

TODD COUNTY BOARD OF COMMISSIONERS

Health and Human Services Board Meeting Agenda

Date: December 23, 2014

Time: 9:00 AM

Meeting to be held in the Historic Courthouse, Long Prairie, Minnesota

		Approx. Time
1	Call to Order and Roll Call	9:00
2	Pledge of Allegiance	9:01
3	Amendments to the Agenda	9:03
4	Approve November 25, 2014 Meeting Minutes	9:04
5	General	9:05
5.1	2015 Contract with Northern Pines Mental Health Center	
5.2	Parental Fees for out-of-home 2015 Purchase of Service Agreement with SomePlace Safe Parenting Center	
5.3	Purchase of Service Agreement with Morrison County for Child Support Program Supervision	
5.4		
5.5	Renew Camphill Village Purchase of Service and Host County Contract	
5.6	Approve 2015 Tobacco Licenses Request to change HHS Board Meeting dates in February and March, 2015	
5.7		
5.8	Home Care Survey	
6	Claims	

Adjourn

TODD COUNTY HEALTH & HUMAN SERVICES

Minutes of the Meeting of the Health & Human Services Meeting

November 25, 2014

Call to Order

The Todd County Board of Commissioners met in the Todd County Historic Courthouse in the City of Long Prairie MN on the 25th day of November, 2014 at 9:00 a.m. with all members present. The meeting was opened with the Pledge of Allegiance.

Approval of Agenda

On motion by Erickson and second by Becker, the following motion was introduced and adopted by unanimous vote: To approve the agenda as presented.

Approval of Minutes

On motion by Neumann and second by Kircher, the following motion was introduced and adopted by unanimous vote: To approve the October 28, 2014 minutes as read.

Volunteer Driver Program

Katherine Mackedanz reported on the Volunteer Driver Program. Katherine provided an update on program statistics, program trends, addressing sustainability, and discussed proposed changes for 2015.

MN Rural CEP

On motion by Kircher and second by Erickson, the following motion was introduced and adopted by unanimous vote: To approve the MN Rural Cep, Incorporated updated budget effective Jan 1, 2015 - Dec 31, 2015.

Purchase Service Agreement with Morrison Co

Discussion was held regarding the service agreement with Morrison County for the Child Support Supervisor. After further discussion, it was decided to table this topic until the next Health & Human Services Meeting on December 23, 2014.

MNsure Program

Lisa Chapin was present and gave an update on the MNsure program.

Todd County DAC Program

Mike Steinbeisser was present and gave an update on the Todd County DAC Rate Variance.

Mental Health Grant

Jackie Och and Mike Steinbeisser gave an update on the 2015 Mental Health Grant.

Glen from Northern Pines Mental Health Center was unable to attend today's meeting. This topic will be discussed at the next HHS Meeting on December 23, 2014.

Parent Ed Services

On motion by Neumann and second by Kircher, the following motion was introduced and adopted by unanimous vote: To approve Purchase of Service Agreement with Parent Education Services of

Alexandria, effective Jan 1, 2015 - Dec 31, 2015. Parent Education Services of Alexandria accepts referrals made by Todd Co HHS-Social Services to provide in-home parenting sessions, case consultation, and related services for families; the charge for this service is \$39.00/hr.

Student Intern Agreement

On motion by Neumann and second by Kircher, the following motion was introduced and adopted by unanimous vote: To approve Student Intern Agreement. NJPA is offering students paid internships for placement in member counties and cities. TCHHS is offering Brittany Olson a social work internship beginning January 5, 2015 for 480 hours (through approximately May 10, 2015).

Governor’s Task Force on Protection of Children

Governor Dayton has appointed a task force to review the current child protection system in Minnesota. The task force is to make recommendations for change and improvements. Counties are providing data and feedback for this process. The initial recommendations are to be provided in early December with final recommendations to be provided in March 2015.

Social Services Fund Warrants

On a motion by Neumann and second by Becker the following motion was approved by unanimous vote: To recommend to the County Board the approval of all claims as presented on the Integrated and Disbursements Audit List for the Board on record at the Social Service Office, Courthouse Annex, representing claims in the amount of \$118,346.66.

On a motion by Neumann and second by Becker the following motion was approved by unanimous vote: To recommend to the County Board the approval of all claims as presented on the Integrated and Disbursements Audit List for the Board on record at the Social Service Office, Courthouse Annex, representing claims in the amount of \$128,771.86.

On a motion by Erickson and second by Becker the meeting was adjourned for the month of November, 2014.

WARRANTS FOR PUBLICATION

Vendor	Amount
BRENNY FUNERAL HOME OF STAPLES, INC	2,950.00
DHS - MSOP-MN SEX OFFENDER PROGRAM	7,161.00
DHS - ST PETER RTC - 472	12,586.00
DHS - SWIFT	23,648.95
MORRISON COUNTY SOCIAL SERVICE	2,787.50
PERISH/ALAN	4,109.67
RURAL MN CEP INC	20,562.68
PAYMENTS LESS THAN 2000	44,540.86
Final Total	118,346.66
BENSON PSYCHOLOGICAL SRVS PC	2500.00
CENTRAL MN MENTAL HLTH CTR	2520.00
COMMUNITY & FAMILY SRVS LLC	4646.40
DHS - SWIFT	6567.66

# 4453 FOSTER CARE PROVIDER	2418.00
KINDRED FAMILY FOCUS	27200.95
MERIDIAN SERVICES INC	4737.34
NEXUS INC - MILLE LACS ACADEMY	4102.23
NORTHERN PINES MENTAL HLTH CTR	19962.50
NORTHWOOD CHILDRENS SRVS	4639.26
PINEHAVEN YOUTH AND FAMILY SRVS INC	6844.49
PRODUCTIVE ALTERNATIVES INC-FERGUS	4458.06
RISING PHOENIX/THE	2162.16
TODD COUNTY DAC	8654.52
WEST CENTRAL REG JUVENILE CTR	3208.33
WOODLAND HILLS	3366.90
PAYMENTS LESS THAN 2000	20783.06
Final Total	128771.86

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): 2015 Contract with Northern Pines Mental Health Center	
Date of Meeting: Dec 23, 2014	Total time requested: 20 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och/Emily Steinert/Michael Steinbeisser	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Todd County has a need for contracted services to provide mental health services to eligible adults and children. The services provided are detailed in the attached draft contract.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
To approve the Northern Pines Mental Health Center contract effective January 1, 2015 through December 31, 2015.	
Financial Implications: \$ Refer to Contract	Comments
Funding Source: 11 - Social Services	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl
Second:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	
	Seal

**TODD COUNTY HEALTH and HUMAN SERVICES
NEGOTIATED SERVICE CONTRACT WITH
NORTHERN PINES MENTAL HEALTH CENTER, INC.**

Todd County Health and Human Services, Courthouse Annex, 212 2nd Ave. South, Long Prairie, Minnesota 56347, hereafter referred to as the “Agency”, and Northern Pines Mental Health Center, Box 367, Little Falls, Minnesota 56345, hereafter referred to as the “Contractor”, enter into this agreement for the period from January 1, 2015, to December 31, 2015.

