracted Vendor files. We have found that we are missing some important information regarding your contract with Medica. Please send us the missing information by August 15, 2012.

We are missing your Disclosure of Ownership Form and Attestation of Compliance Training.

If you have any questions, please call me at 952-992-8638.

Regards,



Trent Kramer  
Medica Government Programs  
Contracts Supervisor

**Julie Lueck**

---

**From:** Sikorski, Molly [Molly.Sikorski@medica.com]  
**Sent:** Thursday, August 02, 2012 3:03 PM  
**To:** tburke@co.aitkin.mn.us; Jllueck@co.aitkin.mn.us  
**Subject:** Missing Information email 2012.doc

August 2, 2012

Dear Contracted Vendor:

We are in need of your assistance; we are trying to complete our Contracted Vendor files. We have found that we are missing some important information regarding your contract with Medica. Please send us the missing information by August 15, 2012.

We are missing your Disclosure of Ownership Form and Attestation of Compliance Training.

If you have any questions, please call me at 952-992-8638.

Regards,



Trent Kramer  
Medica Government Programs  
Contracts Supervisor

TK/ms

Confidentiality Notice: The information contained in this message may be privileged and confidential and protected from disclosure. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer. Thank you.

# Aitkin County Health & Human Services

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

IF ANY PROBLEMS OCCUR WITH THIS TRANSMISSION  
OR IF YOU HAVE ANY QUESTIONS, PLEASE CALL (218) 927-7200

NUMBER OF PAGES SENT (including this cover page): 4

DATE OF TRANSMISSION: **June 6, 2012**

TO: NAME/TITLE:

COMPANY: **Medica Health Plans**

ADDRESS: **Mail Route CP250  
401 Carlson Parkway  
Minneapolis, SMN 55440-9310**

FAX #: **952-992-8666**

MESSAGE: Attached please find your Compliance Training & Standards of Conduct Attestation Form completed by Kathleen Ryan, Fiscal Supervisor, along with a copy of the Aitkin County Health & Human Services staff training sign-off sheet for annual training completed for 2012.  
If you have any questions, please feel free to contact Ms. Ryan at 218-927-7200.

FROM: NAME/TITLE: Julie Lueck, OSSS  
COMPANY: Aitkin County Health & Human Services  
FAX OPERATOR'S NAME: Julie Lueck  
OUR FAX NUMBER: 218-927-7210

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL BACK AS SOON AS POSSIBLE! THANK YOU!!

.....

CONFIDENTIAL NOTICE: This fax and all attachments are confidential and intended solely for the use of the addressee(s). If you have received this transmission in error, please notify the sender and shred these documents immediately. Any unauthorized distribution, or copying of this transmission, or misuse or wrongful disclosure of information contained in it, is strictly prohibited. The information contained in this document is provided on an as-is basis and does not constitute a binding legal contract or receipt for services.

.....

## Compliance Training and Standards of Conduct Attestation

By signing below, I attest that my organization:

- (i) Agrees to comply, and all employees, board members and downstream entities have read and agreed to comply, with all written compliance policies and procedures and standards of conduct made available by Medica, or comparable policies and procedures and standards of conduct of its own that meet CMS requirements;
- (ii) is in compliance with annual Fraud, Waste and Abuse, Compliance, and specialized training requirements in accordance with guidelines set by CMS;
- (iii) has required its downstream entities to comply with annual Fraud, Waste and Abuse, Compliance, and specialized training requirements in accordance with guidelines set by CMS

I am authorized to bind the entity and I attest that the above information is true and correct. I will notify Medica of any changes to this information.

See List Attached

Print name of organization representative

Aitkin County Health & Human Services

Organization (legal entity name)

\_\_\_\_\_  
Representative's title

\_\_\_\_\_  
Signature

See Attached

Date signed

Please return this form to Medica by e-mail to [providercertifications@medica.com](mailto:providercertifications@medica.com); fax to 952-992-8666; or by U.S. Mail to: Medica Health Plans, Mail Route CP250, 401 Carlson Parkway, Minneapolis, MN 55440-9310. If you have any questions, please call 1-800-458-5512, or send an email to the above email address.



# STAFF TRAINING SIGN-OFF - 2012

Staff Member Name	Training Day – May 23, 2012 Completed Training Review Staff Signature	HIPAA – Date Completed	HIPAA Score	Sexual Harassment Date Completed	Fraud, Waste & Abuse Medicare/Medicaid
ALDERSON, Alisha	<i>Alisha Alderson</i>	5-22-12	17	6-1-12	5-23-12
ARNOLD, Jane	<i>Jane Arnold</i>	5-22-12	17	3-8-12	5-23-12
BENNETT, Cynthia	<i>Cynthia Bennett</i>				5-23-12
BURKE, Tom	<i>Tom Burke</i>			5-4-12	5-23-12
CARLSON, Kathy	<i>Kathy Carlson</i>	5-22-12	16	5-17-12	5-23-12
CEBELINSKI, Susan	<i>Susan Cebelski</i>	5-14-12	16	5-14-12	5-23-12
CHENEVERT, Lori	<i>Lori Chenevert</i>	5-18-12	16	2-9-12	5-23-12
CHRISTENSEN, Leslie	<i>Leslie Christensen</i>	5-3-12	19	4-9-12	5-23-12
DOBSON, Barb	<i>Barb Dobson</i>	5-9-12	18	3-6-12	5-23-12
DURGIN, Stacey	<i>Stacey Durgin</i>			5-31-12	5-23-12
EASTMAN, Diane	<i>Diane Eastman</i>	4-30-12	16	4-30-12	5-23-12
EIBES-ROLLINS, Carol	<i>Carol Eibes-Rollins</i>	5-2-12	16	5-2-12	5-23-12
FAIRCHILD, Janice	<i>Janice Fairchild</i>	1-27-12	19	1-25-12	5-23-12
FLIER, Amanda	<i>Amanda Flier</i>	3-28-12	16	3-22-12	5-23-12
FLOWERS, Debby	<i>Debby Flowers</i>	5-7-12	18	2-17-12	5-23-12
FOSS, Eileen	<i>Eileen Foss</i>	5-7-12	19	4-6-12	5-23-12
GANZ, Bonnie	<i>Bonnie Ganz</i>	5-16-12	16	5-16-12	5-23-12
HATFIELD, Janet	<i>Janet Hatfield</i>	5-2-12	17	5-15-12	5-23-12
HENDRICKSON, Julia	<i>Julia Hendrickson</i>	3-20-12	18	3-20-12	5-23-12
HILL, Jeannine	<i>Jeannine Hill</i>	5-4-12	20	2-15-12	5-23-12
HRUZA, Sue Anne	<i>Sue A. Hruza</i>	4-3-12	18	3-6-12	5-23-12
JENSEN, Deb	<i>Deb Jensen</i>	5-2-12	16	4-19-12	5-23-12
JEZIERSKI, Deanna	<i>Deanna Jezierski</i>	5-2-12	17	5-2-12	5-23-12
KARNOWSKI, Pam	<i>Pam Karnowski</i>	5-4-12	18	3-13-12	5-23-12
KELSEY, Kathy	<i>Kathy Kelsey</i>	4-13-12	20	4-13-12	5-23-12
LAIRD, Nikky	<i>Nikky Laird</i>	5-17-12	17	2-2-12	5-23-12
LAMKE, DeAnn	<i>DeAnn Lamke</i>	1-22-12	19	3-21-12	5-23-12
LARSON, Naomi	<i>Naomi Larson</i>	5-22-12	20	3-29-12	5-23-12
LUECK, Julie	<i>Julie Lueck</i>	3-1-12	17	2-14-12	5-23-12
MATH, Sara	<i>Sara Math</i>	4-13-12	21	4-13-12	5-23-12
MELZ, Erin	<i>Erin Melz</i>	1-24-12	20	1-24-12	5-23-12
METSA, Brenda	<i>Brenda Metsa</i>	4-17-12	16	3-1-12	5-23-12
MOEN, Jon	<i>Jon Moen</i>	4-30-12	19	4-17-12	5-23-12
NELSON, Linda	<i>Linda Nelson</i>	2-8-12	18	2-23-12	5-23-12
NISKANEN, Joan	<i>Joan Niskanen</i>	5-21-12	18	5-18-12	5-23-12
PERSON, Rebecca	<i>Rebecca Person</i>	5-1-12	15	2-7-12	5-23-12