W I T N E S S E T H

WHEREAS, Minnesota Statutes, section 245.461 to 245.486 and 245.487 to 245.4887 establishes the Comprehensive Adult Mental Health Act and the Comprehensive Children’s Mental Health Act; and

WHEREAS, the Agency is required to provide mental health services in accordance with the Comprehensive Mental Health Act; and

WHEREAS, the Contractor is an organization licensed under DHS Rule 9520.0010 through 9520.0230 to provide community mental health services to persons; and

WHEREAS, the Agency, pursuant to Minnesota Statutes, section 373.01, 373.02, 245.465 and 256E.08 wishes to purchase such program services from the Contractor; and,

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

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

I. Contractor’s Duties

A. As specified in the current Todd County Vulnerable Children and Adults Agreement, and the attached exhibits, the Agency agrees to purchase and the Contractor agrees to furnish the following services in accordance with the description of such services provided in Appendix A, as incorporated under C, below:

1. Outpatient Treatment Services. These services may include:
 - a. Diagnostic Assessment
 - b. Diagnostic Review
 - c. Test Interpretation
 - d. Medication Management
 - e. Pre-After Care
 - f. Information/Referral/Placement
 - g. Psychiatric Evaluation/Consultation
 - h. Psychological Evaluation
 - i. Family Therapy
 - j. Group Therapy

- k. Marriage Therapy
- l. Individual Therapy
- m. Client Case Consultation/Coordination (client, family, agency, etc.)
- n. Telephone Calls (client and/or information coordination or referral)
- o. Development and/or Modification of Individual Treatment Plans
- p. Play Therapy Group
- q. Prevention/Education
- r. Parenting Education Groups
- s. Participate on Mental Health Advisory Committee

Initial appointments will be available within three weeks of request. Emergency services will provide immediate access to a mental health professional during regular center hours.

- 2. Family Sexual Abuse Treatment Program Services.
 - 3. Participation on the Todd County Child Protection Team.
 - 4. Making referrals and recommending placements as requested.
- B. Purchased services will be provided at Long Prairie and Staples and, at times, at other appropriate locations.
- C. The Contractor agrees to provide an explicit description of the services to be provided that incorporates all mental health service standards established in Minnesota Statutes, section 245.461 to 245.486 and 245.487 to 245.4887 applicable to county boards or service providers. Appendix A, a copy of which is on file at the Agency offices, is hereby incorporated by reference.
- D. The Contractor shall, in writing within 10 days, notify the Agency whenever it is unable to, or going to be unable to, provide the required quality or quantity of Purchased Services. Upon such notification, the Agency shall determine whether such inability will require modification or cancellation of said contract. The Contractor agrees that all services provided under this contract shall meet the requirements of Minnesota Statutes, section 245.461 to 245.4887.

II. Cost and Delivery of Purchased Services:

- A. The total amount to be paid for such "core" Purchased Services shall not exceed \$12,000, unless agreed to in writing. In addition to the services noted above, the Agency will purchase and the Contractor will provide the programs and services as detailed in Addendums A through E of this contract.
- B. The contractor certifies that the services to be provided under this agreement are not available without cost to eligible clients. The Contractor further certifies that payment claims for Purchased Services will be in accordance with rates of payment which do not exceed amounts reasonable and necessary to assure quality of service.
- C. The rate for psychiatric services provided by an M.D. or an Advanced Practice Psychiatric RN or Nurse Practitioner with prescription privileges will be \$195 per hour*. The rate for all other non-M.D. outpatient services will be \$125 per hour*. (*Per hour

rates are for treatment, the rate for diagnostic assessment services shall be as listed on the Contractor's fee schedule.) The rate for Prevention/Education services will be \$95 per hour, to include one (1) hour preparation and actual time of the presentation. Additional rates may be negotiated between the Agency and the Contractor for specialized services. Units will be reported in 15 minute increments.

III. Eligibility for Services:

The parties understand and agree that the eligibility of the client to receive the Purchased Services is to be determined in accordance with the eligibility criteria agreed to between the Agency and the Contractor, and shall include clients referred to by or approved in advance by the Agency who have no insurance or whose insurance will not reimburse the services to be provided under this contract.

The Contractor certifies that eligible recipients who receive services provided under this Agreement will be charged the cost of those services or a portion thereof if appropriate in accordance with its sliding fee schedule, and will attempt to collect any fees owed by eligible recipients in accordance with its standard billing and collection procedures. The Contractor further certifies that payment for purchased services will be in accordance with rates of payment which do not exceed amounts reasonable and necessary to assure quality of service.

The Contractor also agrees to offer and provide clients referred assistance in applying for MHCP insurance programs and offer its sliding fee schedule.

IV. Payment for Purchased Services:

The Contractor will invoice the Agency for services provided as described in Section I. on a monthly or quarterly basis, at rates specified in Section II, above. Invoices will detail times, rates and types of services in accordance with Section V., below, and shall be the net of charges due minus payment, if any, received from clients whether billed for the full charges due for services rendered or a reduced amount in accordance with the Contractor's sliding fee scale (Attached).

V. Audit and Record Disclosures:

A. The Contractor agrees to report to the Agency according to specifications of the Community Mental Health Reporting System (CMHRS), and according to other specifications of the Agency. The CMHRS requires the following data on each mental health client on a monthly basis:

1. a client specific ID number that adheres to data privacy restrictions in Minnesota Statutes, chapter 13;
2. the type and number of units of service provided to each client; and
3. the date of birth, race, and sex of each client.

- B. The Contractor agrees to furnish the County with expenditure and revenue reports on a quarterly basis. The expenditure and revenue reports shall document all revenue received and compare expenditures to the contract amount in section II, A, above. Such reports will enable the Agency to fulfill its reporting requirements to the ultimate source of funds.
- C. The Contractor agrees to furnish the Agency additional programmatic and financial information it reasonably requires for effective management of all services covered by this agreement. Quarterly administrative meetings may be held to discuss the services under this Agreement at the Contractor or Agency's request.
- D. The Contractor agrees to inform the Agency of changes in licensure status within forty-five (45) days after occurrence
- E. The Contractor agrees to comply with established HIPAA regulations and the policies of the Minnesota Department of Human Services regarding social services recording and monitoring procedures, as defined in the Department of Human Services Social Services Manual, and the administrative rules of the State Agency.

The Contractor agrees to allow personnel of the Agency access to the Contractor's facility and records at reasonable hours, subject to the Health Insurance Portability and Accountability Act of 1996 as implemented by regulations 45 C.F.R., Parts 160 and 164, to exercise their responsibility to monitor purchased services.

VI. Safeguard of Client Information:

- A. The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality provided for in Laws of Minnesota, Chapter 13, (HIPAA) or for any purpose not directly connected with the Agency's or contractor's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client, the client's attorney or the client's responsible parent or guardian.
- B. The individual employed by the Contractor who is designated to assure compliance with the Minnesota Government Data practices Act, in accordance with Minnesota Statutes, section 13.46, subdivision 10, paragraph (d) shall be the Executive Director.

VII. Equal Employment Opportunity and Civil Rights and Nondiscrimination:

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

VII. Statutory Organization Requirements, Standards, Licenses

The Contractor agrees to comply with all federal, state, county and local laws, regulations, ordinances, rules, and certifications as pertaining to the facilities, programs, and staff for which the Contract is responsible during the term of this Agreement. This will include, but not be limited to, current health, fire marshal, and program licenses, meeting zoning standards, certification of staff when required, and staff when required, and all other applicable laws,

regulations, ordinances, rules and certifications which are effective or will become effective during the period of this Agreement. Further, the Contractor agrees to the following:

- A. During the term of this Agreement, the Contractor agrees to comply with all state licensing standards, all applicable accrediting standards, and any other standards or criteria established by the Agency to assure quality of services.
- B. Failure to meet such standards may be cause for cancellation of this Agreement.

X. Bonding, Indemnity, Insurance, and Audit Clause:

- A. Bonding:** The Contractor shall obtain and maintain at all times, during the term of this Agreement, a fidelity bond covering the activity of its personnel authorized to receive or distribute monies. Such bond shall be in the amount of \$50,000.
- B. Indemnity:** The Contractor agrees that it will at all times indemnify and hold harmless the Agency from any and all liability, loss, damages, costs or expenses which may be claimed against the Agency or Contractor;
 - 1. By reason of any service, client's suffering personal injury, death or property loss or damages either while participating in or receiving from the Contractor the care and services to be furnished by the Contractor under this Agreement, or while on premises owned, leased or operated by the Contractor, or while being transported to or from said premises in any vehicle owned, operated, chartered or otherwise contracted for by the Contractor or his assigns; or
 - 2. By reason of any service client's causing injury to, or damage to, the property of another person during any time when the Contractor or his assigns, or employee thereof has undertaken or is furnishing the care and service called for under this Agreement.
- C. Insurance:** The Contractor further agrees, in order to protect itself and the Agency under the indemnity provisions set forth above, to at all times during the term of this contract, have and keep in force:
 - 1. A general liability insurance policy in the amount of \$1,000,000.00 for bodily injury or property damage to any one person and \$1,000,000.00 for total injuries or damages arising from any one incident. General total limit of \$2,000,000.00.
 - 2. Automobile insurance, including non-owned and hired autos, in the amount of \$1,000,000.00 per accident. Coverage pertains to the operation of the Contractor.
 - 3. Worker's Compensation Insurance.

Conditions of the Parties' Obligations:

- A. It is understood and agreed that in the event the reimbursement to the Agency from State and Federal sources is not obtained and continued at a level sufficient to allow for the purchase of the indicated quantity of Purchased Services, the obligations of each party hereunder shall thereupon be terminated.
- B. This Agreement may be canceled by either party at any time, with or without cause, upon 180 days' notice, in writing, delivered by mail or in person.
- C. Before the termination date specified in Section 1 of this Agreement the Agency may evaluate the performance of the Contractor in regard to terms of this Agreement to determine whether such performance merits renewal of this Agreement.
- D. Northern Pines Mental Health Center, Inc. shall collect fees from recipients and from third party sources whenever possible.
- E. Any alterations, variations, modifications, or waivers of provisions of this Agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this Agreement.
- F. No claim for services furnished by the Contractor, not specifically provided in the Agreement, will be allowed by the Agency, nor shall the Contractor do any work or furnish any material not covered by the Agreement, unless this is approved in writing by the Agency. Such approval shall be considered to be a modification of the Agreement.

XII. Subcontracting:

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

XIII. Default

- A. Neither party hereto shall be held responsible for delay or failure to perform hereunder when such delay or failure is due to fire, flood, epidemic, strikes, acts of God or the public enemy, unusually severe weather, legal acts of the public authorities or delays or defaults caused by public carriers, which cannot reasonably be forecast or provided against.
- B. Unless the Contractor's default is excused under the provisions of this Agreement, the Contractor, after receipt of notice by the Agency of any of the following conditions or other circumstances warranting cancellation of this Agreement, shall have ten (10) days (or such longer period as the Agency may authorize in writing) after receipt of notice from the Agency to cure the specified failure:
 - 1. If the Contractor fails to provide services called for by this Agreement within the time specified herein or any extension thereof; or

- 2 It is discovered that material misrepresentations were made by the Contractor as to conditions relied upon by the Agency which purported to exist by the terms of this Agreement and all exhibits and documents attached and incorporated by reference.

If the Contractor fails to cure the specified condition after notice within the prescribed period of time, then the Agency may upon written notice immediately cancel the whole or any part of this Agreement.

- C. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this Agreement shall not be construed to be modification of the terms of this Agreement unless stated to be such in writing, signed by an authorized representative of the Agency, and attached to the original Agreement.
- D. The rights and remedies of the Agency provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

XIV. Miscellaneous

Entire Agreement: It is understood and agreed that the entire agreement of the parties is contained herein (together with addenda A through E, attached) and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and any county social services agency relating to the subject matter thereof.

Extension: The parties agree to automatically extend the term of this contract for up to six months in the event that a new contract has not yet been negotiated/signed in order to continue the provision of services. It is further agreed that monthly payments to the Contractor from the Agency will continue without interruption (at the current rate) until the new contract is finalized. Once a new contract is signed, any financial settle-up will occur within forty-five (45) days per the terms of the new contract.

DATED: _____

BY: _____
Director, Todd County Health and Human Services

DATED: _____

BY: _____
Chairperson, Todd County Board of Commissioners

DATED: _____

BY: _____
Executive Director, Northern Pines Mental Health Center

*** FEE SCHEDULE ***

	<u>M.D.</u>	<u>L.P.</u>	<u>L.I.C.S.W.</u>	<u>Master's Intern/ Post Master's</u>
(DA hour)	\$252.00	\$158.00	\$158.00	\$158.00
(TX hour)	\$195.00	\$125.00	\$125.00	\$ 125.00
(TX half hour)	\$121.00			
Group Therapy				
(per hour)	\$ 79.00	\$ 79.00	\$ 79.00	\$ 79.00

Addendum A: Northern Pines MHC Provider for Todd County

Fee for Service Billable Services and Activities for Inclusion in the 2015 Mental Health Negotiated Services Contract Between Todd County Health and Human Services and Northern Pines MHC

The following services and activities are agreed to be billable to Todd County Health and Human Services Center under the terms of the 2015 Negotiated Services Contract. Northern Pines shall develop an internal review process to monitor the provision of Direct Clinical Services, non-MD and to notify Todd County HHS of all cases expected to require more than twelve (12) sessions within the term of this contract. The Director of Clinical Services will review cases that exceed twelve (12) sessions. Services numbered 1 through 5 that are rendered to or on behalf of clients insured for mental health services or others who are not eligible for the Northern Pines sliding fee schedule do not qualify for reimbursement under this Agreement.