Staff Member Name	Training Day – May 23, 2012 Completed Training Review Staff Signature	HIPAA – Date Completed	HIPAA Score	Sexual Harassment Date Completed	Fraud, Waste & Abuse Medicare/Medicaid
PETERSEN, Mona	<i>Mona Petersen</i>	5-16-12	19	5-15-12	5-23-12
PEYSAR, Lois	<i>Lois Peysar</i>	5-10-12	20	2-23-12	5-23-12
PHILIPP, Jody	<i>Jody Philipp</i>	5-2-12	15	3-2-12	5-23-12
RUBIO, Prudence	<i>Prudence Rubio</i>	5-11-12	15	2-1-12	5-23-12
RYAN, Kathleen	<i>Kathleen Ryan</i>	5-1-12	18	2-10-12	5-23-12
SARFF, Marlene	<i>Marlene Sarff</i>	5-22-12	18	5-22-12	5-23-12
SCHNEIDER, Nancy	<i>Nancy Schneider</i>	3-26-12	20	3-26-12	5-23-12
SCHULTZ, Jessica	<i>Jessica Schultz</i>	5-8-12	18	3-1-12	5-23-12
STICH, Reina	<i>Reina Stich</i>	5-17-12	17	6-5-12	5-23-12
SUNDERMEYER, Ruth	<i>Ruth Sundermeyer</i>			2-16-12	5-23-12
SWENSON, Beth	<i>Beth Swenson</i>	5-10-12	18	2-8-12	5-23-12
TANGE, Sue	<i>Sue Tange</i>	4-30-12	20	1-23-12	5-23-12
TOHM, Kaycie	<i>Kaycie Tohm</i>	5-22-12	17	5-11-12	5-23-12
TROTTER, Emily	<i>Emily Trotter</i>	4-30-12	20	5-17-12	5-23-12
TUPER, Debra	<i>Debra Tuper</i>	5-22-12	19	5-22-12	5-23-12
WEST, Jan	<i>Jan West</i>	4-2-12	17	3-1-12	5-23-12
ZAHN, Rae	<i>Rae Zahn</i>	5-7-12	19	4-24-12	5-23-12

## INCOME MAINTENANCE CASELOAD HISTORY

<b>2012</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
MAXIS	1813	1819	1820	1832	1848	1848	1842					
MNCare	341	346	368	345	309	332	351					
Day Care	72	70	73	72	72	62	63					
Totals	2226	2235	2261	2249	2229	2242	2256					
Applications-MAXIS	91	62	77	71	94	77	63					
<b>2011</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
MAXIS	1727	1748	1784	1827	1848	1847	1837	1843	1802	1823	1822	1827
MNCare	521	532	442	381	354	354	336	346	350	343	347	347
Day Care	72	71	71	80	72	80	87	82	84	81	80	74
Totals	2320	2351	2297	2288	2274	2281	2260	2271	2236	2247	2249	2248
Applications-MAXIS	84	79	115	100	84	92	73	100	62	96	84	65
<b>2010</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
MAXIS	1686	1675	1705	1694	1686	1668	1676	1664	1665	1671	1695	1703
MNCare	408	417	419	442	439	439	451	477	490	502	522	513
Day Care	77	74	68	67	67	67	67	63	62	62	67	72
Totals	2171	2166	2192	2203	2192	2174	2194	2204	2217	2235	2284	2288
Applications-MAXIS	76	52	75	90	68	64	73	82	68	88	85	73
<b>2009</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
MAXIS	1556	1578	1611	1628	1627	1620	1636	1629	1638	1644	1658	1687
MNCare	308	318	322	343	349	356	374	398	400	403	402	399
Day Care	80	81	82	85	83	83	80	84	82	80	81	78
Totals	1944	1977	2015	2056	2059	2059	2090	2111	2120	2127	2141	2164
Applications-MAXIS	93	93	98	91	66	78	89	72	81	84	67	91
<b>2008</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
MAXIS	1451	1474	1472	1469	1488	1492	1477	1465	1482	1496	1509	1532
MNCare	238	241	245	256	265	270	286	289	292	295	301	307
Day Care	52	53	54	58	65	67	69	70	72	77	78	78
Totals	1741	1768	1771	1783	1818	1829	1832	1824	1846	1868	1891	1917
Applications-MAXIS	113	68	75	69	86	62	71	79	78	109	62	109

**MAXIS Cases:** Number of unduplicated cases open for all programs except MNCare & Child Care can be open on multiple programs per case.