A. Outpatient Services:

1. Direct clinical services, non-MD
2. Direct clinical services, MD
3. Telephone (clinical) client contact
4. Supervision of social work intern students requested by Todd CHHS
5. Not otherwise reimbursed community education/prevention activity, including travel, if requested or approved by Todd CHHS
6. Any Todd County HHS requests special activity or service, including travel. (Examples: Todd County HHS staff training, foster parent training, Todd CHHS-referred, court-ordered clinical work and related court preparation, appearance, and related travel, etc.)

7. The following meetings and directly related activities and travel:
 - Child Protection Team
 - Children's Justice Initiative Team
 - Mental Health Professional participation as part of the Local Advisory Council
8. Child or adolescent mental health screening requested by Todd CHHS

Addendum B: Northern Pines MHC Provider for Todd County

Northern Pines Mental Health Center, Inc. is identified as the vendor of choice for Rule 78-Community Support Program services and will be reimbursed an amount not to exceed the grant of \$76,418 received from the MN Department of Human Services by Todd County for the year 2015. Quarterly billing statements of \$19,104.50 will be sent to the Agency by the Contractor at the beginning of each quarter.

Northern Pines agrees to provide quarterly reports to Todd County for all services provided as the CSP provider, including numbers served and of services provided under each of the following categories of service:

1. Conducting outreach activities
2. Connecting people to resources to meet their basic needs
3. Finding, securing and supporting people in their housing
4. Attaining and maintaining health insurance benefits
5. Assisting with job applications, finding and maintaining employment, securing finances
6. Fostering social supports, including peer support services
7. Educating about mental illness, medications, treatment and recovery

The Contractor agrees to meet with the Agency to develop mutually agreed upon service delivery goals for CSP services for 2015.

Addendum C: Northern Pines MHC Provider for Todd County

Northern Pines Mental Health Center, Inc. will provide the following Children's Case Management and Family Community Support Services and activities and Todd County Health and Human Services agrees to pay for said services and activities as described below under the terms of the Year 2015 Negotiated Services Contract.

Cost and Delivery of Purchased Services:

A. Children's Mental Health Targeted Case Management Services

Eligible children will have had a severe emotional disturbance (SED) by virtue of significantly impaired home and community functioning lasting at least one year. A diagnostic assessment will have been conducted within the past 180 days.

The purpose of these services shall be to improve the behavioral functioning and reduce the risk of out-of-home placement for identified children with severe emotional disturbances (SED) and diagnosis in the autism spectrum.

The provider will assure that professionals and practitioners are skilled in the delivery of mental health services to children with SED. The provider will recruit mental health professionals and practitioners and has adequate administrative ability to ensure availability of services, and will assure adequate pre-service and in-service training.

Practitioners will be supervised by a Mental Health Professional who accepts full responsibility for provision of quality services. The professional will be present on-site for at least one one-hour observation in the first 12 hours, and as clinically appropriate thereafter. This observation will be documented in the child's record and signed by the professional.

Services to be provided will be specified in the ITP (developed by the Provider) as being necessary and appropriate for the child. The ITP will be signed and periodically reviewed. The ITP will become a subsection of the Individual Community Support Plan.

The Provider will ensure coordination of the child's care with all relevant agencies.

The negotiated and approved monthly rate for all CMH-TCM services provided by Northern Pines Mental Health Center shall be \$406.

The contractor will bill the Agency the negotiated rate of \$406 per client/per month for at least one documented reimbursable contact for any client who is approved by Todd County to receive TCM services payable in whole or part by Todd County. If a third party payer does not cover children's case management services for a client approved to receive TCM services under this contract the Contractor will bill the Agency for services. Todd County Health and Human Services has budgeted \$93,000 for the provision of CMH-TCM for 2015. NPMH and DHS invoices will be reviewed monthly to monitor spending toward the 2015 budget.

The Contractor also agrees to offer and provide TCM families assistance in applying for MHCP insurance programs.

TCM services for which Todd County has no obligation to pay for in whole or part are not subject to Todd County approval, but the negotiated rate remains the authorized rate (or any higher, separately negotiated rate in the case of PMAP payers) for all medical assistance reimbursement purposes.

Intensive Case Management/Wraparound Services

The Agency will pay \$12,000 for Wraparound Services for eligible SED children, to the Contractor on a mutually agreed upon payment schedule, effective 1/1/2015 through 12/31/2015.

1.0 FTE Children's Therapeutic Support Services

Northern Pines Mental Health Center, Inc., is an approved provider of Children's Therapeutic Services and Supports(CTSS) for Todd County Health and Human Services for calendar year 2015.

I. **PURPOSE:**

- A. The Provider agrees to deliver the Children's Therapeutic Support Services in accordance with professional standards and applicable State laws/requirements.
- B. The purpose of these services shall be to improve the behavioral functioning and reduce the risk of out-of-home placement for identified children with severe emotional disturbances (SED) and diagnosis in the autism spectrum.
- C. Eligible children will have had a severe emotional disturbance (SED) by virtue of significantly impaired home and community functioning lasting at least one year. A diagnostic assessment will have been conducted within the past 180 days.

II. **PURCHASED SERVICES:**

- A. The following services are available: time limited crisis assistance, assessment, screening, referral and follow-up to community resources; diagnostic assessment; and individual, family and group skills training. Particular services to be provided will be specified in each child's Individual Treatment Plan (ITP).
- B. Skills training will consist of activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services; which assist the family to improve the family's understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the ITP.

The purpose of individual, family or group skills-training is to improve the basic functioning of the child and family in activities of daily and community living and improve the social functioning of the child and family in activities of daily and community living and improve the social functioning of the child and family in areas which are important to remain in the community (home, school, or peer group). Additionally, skills training will promote family preservation and unification, promote the family's integration with the community, and reduce the use of unnecessary out-of-home placement or institutionalization of the child.

- C. Crisis services will be available 24 hours per day, seven days per week and be coordinated with emergency services.

III. **SERVICE REQUIREMENTS**

- A. The provider will assure that professionals and practitioners are skilled in the delivery of mental health services to children with SED. The provider will recruit mental health professionals and practitioners and has adequate administrative ability to ensure availability of services, and will assure adequate pre-service and in-service training. Practitioners will complete a minimum of 20 hour Rule 15 orientation and continuing education related to serving SED children in their homes every two years.

- B. Practitioners will be supervised by a Mental Health Professional who accepts full responsibility for provision of quality services. The professional will be present on-site for at least one one-hour observation in the first 12 hours, and as clinically appropriate thereafter. This observation will be documented in the child's record and signed by the professional.
- C. Services to be provided will be specified in the ITP (developed by the Provider) as being necessary and appropriate for the child. The ITP will be signed and periodically reviewed. The ITP will become a subsection of the Individual Community Support Plan.
- D. Services will be coordinated with the case manager, if the child is receiving case management services. If the child does not have a case manager, the Provider will coordinate services.
- E. The Provider will ensure coordination of the child's care with all relevant agencies.
- F. Psychotherapy hours will be provided by a professional. Skills-training will be provided by either mental health practitioners or professionals.

The Agency will pay the Contractor \$30,366 in 12 equal monthly installments to support 1 FTE of CTSS services. The Contractor will bill appropriate third party payers and retain any reimbursement it obtains. It is expressly understood by the parties that the Agency payment is not direct or indirect reimbursement for any specific services, but to enable the Contractor to maintain this position and provide services to eligible clients who have no third party payer or who qualify for free or reduced cost services under Contractor's sliding fee schedule.

B. The Contractor will Provide the Following per Request of the Agency:

In-Home Services Specialists, Skills Specialists, and Master's Level Family Specialists will be provided as requested (subject to availability of qualified personnel) at the rate of \$110/hour. Ten minutes of the direct client contact may be used for documentation, collateral contacts, and report writing. Time needed for such tasks in excess of ten minutes, will be billed at the rate of \$65/hour. This will not exceed a total of 50 hours unless approved by a county social worker. Contractor agrees to bill travel at the rate of \$65/hour for all travel.

The Contractor agrees to bill the Agency for all In-Home services that are not reimbursable by Medical Assistance or other third party payers.

Clients identified by the county as having Medical Assistance applications pending in excess of three months will be billed to the Agency for full payment.

ATTACHMENT C**AGREEMENT BETWEEN TODD COUNTY
AND
NORTHERN PINES MENTAL HEALTH CENTER**

Agreement Period January 1, 2015 through December 31, 2015

- ◆ The total amount to be paid pursuant to this agreement shall not exceed the amount authorized in clients' services agreement(s), nor shall it exceed an amount equal to the number of service units actually provided, multiplied by the payment rate of this agreement.
- ◆ Services will be provided in the client's home or at various locations in the community.
- ◆ Services and Rates:

<u>Service Type</u>	<u>Rate</u>
Intensive In-Home	Direct Client Contact \$110.00/hour Travel \$65.00/hour
Mental Health Behavior Aide (for uninsured clients)	Direct Client Contact \$40.00/hr Travel \$40.00/hr

I. CONTRACTOR'S DUTIES:

- A. The Agency agrees to purchase and the Contractor agrees to furnish In-Home Family Based Services.
- B. The Contractor agrees to provide:
 1. An explicit description of the services to be provided;
 2. An exposition of the staffing, including job descriptions and professional qualifications of personnel;
 3. An organization chart;
 4. The number of program participants;
 5. Program content; and
 6. Program budget.
- C. The Contractor shall, in writing within ten (10) days, notify the Agency whenever it is unable to, or going to be unable to, provide the required quality or quantity of the Purchased Services. Upon such notification, the Agency shall determine whether such inability will require modification or cancellation of said contract.

II. COST AND DELIVERY OF PURCHASED SERVICES:

The Contractor certifies that the services to be provided under this agreement are not available without cost to eligible clients. The Contractor further certifies that payment claims for Purchased Services will be in accordance with rates of payment which do not exceed amounts reasonable and necessary to assure quality of service. The Contractor further certifies that rates of payment do not reflect any administrative or program costs assignable to private pay or third-party pay service recipients.

Addendum D: Transitional Case Management Services and Children's Targeted Case Management services

Todd County authorizes Northern Pines Mental Health Center, Inc., for the purpose of providing Children's TCM and transition services to adults aged 18-21 under the rules of Children's Mental Health Case Management procedure codes, to be billed under Adult Mental Health Case Management procedure codes at the rate established for children's mental health, throughout calendar year 2015.

Addendum E: School Based Mental Health Services

Todd County Health and Human Services and Freshwater Education District have entered into an agreement with Northern Pines Mental Health Center (NPMHC) to provide School Based Mental Health Services. Todd County Health and Human Services agrees to contribute toward the cost of services an amount not to exceed \$30,000 during the term of this agreement. Todd County Health and Human Services agrees to pay NPMHC \$2500 per month beginning January 1, 2015 through December 31, 2015.

It is expressly understood by the parties that the Agency payment is not direct or indirect reimbursement for any specific services, but to enable the Contractor to provide services to eligible clients who have no third party payer or who qualify for free or reduced cost services under Contractor's sliding fee schedule.

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Parental fees for out-of-home placement	
Date of Meeting: Dec 23, 2014	Total time requested: 5 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och/Emily Steinert	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
The proposed policy and fee schedule for parental out-of-home placement fees is attached.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
To adopt the policy and fee schedule for parental out-of-home placement fees effective January 1, 2015	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl
Second:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	
Seal	

WHAT IS A PARENTAL FEE?

A parental fee is the legal responsibility both parents have to pay for the cost of the care of their child in out of home placement. The assessment of the parent's ability to pay a fee is required by law whether the parents choose to place their children voluntarily or if placement is Court ordered.

The types of out of home placements for which the parents may be assessed a fee include:

◆ Family foster care ◆ Detention ◆ Correctional ◆ Residential treatment care ◆ Group home ◆ Shelter care

The assessment and collection of parental fees are authorized by Minnesota Statutes 393.12, 260C.331 and 260B.331 and Todd County Policy.

HOW IS THE PARENTAL FEE DETERMINED?

You will receive an information packet with forms to complete and return to Todd County Health and Human Services. The financial information you provide will be used to determine your ability to pay a fee and the amount of the fee.

Please provide the County with a copy of your insurance card, front and back.

Any income received on behalf of the child including, but not limited to, child support, SSI, and RSDI **must** be paid to Todd County for your child's care. This requirement is prescribed by law.

WHAT HAPPENS IF I DO NOT SEND MY FINANCIAL INFORMATION TO TODD COUNTY HEALTH AND HUMAN SERVICES?

If the forms are not completed and returned, the County may have no choice than to charge you the full cost of the child's care. The cost to the county of your child's placement can vary from \$50.00 to \$150.00 per day, or more.

If you need help with the forms or have questions, call the 320-732-4500 and explain that you are completing forms for IV-E eligibility and have questions.

WILL I HAVE OTHER FINANCIAL RESPONSIBILITIES FOR MY CHILD WHILE THE CHILD RESIDES IN OUT OF HOME PLACEMENT?

You will still be responsible for your child's clothing, medical care and dental care expenses. If you have health and dental insurance, you must provide this information to the county and may be required to sign the assignment of benefits form. We can use your cost for medical and dental insurance as a deduction when calculating your fee.

Please provide the County with a copy of your insurance card, front and back.

WHEN WILL MY PARENTAL FEE BEGIN?

The fee is effective the date the placement begins and will continue until your child returns home. The fee will end when you child returns to your home.

WHAT IF I DON'T AGREE WITH THE ASSESSMENT?

◆ If you don't agree you should call Beth at 320-533-4660 to discuss your case.◆ Todd County will make every effort to make your payment manageable.

◆ You may ask for a full or partial waiver of your fee. Put your request in writing and send the request for waiver to Beth at Todd County Health and Human Services. A committee will review the circumstances you feel create an undue hardship for your family.

For additional information about parental liability contact: Beth Shell at 320-533-4660



Todd County Parental Fee Policy

The purpose of parental fee assessment is to determine the ability of the custodial parent to continue to provide financial support for their child while the child resides in an out of home placement. The parental fee assessment focuses on the parent who had physical custody when the child left the family home. Parental fees will apply to the parent of a child taken into custody by Todd County Health and Human Services, a child voluntarily placed into care and the child placed into the custody of Health and Human Services due to the Delinquency/Correctional programs.