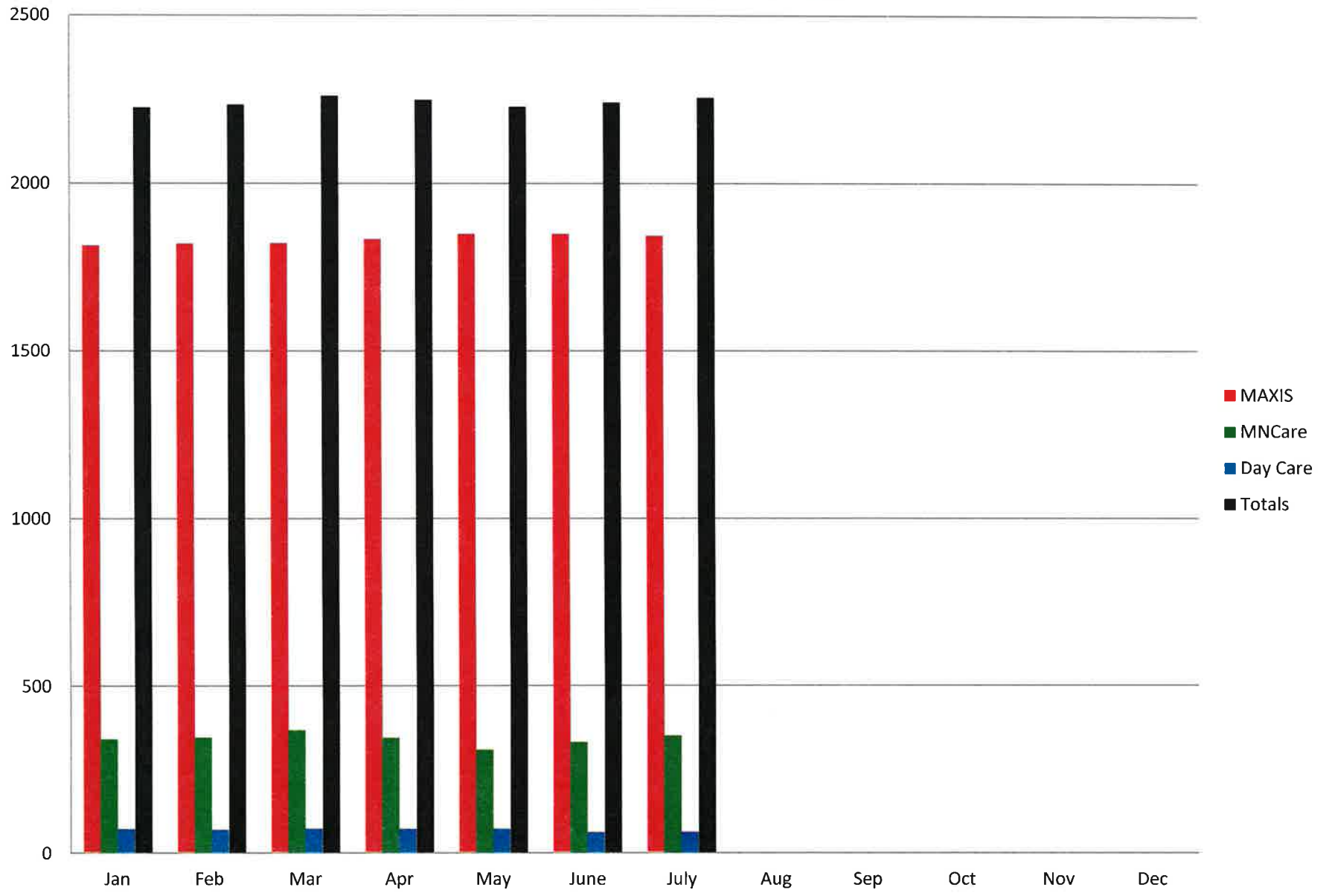
**MNCare:** Number of cases open on MNCare that Aitkin County manages. Residents do have the option of having their MNCare cases managed at the State Level.

**Day Care:** Number of day care cases open.

**Total:** Total cases open.

**Applications – MAXIS:** New applications taken during month for MAXIS programs only. Does not include MN Care or Day Care.

## 2012 Caseload Information





# Aitkin County Health & Human Services

Financial Statement

	Actual Jan-12	Actual Feb-12	Actual Mar-12	Actual Apr-12	Actual May-12	Actual Jun-12	Actual Jul-12
<b>Income:</b>							
Tax Levy					-	1,396,425.52	-
CPA and In Lieu					1,500.08	-	3,335.00
State Revenue	37,736.43	21,444.68	84,969.04	2,560.19	18,595.31	79,430.43	238,333.79
Federal Revenue	73,953.74	291,098.08	190,428.89	67,463.70	298,328.09	182,730.98	98,405.46
Revenue From Third Party	11,551.83	11,760.42	12,775.59	13,857.34	16,444.54	20,384.56	18,367.80
Misc. Revenue	43,294.72	44,024.17	48,669.06	25,717.24	38,444.81	25,137.67	26,126.19
<b>Total:</b>	<b>166,536.72</b>	<b>368,327.35</b>	<b>336,842.58</b>	<b>109,598.47</b>	<b>373,312.83</b>	<b>1,704,109.16</b>	<b>384,568.24</b>
<b>Expenditures:</b>							
Payments to Recipients	151,909.53	123,684.35	160,821.95	177,680.73	121,117.18	145,551.15	141,903.48
Salaries and Fringes	299,542.87	265,354.84	265,483.59	279,680.75	271,104.95	386,477.04	277,150.76
Services and Charges	21,637.87	25,137.47	29,900.95	24,731.64	22,593.66	19,694.70	25,724.06
Travel and Insurance	46,667.28	3,467.94	4,765.15	3,981.74	3,306.05	(86.94)	4,600.87
Office Supplies	1,672.83	3,523.06	1,881.28	1,705.78	3,896.44	4,208.65	941.33
Capital Outlay	447.25	5,029.08	30.59	1,375.07	94.53	3,016.47	29,984.00
Misc Expense & Pass Thru	10,576.43	14,848.42	5,716.47	46,061.68	4,003.14	8,684.58	36,187.81
<b>Total:</b>	<b>532,454.06</b>	<b>441,045.16</b>	<b>468,599.98</b>	<b>535,217.39</b>	<b>426,115.95</b>	<b>567,545.65</b>	<b>516,492.31</b>
<b>Final Totals:</b>	<b>(365,917.34)</b>	<b>(72,717.81)</b>	<b>(131,757.40)</b>	<b>(425,618.92)</b>	<b>(52,803.12)</b>	<b>1,136,563.51</b>	<b>(131,924.07)</b>

Cash Balance as of 08/2011

**4,208,880.84**

Cash Balance as of 08/28/2012

**3,966,799.46**

	Actual Aug-12	Actual Sep-12	Actual Oct-12	Actual Nov-12	Actual Dec-12
<b>Income:</b>					
Tax Levy					
CPA and In Lieu					
State Revenue					
Federal Revenue					
Revenue From Third Party					
Misc. Revenue	2,033.40				
<b>Total:</b>	<b>2,033.40</b>	-	-	-	-
<b>Expenditures:</b>					
Payments to Recipients	120,177.03				
Salaries and Fringes	257,388.09				
Services and Charges	16,368.02				
Travel and Insurance	3,598.64				
Office Supplies	1,622.10				
Capital Outlay	51,193.25				
Misc Expense & Pass Thru	12,146.52				
<b>Total:</b>	<b>462,493.65</b>	-	-	-	-
<b>Final Totals:</b>	<b>(460,460.25)</b>	-	-	-	-

	YTD 2012	ACTUAL 2011	ACTUAL 2010	ACTUAL 2009	ACTUAL 2008	ACTUAL 2007	ACTUAL 2006	ACTUAL 2005
<b>Income:</b>								
Tax Levy	1,396,425.52	2,345,969.16	2,333,865.63	2,340,935.73	2,409,856.71	2,303,196.53	1,817,723.90	1,821,945.15
CPA and In Lieu	4,835.08	236,240.57	235,223.92	321,690.72	303,462.53	389,866.09	312,877.69	454,674.85
State Revenue	483,069.87	736,864.33	611,120.93	632,506.88	936,661.64	790,366.43	905,921.06	938,238.57
Federal Revenue	1,202,408.94	2,120,681.67	2,225,918.50	2,266,036.42	2,031,189.00	2,013,560.50	1,993,226.16	2,011,677.42
Revenue From Third Party	105,142.08	163,265.77	126,077.60	-	-	-	-	-
Misc. Revenue	253,447.26	446,320.68	541,300.99	575,677.90	608,372.74	568,060.27	484,763.05	367,679.15
<b>Total:</b>	<b>3,445,328.75</b>	<b>6,049,342.18</b>	<b>6,073,507.57</b>	<b>6,136,847.65</b>	<b>6,289,542.62</b>	<b>6,065,049.82</b>	<b>5,514,511.86</b>	<b>5,594,215.14</b>
<b>Expenditures:</b>								
Payments to Recipients	1,142,845.40	1,729,427.71	1,862,889.86	1,818,277.01	1,729,049.89	1,827,333.49	1,858,630.93	2,044,180.37
Salaries and Fringes	2,302,182.89	3,602,677.75	3,585,784.86	3,658,299.47	3,300,291.25	3,091,358.49	2,911,440.42	2,804,023.07
Services and Charges	185,788.37	271,548.15	305,453.93	295,501.81	327,685.72	271,589.87	281,345.91	284,829.34
Travel and Insurance	70,300.73	96,969.42	107,221.46	125,924.90	125,736.88	91,625.96	96,293.29	144,092.83
Office Supplies	19,451.47	61,209.60	56,501.21	52,262.98	79,742.17	63,677.05	65,267.30	59,081.39
Capital Outlay	91,170.24	23,482.25	33,649.79	68,997.74	35,484.07	24,380.79	40,048.96	83,382.08
Misc Expense & Pass Thru	138,225.05	96,521.72	123,123.15	142,355.79	133,526.22	148,157.71	145,866.15	129,998.55
<b>Total:</b>	<b>3,949,964.15</b>	<b>5,881,836.60</b>	<b>6,074,624.26</b>	<b>6,161,619.70</b>	<b>5,731,516.20</b>	<b>5,518,123.36</b>	<b>5,398,892.96</b>	<b>5,549,587.63</b>
<b>Final Totals:</b>	<b>(504,635.40)</b>	<b>167,505.58</b>	<b>(1,116.69)</b>	<b>(24,772.05)</b>	<b>558,026.42</b>	<b>546,926.46</b>	<b>115,618.90</b>	<b>44,627.51</b>