Any child support due on behalf of the child will be redirected to the County. The child support program will continue to manage child support from the non-custodial parent.

No fee will apply to parents who are currently on cash and food assistance or parents that were/or will become eligible for cash and or food support assistance as soon as the child returns home. If the child is IVE eligible, no fee will be assessed to the removal home custodial parent.

Some children that enter foster care have unearned income of their own. A child's unearned income is defined as income and resources attributable to the child including but not limited to the child's portion of Social Security, SSI, VA benefits, Railroad retirement, adoption subsidies, Child Support, a trust and conservatorships. All of the child's income shall be reimbursed to the County for the cost of care for the child. See MN Statute 260B and 260C.

CALCULATION OF THE PARENTAL FEE

Household Size: Parents and their dependent children under age 18, whether or not they are temporarily absent from the household, are considered household members. Adult children (no longer in high school and 18 years old) living with their parents are considered a separate household.

Household Income: Household income includes but is not limited to wages, social security, Veterans benefits, pensions, and worker's compensation, re-employment insurance, insurance benefits or payments, union or strike benefits, maintenance, loans, grants or scholarships, income from trusts, stock dividends, interest, lump sum payments, income from contracts for deed income from roomers, boarders or renters and income from real property. Step parent income is not considered as income for the purposes of establishing a parental fee.

There is no maximum fee; however, the fee will never exceed the cost of care. Any payments received from a third party, such as an insurance company, will be deducted from the cost of care. The combination of the child's unearned income, third party recovery and the parental fee will not exceed the child's cost of care. If a third party contributes to the cost of care of the child, the parental fee or balance after the third party fee is payable, whichever is the lesser amount. A parent must assign any health insurance benefits received on behalf of the child. Health reimbursement funds not remitted to the county due to parent's noncooperation will be added to the parental fee.

Parents who refuse to provide income information or household size shall be considered financially capable of supporting their children while the children are placed out of their home. Estimation of income will be made based on any credible source of income information. The parents' non-cooperation will be reported to the County Social Worker assigned to the child to be shared with the County Attorney and Court.

Revenue recapture: All fees will be submitted to the Department of Revenue for recovery after proper notification to the parent regardless of whether monthly payments are paid or not.

Federal Poverty Level No fee will be assessed for families earning less than the federal poverty level for family size including the child or children placed out of the home.

FEE SCHEDULE

Number of children in Family

Monthly Earnings	1 Child	Two children	Three children	4 or More Children
Less than \$1558.00 per month equals no fee				
\$9.00 per hour to \$11.00 * \$1559.00 to \$1905.00	3%		4%	5%
\$11.01 per hour to \$12.00 * \$1906.00 to \$ 2078.00	4%		4%	5%
\$12.01 per hour to \$13.00 * \$2079.00 to \$ 2252.00	4%		4%	5%
\$13.01 per hour to \$14.00 * \$2253.00 to \$2425.00	4%		5%	5%
\$14.01 per hour to \$15.00 * \$2426.00 to \$2598.00	5%		5%	5%
\$15.01 per hour to \$16.00 * \$2599.00 to \$2771.00	5%		6%	6%
\$16.01 per hour to \$17.00 * \$2772.00 to \$2944.00	6%		6%	7%
\$17.01 per hour to \$18.00 * \$2945.00 to \$3118.00	7%		8%	8%
\$18.01 or \$3119.00 or more use one half of the child support calculator amount				

* Equal to 40 hours

Oct. 14

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): 2015 Purchase of Service Agreement with SomePlace Safe Parenting Ctr	
Date of Meeting: Dec 23, 2014	Total time requested: 5 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och/Emily Steinert	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Todd County HHS has occasional need for supervised visitation services. The attached agreement identifies the cost of those services for individual families referred. No payments are made unless services are utilized.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
To approve the purchase of service agreement effective Jan 1, 2015 - Dec 31, 2015	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl
Second:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	
Seal	

Purchase of Service Agreement

THIS AGREEMENT, by and between Todd County Human Services and Someplace Safe Parenting Time Center, for the period from January 2015 through January 2016, (not to exceed one full year).

NOW THEREFORE, in consideration of the mutual understanding and agreements set forth, Todd County Human Services and Someplace Safe Parenting Time Center agree as follows.

Todd County Human Services agrees to purchase and Someplace Safe Parenting Time Center agrees to provide the following Services as requested and specified by the Todd County Human Services Case Manager:

Supervised parent/child visitations for families referred by Todd County Human Services agency; Supervised parent/child exchanges for families referred by Todd County Human Services agency; and Intakes for families referred by Todd County Human Services.

Parenting Time Center Staff are not subject to be subpoenaed to testify in court related matters. For this purpose, only the acting Director may be subpoenaed to testify in court related matters.

Cost and Delivery of Purchased Services

Basic unit cost for supervised parent/child visitations is \$40 per hour. Should an additional staff be needed to assist with supervision, there will be an additional \$15 per hour charge for that staff time. An additional half hour of time will be charged per visit for parent arrival and departure waiting time.

Basic unit cost for supervised parent/child exchanges is \$15.

Basic unit cost for parents' intakes are \$25.

Basic unit cost for No Call / No Shows or late cancellations is the cost of services as scheduled.

Purchased services will be provided at the Someplace Safe Parenting Time Center Office located at the requested Someplace Safe Parenting Time Center location.

Copies of parenting time documentation will be provided to Todd County Human Services within fifteen (15) days of the conclusion of the prior month.

Method of Billing and Payment

Someplace Safe Parenting Time Center shall, within fifteen (15) days following the last day of each month, submit a standard invoice indicating the client's name, date of service, type and amount of expenditure and responsible county.

Todd County Human Services shall, within thirty (30) days of the receipt of the invoice, make payment to Someplace Safe Parenting Time Center.

County Human Services Representative Date

Director, Someplace Safe Date

Chairperson, County Board Date

Board Chair, Someplace Safe Parenting Time Center Date

RECEIVED

DEC 12 2014

TODD COUNTY
HEALTH & HUMAN SERVICES



someplace safe
SAFETY. OPTIONS. HOPE.

Crime Victim Advocacy, Parenting Time Centers, and Community Thrift Stores

December 9, 2014

Todd County Human Services

Re: Purchase of Service Agreement

Todd County Human Services:

Our contract with Todd County Human Services is due to expire January 1, 2015. I am enclosing an updated Purchase of Service Agreement for January 2015 – January 2016.

Please review, sign and return both of the copies of the contract if all components are to your satisfactory. Someplace Safe will then present this agreement to Someplace Safe's Board Chair. A fully executed original copy will be sent to you for your records.

If you have any questions or concerns, please feel free to contact me at 320-424-2301 or emilyn.h@someplacesafe.info.

Sincerely,

Emilyn Haugen
Someplace Safe | Director of Parenting Time Centers
PO Box 815 | Fergus Falls MN 56538
Phone 320-424-2301 | Fax 218-739-5791



emilyn.h@someplacesafe.info | www.someplacesafe.info

*To create a safer world for everyone, we work to eliminate violence and oppression through
advocacy, education and services*
www.someplacesafe.info

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Purchase of Service Agreement with Morrison County for Child Support Program Supervision	
Date of Meeting: Dec 23, 2014	Total time requested: 5 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och/Lisa Chapin	
Background <input type="checkbox"/> Supporting Documentation enclosed	
On May 1, 2014 Todd county contracted with Morrison County to provide program supervision of the Child Support Unit 12 hours per week.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Approve the contract with Morrison county for up to 12 hours per week of CS program supervision Jan 1, 2015 - Dec 31, 2015	
Financial Implications: \$50/hr	Comments
Funding Source: 11 - Social Services	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl
Second:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	
Seal	

**MORRISON COUNTY SOCIAL SERVICES
PURCHASE OF SERVICE AGREEMENT
FOR
TODD COUNTY HEALTH AND HUMAN SERVICES**

Todd County Health and Human Services, hereafter referred to as the “**County**”; and **Morrison County Social Services**, hereafter referred to as the “**Contractor**” enter into this agreement for the period from January 1st, 2015 to December 31st, 2015.

WITNESSETH

WHEREAS, Minnesota Statue 518A and 518C and MN Rules part 9055.0040, establishes the requirements that the county administers child support by working with parents to establish and enforce support orders. The child support program helps:

- Children receive the financial basic support, medical support, and child care support they deserve.
- Families work toward becoming and remaining self-sufficient.
- Parents establish a financial partnership; and

WHEREAS, the County is required to provide the supervision; and

WHEREAS, the Contractor has experience in providing supervision; and

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

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

1. **Contractor’s Duties**

- A. The County agrees to purchase and Contractor agrees to furnish the following:
 1. Professional Services for the supervision of the child support unit;
 2. Consultation and Supervisory review of child support cases;
 3. Education and Training on child support, changes in law, rules and statutes related to child support;
 4. The Contractor agrees to comply with all laws, rules and statutes pertaining to child support.
- B. Contractor will spend a maximum of 12 hours a week providing supervision and consultation;
- C. Contractor will spend a minimum of three days a month in Todd County;
- D. Contractor will participate in staffing where staff prepare for court with the County Attorney’s Office and sit in on magistrate or court hearings as necessary to provide program supervision;
- E. Contractor will facilitate two staff meetings a month; and
- F. Contractor will be available by phone for consultation with County staff.

2. **Cost and Delivery of Purchased Services**

- A. The amount to be paid for providing supervision will be at a cost of **\$50.00 per hour, not to exceed 12 hours a week.**
- B. The Contractor shall bill the County monthly for hours of service provided.
- C. The County or County of Financial Responsibility shall, within 30 days of the date of receipt of the invoice and acceptance of services, make payment to the Contractor.
- D. The Contractor agrees to use only qualified personnel to provide any services purchased under this contract.

- E. If licensing or certification is a necessary prerequisite for provision of services, the Contractor ensures that personnel and services are properly licensed or certified in accordance with provision of State Law and Minnesota Rules.

3. **Eligibility for Services**

- A. County will provide access to PRISM to review cases.
- B. Contractor will provide supervision to employed staff of the County and consultation as requested by staff, providers or other community members, either in person or by phone.

4. **Evaluation, Reporting and Information Requirements**

- A. The Contractor agrees to furnish the County with the following written reports of services provided to the County;
 - 1. The Dates of service in Todd County;
 - 2. Monthly voucher with the amount of time provided to the County;
 - 3. The Contractor agrees to comply with the policies of Minnesota Department of Human Services regarding child support enforcement;
 - 4. The Contractor agrees to provide quarterly reports to the County on staff performance;
 - 5. The County agrees to respond to client concerns regarding child support determination; and
 - 6. The County agrees to provide relevant information to the contractor regarding employee concerns.

5. **Audit, Record Disclosures**

The Contractor Must:

- A. Allow personnel of the County, The Minnesota Department of Human Services, and The Department of Health and Human Services, access to the Contractor's facilities and records at reasonable hours to exercise the responsibility to monitor Purchase of Service.
- B. Comply with the policies in the Minnesota Department of Human Services regarding social service recording and monitoring procedures, as defined and described in the Department of Human Services Rules and Manuals.

6. **Data Privacy:**

For purposes of this Contract all data collected, created, received, maintained, or disseminated shall be governed by the Minnesota Government Data Practices Act, Minn. Statute Ch.13 and the Minnesota Rules implementing the Act now in force or hereafter adopted, as well as federal laws on data privacy. The Contractor will strictly comply with these statutes and rules. All subcontracts shall contain the same or similar data compliance requirements. The person employed by Contractor to assure compliance with Minn. Statute 13.46 Subd. 10(d) shall be the authorized representative.

When the final regulation of the Health Insurance Portability and Accountability Act (HIPPA) are formally implemented, COUNTY agrees to comply with all applicable requirements.

7. **Equal Employment Opportunity and Civil Rights and Nondiscrimination**

The Center agrees to comply with the Civil Rights Act of 1964. Title VII (42 USC 2000e); including Executive Order No. 11246, and Title VI (942 USC 2000d); and the Rehabilitation Act of 1973, as amended by Section 504.

The Contractor agrees to comply with federal, state and local laws, ordinance, rules, regulations and executive orders pertaining to unlawful discrimination on account of race, color, creed religion, national origin, sex, marital status, status with regard to public assistance, disability or age.

8. **Bonding, Indemnity, and Insurance:**

Indemnity: Each party to this Contract shall be liable for its own acts and the results thereof to the extent authorized by law and shall not be responsible for the acts of the other party, its officers, employees or agents.

Liability for each party to this Contract shall be governed by the provisions of the Municipal Tort Claims Act, Minn. Stat. Ch 466, and other applicable laws.

9. **Conditions of the Parties' Obligations:**

- A. It is understood and agreed that in the event the reimbursement to the County from State and Federal sources is not obtained and continued at a level sufficient to allow for the purchase of the indicated quantity of Purchased Services, the obligations of each party hereunder shall thereupon be terminated.
- B. This agreement may be canceled by either party at any time, with or without cause, upon 30 days' notice, in writing, delivered by mail or in person.
- C. Any alternations, variations, modifications, or waiver of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
- D. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the County, nor shall the Contractor do any work or furnish any material not covered by the agreement, unless this is approved in writing by the County. Such approval shall be considered to be a modification of the agreement.
- E. In the event that there is a revision of Federal regulations which might make this agreement ineligible for Federal financial participation, all parties will review the agreement and renegotiate those items necessary to bring the agreement into compliance with the new Federal regulations.
- F. Contractor acknowledges that the Minnesota Department of Human Services is a third party beneficiary and as a third party beneficiary, is an affected party under this Contract. Contractor specifically acknowledges and agrees that the Minnesota Department of Human Services has standing to and may take any appropriate administrative action or sue Contractor for any appropriate relief in law or equity, including but not limited to, rescission, damages or specific performance of all or any part of the Contract between the County Board and the Minnesota Department of Human services are entitle to, and may recover from Contractor, reasonable attorney's fees and costs and disbursements associated with any action taken under this paragraph that is successfully maintained. This provision shall not be construed to limit the rights of any party to the Contract or any other third party beneficiary, nor shall it be construed as a waiver of immunity under the Eleventh Amendment to the United States Constitution or any other waiver of immunity. (Minn. Statute 245.466, Subd. 3; Minn. R. 9525. 1870, subp.2)

10. **Subcontracting**

The Contractor shall not enter into subcontracts for any of the goods and services contemplated under this agreement without written approval of the County. All subcontracts shall be subject to all the requirements of the contracts, including the requirement that the Commissioner of Human Services shall be a third party beneficiary of the contract. The Contractor shall be responsible for the performance of any subcontractor.