## AITKIN COUNTY FOSTER CARE

1995	\$479,058.88	71	1998	\$470,228.76	61	2001	\$840,674.02	116
1996	\$309,224.35	55	1999	\$619,842.48	68	2002	\$927,493.49	94
1997	\$385,075.19	52	2000	\$663,637.48	85	2003	\$1,210,524.55	81

	2004	2005	2006	2007	2008	2009	2010	2011	2012
JAN	\$85,870.11	\$91,859.24	\$51,726.58	\$57,760.29	\$51,397.99	\$71,257.41	\$73,496.04	\$78,312.32	\$59,278.73
FEB	\$106,979.42	\$109,304.41	\$68,866.00	\$94,242.30	\$62,605.01	\$78,980.18	\$82,467.05	\$82,982.51	\$78,783.86
MARCH	\$103,213.96	\$81,902.93	\$76,104.53	\$67,724.29	\$62,918.27	\$75,728.59	\$75,000.60	\$61,384.45	\$89,386.88
APRIL	\$76,029.53	\$60,264.65	\$79,550.97	\$74,285.29	\$62,865.11	\$91,603.72	\$79,548.43	\$69,570.36	\$101,195.78
MAY	\$96,975.97	\$109,412.53	\$98,465.86	\$74,048.44	\$71,824.48	\$74,777.50	\$77,811.48	\$73,398.62	\$70,140.91
JUNE	\$137,016.87	\$71,264.95	\$65,097.81	\$85,395.63	\$79,633.26	\$78,255.63	\$99,039.56	\$92,735.90	\$79,654.30
JULY	\$44,323.09	\$26,670.38	\$80,537.52	\$59,397.74	\$76,076.59	\$84,874.52	\$74,466.67	\$63,530.39	\$68,929.00
AUG	\$100,544.43	\$66,181.94	\$87,956.95	\$66,770.76	\$74,550.01	\$74,213.76	\$97,571.86	\$77,971.22	\$67,386.62
SEPT	\$79,903.85	\$61,895.20	\$65,385.62	\$68,837.51	\$67,930.63	\$74,599.74	\$70,427.32	\$65,924.31	
OCT	\$84,958.85	\$65,919.95	\$45,768.32	\$52,226.54	\$66,331.65	\$73,431.32	\$89,100.75	\$83,971.03	
NOV	\$71,376.08	\$89,988.14	\$62,024.64	\$66,203.74	\$77,776.03	\$91,038.51	\$76,359.06	\$78,148.23	
DEC	\$66,841.89	\$76,710.59	\$66,338.45	\$51,560.49	\$80,602.70	\$81,512.33	\$75,599.03	\$58,313.77	
TOTAL	\$1,054,034.05	\$911,374.91	\$847,823.25	\$818,453.02	\$834,511.73	\$950,273.21	\$970,887.85	\$886,243.11	\$614,756.08
CHILDREN	76	69	73	75	63	64	57	56	
	\$156,490.50	\$138,180.22	\$63,551.66	\$29,370.23	\$16,058.71	\$115,761.48	\$20,614.64	(\$84,644.74)	(\$271,487.03)
	Decrease	Decrease	Decrease	Decrease	Increase	Increase	Change	Change	Change
	from 2003	from 2004	from 2005	from 2006	from 2007	from 2008	from 2009	from 2010	from 2011

### 2010 Foster Care Breakdown

Child Shelter	\$9,488.00
Treatment Foster	\$56,083.53
Child Foster Care	\$476,817.55
Rule 8 FC	\$76,179.08
Corrections	\$170,224.47
Elec Mon./SE	\$1,201.39
Rule 5	\$140,169.52
Respite	\$34,850.93
Child Care	\$1,579.00
Health Services	\$81.56
Transportation	<u>\$9,584.21</u>

Total \$976,259.24

### 2009 Foster Care Reimbursement

IV-E	\$80,672.00
Rule 5	\$42,553.42
Recoveries	\$82,673.14

Total \$205,898.56

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

Recoveries may be collected long after child has left placement.

IV-E and Rule 5 equals what has been paid to the county for 2009 expenses.

### 2011 Foster Care Breakdown

Child Shelter	\$2,832.90
Treatment Foster	\$101,130.13
Child Foster Care	\$317,597.09
Rule 8 FC	\$79,291.48
Corrections	\$316,273.71
18-21	\$1,228.00
Rule 5	\$70,889.29
Respite	\$8,645.32
Child Care	\$1,166.65
Health Services	\$193.65
Transportation	<u>\$10,267.87</u>

Total \$909,516.09

### 2010 Foster Care Reimbursement

IV-E	\$81,539.76
Rule 5	\$37,364.89
Recoveries	\$130,255.98

Total \$249,160.63

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

Recoveries may be collected long after child has left placement.

IV-E and Rule 5 equals what has been paid to the county for 2010 expenses.

### 2012 Foster Care Breakdown Year to Date

Child Shelter	\$4,619.10
Treatment Foster	\$55,672.45
Child Foster Care	\$176,546.62
Rule 8 FC	\$72,407.90
Corrections	\$204,784.26
Electronic Monitor	\$352.00
Rule 5	\$93,725.38
Respite	\$5,480.42
Child Care	
Health Services	\$344.00
Transportation	<u>\$3,858.37</u>

Total \$617,790.50

### 2011 Foster Care Reimbursement

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

Total \$306,687.62

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

Recoveries may be collected long after child has left placement.

IV-E and Rule 5 equals what has been paid to the county for 2011 expenses.



**2009 Foster Care Breakdown**

	Total	Social Service	Corrections	ICWA
Child Shelter	\$5,786.00	\$850.44	\$4,226.66	\$708.90
Treatment Foster	\$33,811.16	\$0.00	\$33,811.16	\$0.00
Child Foster Care	\$495,964.60	\$396,551.82	\$0.00	\$99,412.78
Rule 8 FC	\$75,567.15	\$19,937.80	\$44,677.35	\$10,952.00
Corrections	\$189,502.10	\$0.00	\$120,750.96	\$68,751.14
Home Monitoring	\$1,504.00	\$0.00	\$1,504.00	\$0.00
Rule 5	\$138,250.40	\$95,414.70	\$0.00	\$42,835.70
Respite	\$7,861.70	\$7,861.70	\$0.00	\$0.00
Child Care	\$670.50	\$670.50	\$0.00	\$0.00
Health Services	\$455.36	\$455.36	\$0.00	\$0.00
Transportation	\$10,803.21	\$10,803.21	\$0.00	\$0.00
Total	\$960,176.18	\$532,545.53	\$204,970.13	\$222,660.52
Total	\$960,176.18			

**2010 Foster Care Breakdown**

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

**2011 Foster Care Breakdown**

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

**2012 Foster Care Breakdown Year to Date**

	Total	Social Service	Corrections	ICWA
Child Shelter	\$4,619.10	\$613.50	\$4,005.60	\$0.00
Treatment Foster	\$55,672.45	\$55,672.45	\$0.00	\$0.00
Child Foster Care	\$176,546.62	\$108,179.69	\$9,783.11	\$58,583.82
Rule 8 FC	\$72,407.90	\$7,061.90	\$43,916.00	\$21,430.00
Corrections	\$204,784.26	\$0.00	\$148,093.66	\$56,690.60
Electronic Monitoring	\$352.00	\$0.00	\$352.00	\$0.00
Rule 5	\$93,725.38	\$93,725.38	\$0.00	\$0.00
Respite	\$5,480.42	\$5,480.42	\$0.00	\$0.00
Child Care	\$0.00	\$0.00	\$0.00	\$0.00
Health Services	\$344.00	\$344.00	\$0.00	\$0.00
Transportation	\$3,858.37	\$3,858.37	\$0.00	\$0.00
Total	\$617,790.50	\$274,935.71	\$206,150.37	\$136,704.42
Total	\$617,790.50			



**AITKIN COUNTY VOLUNTEER DRIVER TRANSPORTATION**

<b>MONTH</b>	<b>MEDICAL TRANSPORTS COMPLETED</b>	<b>OTHER TRANSPORTS COMPLETED*</b>	<b>TRANSPORTS CANCELED OR NO SHOWS</b>	<b>TOTAL TRANSPORTS ARRANGED</b>	<b>COUNTY EXPENSE FOR MEDICAL TRANSPORTS</b>
<b>AUG</b>	<b>55</b>	<b>2</b>	<b>16</b>	<b>73</b>	<b>\$581.29</b>
<b>SEPT</b>	<b>66</b>	<b>2</b>	<b>12</b>	<b>80</b>	<b>\$512.54</b>
<b>OCT</b>	<b>64</b>	<b>2</b>	<b>7</b>	<b>73</b>	<b>\$1,255.12</b>
<b>NOV</b>	<b>59</b>	<b>2</b>	<b>16</b>	<b>77</b>	<b>\$517.31</b>
<b>DEC</b>	<b>65</b>	<b>0</b>	<b>17</b>	<b>82</b>	<b>\$791.49</b>
<b>JAN `12</b>	<b>79</b>	<b>2</b>	<b>16</b>	<b>97</b>	<b>\$702.78</b>
<b>FEB `12</b>	<b>70</b>	<b>1</b>	<b>29</b>	<b>100</b>	<b>\$671.32</b>
<b>MARCH</b>	<b>58</b>	<b>2</b>	<b>20</b>	<b>80</b>	<b>\$838.15</b>
<b>APRIL</b>	<b>81</b>	<b>2</b>	<b>14</b>	<b>97</b>	<b>\$1,211.38</b>
<b>MAY</b>	<b>63</b>	<b>1</b>	<b>22</b>	<b>86</b>	<b>\$764.25</b>
<b>JUNE</b>	<b>73</b>	<b>0</b>	<b>11</b>	<b>84</b>	<b>\$1,052.56</b>
<b>JULY</b>	<b>83</b>	<b>2</b>	<b>17</b>	<b>102</b>	<b>\$1,489.61</b>
<b>AUG</b>					<b>\$744.07</b>

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

As of July 31, 2012 - we have 228 more rides on the books through July this year than in 2011....and beyond that too!

## AITKIN-ITASCA-KOOCHICHING COMMUNITY HEALTH BOARD

### Talking Points

**Meeting Date: August 9, 2012**

### Financial Information:

- Reviewed the CHS budget and financial reports for various grants. Grants expenditures were on target for the year.

### Administrative Information:

- **CHS Annual Audit** - Grants Manager, Karen Benson met with the Auditor last week to begin review of CHS records for the 2011 Audit. The auditor had dedicated 2 days to reviewing records and the work was done in one day. Karen and Sue reported that everything seems to be on track and we will get a final report at the October Board meeting. A new form, GASB 54, is required. It is a policy adopted by the Board which indicates how fund balances will be handled and specifies classification of funds. Sue Erzar reviewed the document, and the board voted unanimously to adopt this policy. **(policy is attached)**
- **Triad Update** - PH supervisors /directors, CHS Grants Manager and MDH Public Health Nurse Consultant make up Triad Group. The group has continued to meet monthly and reviewed a data tool developed with assistance from Amy Westbrook, our regional Epidemiologist. This will be used as part of the Local Public Health Assessment which is a required assessment of our communities public health. This tool will list health indicators and will review statistics and trends in each of the three counties and for the tri-county as a whole over several years. Staff will be able to populate this tool going forward so that we can continue to monitor trends.
- **Electronic Medical Records (EMR)** – All 3 counties are required to have EMR capabilities by 2015. The 3 counties are exploring purchasing a system which will be compatible with all 3 counties and meet the requirements. We have been researching a system which can be utilized in all 3 counties and purchased jointly. We will be having a demonstration of the system in Aitkin County in the near future and should have a purchase decision soon after that. It is the groups plan to utilize some CHS monies combined with payments from each of the 3 counties. Each county will have their own licenses and separate data bases. By purchasing jointly we are receiving a substantial discount.
- **MN Vaccines for Children** – This is a federally funded program to provide vaccines to underinsured or uninsured children. Beginning July 1, 2012, private clinics will no longer be reimbursed for these vaccines, and underinsured or uninsured children must obtain this vaccine through public health if they would like the vaccine at no charge.
- **Pertussis** – There has been a greater incidence of pertussis (whooping cough) cases in

our state. Sue shared a handout about this.

- **CHS Conference** – The annual Community Health Conference will be held October 3-5, 2012 at Cragun's Conference Center in Brainerd.
- **Other** – Health alert information for Swine Influenza – we should be alert at county and state fairs that this influenza is noted in swine and is transmissible to humans. The public is encouraged to practice good hygiene (hand washing) if visiting swine barns at the fair. Also, clinics and hospitals were alerted to the death of a child due to primary amoebic meningoencephalitis, a rare parasitic infection believed to be contracted at a lake near Stillwater, MN.

## **Statewide Health Improvement Grant (SHIP)/ Community Transformation Grant (CTG) Update:**

- **Annie Harala**, NE Regional SHIP/ CTG Coordinator updated the Board on the two programs.
- **SHIP** has entered its second funding period. Highlights included: Itasca received signage regarding tobacco free policy; Aitkin and Itasca counties working with clinics to promote breastfeeding; Riverwood Clinic in Aitkin received a Baby friendly status; All 3 counties are working on obesity prevention; Aitkin had to cancel bike rodeo in Aitkin due to flooding and will hold it in conjunction with McGregor's bike rodeo in the future. Both communities are promoting safe routes to school; All 3 counties are promoting walkability and bikeability.
- **Community Transformation Grant** - The 7 county region will receive \$675,000 per year for the next 4 years to work on 4 areas: Healthy Food Environment, Tobacco Free Environment, Physical Activity Environment, Health Care Setting Environment. Annie shared a handout describing strategies for each area, and expected activities in our counties.

## **Local Public Health Report:**

- LPHA did not meet in July. The next scheduled meeting is August 16, 2012.
- 

## **State CHS Advisory Committee (SCHSAC) Report:**

- SCHSAC did not meet in July.
- 

## **Public Health Reports:**

- Reports were presented by Public health staff from each county.

**Other:** Marie Margitan said a NE Public Health Practice Conference will be held in Duluth in May of 2013.

## **Next Meeting:**

- The next meeting of the Community Health Board will be October 11, 2012 in International Falls.

Aitkin, Itasca, Koochiching Community Health Services Board

Grand Rapids, Minnesota

FUND BALANCE POLICY

Adopted August 9, 2012

I. PURPOSE

The purpose of this policy is to establish specific guidelines the Aitkin, Itasca, Koochiching Community Health Services Board (AIK CHS) will use to maintain an adequate level of fund balance to provide for cash flow requirements and contingency needs.

The purpose of this policy is to also establish specific guidelines the AIK CHS will use to classify fund balances into a categories based primarily on the extent to which the CHS is bound to honor constraints on the specific purposes for which amounts in these funds can be spent.

II. CLASSIFICATION OF FUND BALANCE/PROCEDURES

1. **Non-spendable**

- This category includes fund balance that cannot be spent because it is either (i) not in spendable form or (ii) is legally or contractually required to be maintained intact. Examples include inventories and prepaid amounts.

2. **Restricted**

- Fund balance should be reported as restricted when constraints placed on those resources are either (i) externally imposed by creditors, grantors, contributors, or laws or regulations of other governments or (ii) imposed by law through constitutional provisions or enabling legislation.

3. **Committed**

- Fund balance that can only be used for specific purposes pursuant to constraints imposed by formal action of the AIK CHS Board. The committed amounts cannot be used for any other purpose unless the Board removes or changes the specified use by taking the same type of action it employed to commit those amounts.
- The Board will annually or as deemed necessary commit specific revenue sources for specified purposes by resolution. This formal action must occur prior to the end of the reporting period, however, the amount to be subject to the constraint, may be determined in the subsequent period.



- To remove the constraint on specified use of committed resources the Board shall pass a resolution.

#### **4. Assigned**

- Amounts that are constrained by the CHS's intent to use for specified purposes, but are neither restricted nor committed. Assigned fund balance in the General Fund includes amounts that are intended to be used for specific purposes.
- The CHS Board has delegated the authority to assign and remove assignments of fund balance amounts for specified purposes to the Administrator.

#### **5. Unassigned**

- Unassigned fund balance represents the residual classification for the General Fund. It includes amounts that have not been assigned to other funds and that have not been restricted, committed, or assigned to specific purposes within the General Fund. The General Fund should be the only fund that reports a positive unassigned fund balance amount.
  - i. The CHS will maintain an unrestricted fund balance in the General Fund of an amount not less than 0% of the next year's budgeted expenditures of the General Fund.
  - ii. Unrestricted fund balance can be "spent down" if there is an anticipated budget shortfall in excess of \$0.
  - iii. If spending unrestricted fund balance in designated circumstances has reduced unrestricted fund balance to a point below the minimum targeted level, as noted above, the replenishment will be funded by appropriations from member counties.

### **III. STABILIZATION ARRANGEMENTS**

Stabilization arrangements are defined as formally setting aside amounts for use in emergency situations or when revenue shortages or budgetary imbalances arise.

The Board will set aside amounts by resolution as deemed necessary that can only be expended when specific circumstances exist. A Resolution will identify and describe the specific circumstance under which a need for stabilization arises. The need for stabilization will only be utilized for situations that are not expected to occur routinely.

IV. MONITORING AND REPORTING


The CHS Grants Manager and CHS Administrator shall annually prepare the status of fund balances in relation to this policy and present to the Board in conjunction with the development of the annual budget.

When both restricted and unrestricted resources are available for use, it is the CHS's policy to first use restricted resources, and then use unrestricted resources as they are needed.

When committed, assigned or unassigned resources are available for use, it is the CHS's policy to use resources in the following order; 1.) committed 2.) assigned and 3.) unassigned.

A negative residual amount may not be reported for restricted, committed, or assigned fund balances in the General Fund.

This policy shall be effective upon approval by the Board on August 9, 2012.

  
\_\_\_\_\_

Board Chair

Attest:

  
\_\_\_\_\_

CHS Administrator

# AITKIN COUNTY HEALTH & HUMAN SERVICE ADVISORY COMMITTEE MEETING MINUTES Wednesday, August 1, 2012

**Committee Members Present:**

Vernon Awes  
Jim Carlson  
Roberta Elvecrog  
Mickey Gault  
Kami Genz, CMCC  
Renee Larson  
David Leaf  
Robert Lewis  
Tricia Martin, ACCare  
Sara Math, AFSCME Union Rep  
Cheryl Meld  
Michele Plagman  
Commissioner Laurie Westerlund

**Others Present:**

Sue Tange, Social Service Supervisor  
Susan Cebelinski, Social Service Supervisor  
Julie Lueck, Clerk to this Committee  
Stacey Durgin, Public Health Educator

**Absent:**

Kathy Barker  
Commissioner Anne Marcotte

**I. Approval of Agenda**

*Motion by Dave Leaf, seconded by Michele Plagman, and carried; the vote was to approve the Agenda with the addition of a video titled, "Just in Time" Psychological First Aid training.*

**II. Approval of Minutes of the April 4, 2012 Meeting**

*Motion by Renee Larson, seconded by Vern Awes, and carried, the vote was to approve the April 4, 2012, minutes as mailed.*

**III. Health Education in Schools/Youth Risk Behaviors – Cheryl Meld/Stacey Durgin**

Stacey Durgin reviewed the requirements for graduation with respect to Physical Education and Health Education in the Aitkin, McGregor and Hill City Schools. National Guidance with a lot of local decisions determine what actually is covered in each school. (See attached handout.)

Stacey also discussed health reform in Minnesota with SHIP (Statewide Health Improvement Program) in the various schools. In the Aitkin Schools, SHIP programs include: Birthday Parties, a Nutriman Garden, the Nutriman Snack Program for grades K-1, and the Nutriman Logo. In McGregor Schools, SHIP programs include: Foods in classrooms & classroom celebrations, minor lunch modifications (based on new legislation), Action for Healthy Kids (AFHK) Grant that includes taste testing for healthier options in competitive foods venue: A La Carte, Concessions, and Vending. Safe Routes to School (SRTS) Grant programs in McGregor include: Fire Up Your Feet, Walk to School Day/Walking School Bus, Striping biking / walkways, Bike Expo/Rodeo (possibly Yeti/Third Layer), and HWY crossing. (See attached

handout.)

Juvenile Offenses statistical information prepared by Kami Genz was reviewed by Stacey. Noted that the charges seem to be higher and there is a higher volume of younger kids involved in these behaviors. Kami joined the meeting and also reviewed and answered questions about the statistical Juvenile Offenses information from January 2011 to July 2012. (See attached handout.) Kami noted that some of the numbers are one child with multiple charges. She is also working with some of the kids through the Juvenile Diversion program spending 6 months so the charges don't go on their permanent record. She discussed the EJJ (Extended Juvenile Jurisdiction) which has a prison sentence hanging over the juvenile's head until they are 21 years old. Kami didn't feel any particular part of the county showed up as more prevalent with these behaviors either.

Cheryl Meld discussed some of the ongoing programs in the McGregor School which include: the DARE program for fifth graders; the "All Starz" program dealing with risk behavior prevention; the Fresh Fruit & Veggies program for K-6 kids; a high need program that gets snack packs once per month to kids from low income households for long weekends; and the Summer Nutrition Program (from Kids Plus) who provides lunches daily at a location in McGregor (which will probably end this year as the cost is now exceeding the service and reimbursement).

#### **IV. Hot Topics for Discussion**

- A. "Just in Time" Psychological First Aid Training Video** was viewed by the committee followed by discussion relative to the recent flooding in both Aitkin and McGregor areas.
- B. Aitkin County CARE – Tricia Martin** updated the committee about the part ACCARE played in coordinating volunteers with the needs of folks experiencing flood damage. Tricia had statistical information to share and discuss. (See attached information filed with these minutes.) Tricia noted the CARE office received 1,056 calls for service opportunities where people came in for supplies and assistance. They also took 75 requests for service ranging from a referral to help with snail clean up, to debris removal, sandbagging, and mold and mildew issues. They also received monetary donations designated for relief which will go to helping provide supplies to people that are not able to be secured through other agencies (mostly gloves), helping to feed outside volunteers who have come in, and then they have a task force that will help identify people in need and determine where the funds can best be used.

#### **V. Comments:**

- A. Comments from the Committee Members for the Commissioners relative to HHS –**  
Nothing noted at this meeting.
- B. Feedback from the Board Meetings –** from those folks who attended the meetings:
  - April Meeting - Roberta Elvecrog & Sara Math
  - May Meeting – Kathy Barker & Dave Leaf
  - June Meeting – Jim Carlson & Michelle Plagman
  - July Meeting – Roberta Elvecrog & Vern AwesNothing specific noted from these meetings.

#### **C. Committee Members scheduled to attend upcoming Board Meetings in 2012**

AUGUST 28	Vern Awes	Roberta Elvecrog
SEPTEMBER 25	Dave Leaf	Roberta Elvecrog

OCTOBER 23  
NOVEMBER 27  
DECEMBER 18

Mickey Gault  
Roberta Elvecrog  
Tricia Martin

Roberta Elvecrog  
Cheryl Meld  
Cheryl Meld

**VI. Community Recognition**

- A. Newspaper on Tape Certificates for presentation.** Commissioner Wedel will be contacted to sign these certificates and Tricia Martin, Commissioner Laurie Westerlund and Betty Jacobs (of the AC CARE office) will take care of making the presentation.

**VII. Miscellaneous Discussion**

- A. Committee Members signed the Thank You letter for Ronda Shaw.**

**IX. Adjourn**

*Motion by Dave Leaf, seconded by Vern Awes, and carried; the vote was to adjourn the meeting at 5:07 p.m.*

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Roberta Elvecrog, Chairperson

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

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

- Draft copy of the Minutes of the April 4, 2012, Advisory Committee Meeting
- Minutes of the April 24, 2012, Health & Human Services Board Meeting
- Minutes of the May 22, 2012, Health & Human Services Board Meeting
- Minutes of the June 26, 2012, Health & Human Services Board Meeting
- Draft copy of the July 24, 2012 Health & Human Services Board Meeting Minutes was handed out at this meeting.



The following requirements must be met for graduation:

**Aitkin School District**

2 trimester credits in Physical Education

1 trimester credit – Health

- K-6<sup>th</sup> Grade have Phys Ed for 25 mins 2X per 5 day period.
- 1 trimester of Health: 7<sup>th</sup> and 8<sup>th</sup> Grade
- 1 trimester Health: 9<sup>th</sup> Grade, required. To investigate your own health and wellness. Through a study of health as more than prevention of disease, but a complete look at physical, mental and emotional well-being. Students will use a decision-making model to help them make decisions on many different health issues and problems that teens face on a daily basis. Students will also do an in-depth study on a health topic of interest to them.
- 1 trimester PE 9/10 Required: Grades 9-10. Description: All 9th & 10th graders are required to take one trimester of physical education each year.
- HEALTH ELECTIVES: Health Careers (11-12)
- PHYSICAL EDUCATION ELECTIVES: Personal Fitness Planning (11-12); Recreational Life Skills (11-12); Introduction to Athletic Training (11-12) \*NOTE: Students may take only one physical education class per trimester.

**McGregor School:**

Health: 2 semester credits

Physical Ed: 2 semester credits (9<sup>th</sup> and 10<sup>th</sup>)

- K-6<sup>th</sup> Grade: PE every day, 30 minutes
- 7th Grade: P.E. all year, Health one semester and Quest one semester
- 8th Grade: PE all year, Values and Choices one semester and Health one semester
- 9<sup>th</sup> & 10<sup>th</sup> grade: PE
- 9th Grade: Health & CPR
- 10th Grade: Health.
- PE alternates with the other course in each grade level for example PE, 3 days and the other class 2 days per week during the time period
- PHYSICAL EDUCATION ELECTIVES: Fall Recreation (10-12), Weight Training (10-12)

**Hill City School:**

Physical Education/Health 2 Credits

- Elementary PE: every day, 30-50 minutes
- 7<sup>th</sup>/8<sup>th</sup> Grade: PE/Health
- 10<sup>th</sup> Grade: PE/Health
- PHYSICAL EDUCATION ELECTIVE: Sports Fitness

The National Health Education Standards (NHES) were developed to establish, promote and support health-enhancing behaviors for students in all grade levels—from pre-Kindergarten through grade 12. The NHES provide a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. Importantly, the standards provide students, families and communities with concrete expectations for health education.

### **National Health Education Standards**

Standard 1: Students will comprehend concepts related to health promotion and disease prevention.

Standard 2: Students will demonstrate the ability to access valid health information and health-promoting products and services.

Standard 3: Student will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

Standard 4: Students will analyze the influence of culture, media, technology, and other factors on health.

Standard 5: Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Standard 6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Standard 7: Students will demonstrate the ability to advocate for personal, family, and community health.

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## Example: Standard 1

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Students will comprehend concepts related to health promotion and disease prevention to enhance health.

**Rationale:** The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviors among youth. This standard includes essential concepts that are based on established health behavior theories and models. Concepts that focus on both health promotion and risk reduction are included in the performance indicators.

### Performance Indicators\*

#### Pre-K-Grade 2

- 1.2.1 Identify that healthy behaviors impact personal health.
- 1.2.2 Recognize that there are multiple dimensions of health.
- 1.2.3 Describe ways to prevent communicable diseases.
- 1.2.4 List ways to prevent common childhood injuries.
- 1.2.5 Describe why it is important to seek health care.

#### Grades 3-5

- 1.5.1 Describe the relationship between healthy behaviors and personal health.
- 1.5.2 Identify examples of emotional, intellectual, physical, and social health.
- 1.5.3 Describe ways in which safe and healthy school and community environments can promote personal health.
- 1.5.4 Describe ways to prevent common childhood injuries and health problems.
- 1.5.5 Describe when it is important to seek health care.

#### Grades 6-8

- 1.8.1 Analyze the relationship between healthy behaviors and personal health.
- 1.8.2 Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence.
- 1.8.3 Analyze how the environment affects personal health.
- 1.8.4 Describe how family history can affect personal health.
- 1.8.5 Describe ways to reduce or prevent injuries and other adolescent health problems.
- 1.8.6 Explain how appropriate health care can promote personal health.
- 1.8.7 Describe the benefits of and barriers to practicing healthy behaviors.
- 1.8.8 Examine the likelihood of injury or illness if engaging in unhealthy behaviors.
- 1.8.9 Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.

**Grades 9-12**

- 1.12.1 Predict how healthy behaviors can affect health status.
- 1.12.2 Describe the interrelationships of emotional, intellectual, physical, and social health.
- 1.12.3 Analyze how environment and personal health are interrelated.
- 1.12.4 Analyze how genetics and family history can impact personal health.
- 1.12.5 Propose ways to reduce or prevent injuries and health problems.
- 1.12.6 Analyze the relationship between access to health care and health status.
- 1.12.7 Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.
- 1.12.8 Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.
- 1.12.9 Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.

**Beginning in the 2012-2013 school year, students must also have physical education, based on standards developed by the National Association for Sport and Physical Education.**

### **Moving into the Future: National Standards for Physical Education**

Physical activity is critical to the development and maintenance of good health. The goal of physical education is to develop physically educated individuals who have the knowledge, skills and confidence to enjoy a lifetime of healthful physical activity.

A physically educated person:

Standard 1: Demonstrates competency in motor skills and movement patterns needed to perform a variety of activities.

Standard 2: Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities.

Standard 3: Participates in regular physical activity.

Standard 4: Achieves and maintains a health-enhancing level of physical fitness.

Standard 5: Exhibits responsible personal and social behavior that respects self and others in physical activity settings.

Standard 6: Values physical activity for health, enjoyment, challenge, self-expression and/or social interaction.



## SHIP in Aitkin Schools:

### NUTRITION

- Birthday Parties
- Nutriman Garden
- Nutriman Snack Program: K-1
- Nutriman Logo

## SHIP in McGregor Schools:

### NUTRITION

- Foods in classrooms / celebrations
- Minor lunch modifications; new legislation
- Action for Healthy Kids (AFHK) Grant:

Taste testing for healthier options in competitive foods venue:

- A La Carte
- Concessions
- Vending

## SAFE ROUTES TO SCHOOL:

- Safe Routes to School (SRTS) Grant:
  - Fire Up Your Feet
  - Walk to School Day / Walking School Bus
  - Striping biking / walkways
  - Bike Expo / Rodeo
  - HWY Crossing

## Stacey Durgin

**From:** Kameron Genz [KGenz@cmncc.org]  
**Sent:** Wednesday, August 01, 2012 10:14 AM  
**To:** 'stacey.durgin@co.aitkin.mn.us'  
**Subject:** sorry-Gone Tues. forgot

### Juvenile Offenses

January 2011 – July 2012

*Extended  
Juvenile  
Jurisdiction up to Age 21*

Offense	Petty/Misdemeanor	Gross Msd	Felony	EJJ	Total
Tobacco	13				13
Alcohol	28				28
Drug related	10		5		15
Theft	32	6	10	4	52
Assault	9	2	3		14
Crim. Sex/related	4	1	2		7
Other or Traffic	25	2	2		29
Totals	121	11	22	4	158

Synthetic Cannabinoids is on the rise with the juvenile's and is my biggest concern currently. In addition it seems like Felony charges are becoming more common, although, they are often pled down to a lesser degree. Juvenile have more access to vehicles, money, chemical and are generally far less supervised. Parents often report that because their child has a cell phone they can check in on them at anytime and know where they are and what they are doing. Unfortunately, juvenile's don't always tell their parents the truth when asked and parents often do not check up on their children but simply take their word for it.



Executive Director&lt; aitkincountycare@gmail.com&gt;

**Fwd: Brochure and Other Information - Aitkin County CARE**

1 message

Aitkin County CARE, Inc. &lt; aitkincountycare@gmail.com&gt;

Wed, Aug 1, 2012 at  
9:01 AM

To: swatson@federatedcoops.com

Take two!

----- Forwarded message -----

From: **Aitkin County CARE, Inc.** <aitkincountycare@gmail.com>

Date: Mon, Jul 30, 2012 at 12:54 PM

Subject: Brochure and Other Information - Aitkin County CARE

To: swatson@federatedcoop.com

Shirley:

It was my pleasure to speak with you this morning. We really appreciate that we would be considered as a recipient of funds for flood relief efforts.

We have been helping to coordinate the staffing of the flood relief center in McGregor. To date we have had 1,056 "service opportunities" where people have come in for supplies and assistance. So far we have also taken 75 requests for service ranging anywhere from a referral, to snail clean up, to debris removal, sandbagging, and mold and mildew issues.

Monies designated for relief will go to helping provide supplies to people that are not able to be secured through other agencies (mostly gloves), helping to feed outside volunteers who have come in, and then we have a task force that will help identify people in need and determine where the funds can best be used.

As we discussed, our "day-job" at CARE is to help seniors and disabled adults stay in their homes. We serve residents through the Aitkin County area. I have enclosed a brochure for your information. Our tax ID# is 80-0620414.

Please do not hesitate to call me if you have any questions. If you would kindly acknowledge receipt of the email to ensure that I have the correct address, that would be most appreciated!

Best Regards,  
Beth Leaf  
Aitkin County CARE, Inc.  
218-927-1383  
877-810-7776 (toll free)

PO Box 212, Aitkin, MN 56431

Our Mission: To enhance and promote the independence, dignity, value, and well-being of older and disabled adults and those who care for them.

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 **CARE Brochure.pdf**  
576K

### Disaster Relief Centers

Number Served - Summary		
Date	McGregor	Hill City
27-Jun	21	
28-Jun	6	
29-Jun	31	
30-Jun	85	
1-Jul	11	3 (to date)
2-Jul	40	0
3-Jul	50	1
4-Jul	20	NA
5-Jul	35	
6-Jul	21	
7-Jul	63	3 (total over week end)
8-Jul	21	
9-Jul	44	
10-Jul	23	
11-Jul	39	2 (since last reporting)
12-Jul	36	?
13-Jul	45	?
14-Jul	66	?
15-Jul	29	?
16-Jul	25	?
17-Jul	30	?
18-Jul	31	?
19-Jul	21	?
20-Jul	39	?
21-Jul	36	?
22-Jul	18	?
23-Jul	28	?
24-Jul	13	
25-Jul	24	
26-Jul	36	
27-Jul	34	
28-Jul	35	
30-Jul		
31-Jul		
1-Aug		

1056

9

Numbers served reflect the number of "contacts" with the Disaster Relief Center.  
 Example: A person/family visiting the relief center more than once to pick up supplies  
 would be recorded multiple times