11. **Miscellaneous**

- A. Contractor shall be solely responsible for the health and safety of its employees in connection with the work performed under this Contract. Contractor shall make arrangements to ensure the health and safety of all subcontractors and other persons who may perform work in connection with this Contract. Contractor shall ensure that all personnel of Contractor and subcontractors are properly

trained and supervised and, when applicable, duly licensed or certified appropriate to the tasks the personnel are engaged in under this Contract. Contractor shall comply with the "Occupational Safety and Health Act" and the "Employee Right to Know Act", Minn. Statute 182.65, et seq., where applicable.

- B. **Entire Agreement:** It is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and the county relating to the subject matter hereof.

IN WITNESS WHEREOF, the parties have caused this contract to be duly executed intending to be bound thereby.

**APPROVED AS TO FORM
AND EXECUTION:**

BY: _____
Director
Morrison County Social Services

DATED: _____,20

BY: _____
Director
Todd County Health and Human Services

DATED: _____,20

BY: _____
Chairperson
Todd County Board of Commissioners

DATED: _____,20

BY: _____
Todd County Attorney

DATED: _____,20

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Renew Camphill Village Purchase of Service and Host County Contract	
Date of Meeting: Dec 23, 2014	Total time requested: 5 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och/Michael Steinbeisser	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Camphill Village, Sauk Centre MN, provides Community Residence Facilities and Services for adults 18 years or older, with mental and developmental disabilities. Camphill Village receives referrals from Todd County and other counties to provide 24 hour care, supervision, food, lodging, training and habilitation services.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
To approve the Camphill Village Purchase of Service and Host County Contract effective Jan 1, 2015 - Dec 31, 2015 in the amount of \$816.00/month	
Financial Implications: \$no change in rate	Comments
Funding Source: 11-SS	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl
Second:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	
Seal	

**PURCHASE OF SERVICE CONTRACT
AND
HOST COUNTY CONTRACT**

Todd County Health and Human Services, 212 Second Avenue South, Long Prairie, MN 56347, hereafter referred to as the “Department” and Camphill Village Minnesota, Inc., 15139 Celtic Drive, Sauk Centre, MN 56378, hereafter referred to as the “Contractor”, enter into this agreement for the period from January 1, 2015 to December 31, 2015.

WITNESSETH

WHEREAS, Public Law 93-647, known as Title XX of the Social Security Act and M.S. 256M.01-256M.80 known as the Children and Community Services Act provide basis to purchase various program services; and,

WHEREAS, The Department wishes to purchase the hereinafter listed services from the Contractor:

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

I. SERVICES TO BE PURCHASED

In accordance with the Children and Community Services Act, the following services will be provided for persons over age 18 who are mentally retarded or otherwise developmentally disabled.

A. Community Residence Facilities and Services. BRASS CODE 5740 Community-based programs that provide 24-hour care, supervision, food, lodging, training and habilitation for four or more persons with mental retardation or related conditions outside their own homes. Residential programs include both the residential facility and the program of services provided.

II. DEPARTMENT RESPONSIBILITIES

A. The Department shall make the determination of an applicant’s eligibility (programmatically or financially) for this service.

1. Notification will be sent to the Contractor, on or prior to admission, as to financial responsibility, amount and collection method of any fees.
2. When the Department has determined the client to be no longer eligible to receive said purchased services, it shall so notify the Contractor within five (5) working days of this determination. The Contractor will be provided fifteen (15) calendar days in which to conclude programming.
3. The Department shall participate with the Contractor in admission interviews for all county residents and subsequent periodic staffings as individually determined necessary.

III. CONTRACTOR RESPONSIBILITIES

- A. The Contractor agrees that during the existence of this agreement that it will indemnify and hold harmless the Department from any and all liability which may be claimed against the Contractor (1) by reason of any reimbursable, eligible client suffering injury, death or property loss while participating in services from the Contractor or while being transported to/from said premises in any vehicle owned, operated, chartered, or otherwise Contracted for by the Contractor; or (2) by reason of any said client causing injury/damage to another person or property during anytime when the Contractor has undertaken or is furnishing the service called for under this agreement.
- B. The Contractor agrees that in order to protect itself, as well as the Department, under the indemnity provision it will, during the term of this contract, keep in force a liability insurance policy in the amount of \$784,000 property, \$500,000 bodily injury.
- C. The Contractor shall maintain, during the term of this contract, a fidelity bond covering the activities of its personnel authorized to receive or distribute monies in the amount of \$5,000.
- D. The Contractor agrees to comply with the Civil Rights Act of 1964 (Titles VI or VII); Rehabilitation Act of 1973 (Section 504); and Minnesota Human Rights Act (Chapter 363).
- E. Appropriate referrals from the Department will be considered. Referrals from Minnesota County Social Services Departments will have first priority consideration for admission over out-of-state referrals.
- F. Service fees will be collected from the client, where applicable, and from other available third party sources.
- G. Contractor retains full authority over its admissions, procedures, and decisions. However, prior approval by the Department must be received for out-of-state admissions.
- H. Communication with parents, guardians, other significant persons as to goals and specific activities while a resident; and any activities to be carried out when on home visits.
- I. All needed transportation services for persons residing at Camphill.

IV. FINANCIAL ARRANGEMENTS AND REPORTING PROCEDURES

A. No specific total amount to be paid to the Contractor is designated under this contract.

B. The Department has approved a monthly rate of \$816.00 for program costs.

The daily rate is \$26.83 for program costs.

C.1.) Payment for adult foster care costs for each resident placed will be by private funds or by the Department utilizing resident resources and state G.R.H. funds, or other funds available to the residents.

C.2.) Payment for program costs for each resident will be made from private funds, the Department utilizing Social Services funds (C.S.S.A., County tax revenue) or other resources available to the resident.

C.3.) The same funding sources will be used by other placing, and financially responsible entities.

D. Referrals from other counties will be reported by the Contractor to the Department prior to acceptance and/or placement. Department will verify residence and financial responsibility for the referral.

E. A placing entity, other than the Department, shall actively participate in the admissions interview; trial placement assessment (individually determined at one (1) to six (6) months following placement) and annually thereafter. If unable to do so, it will be their responsibility to request service by the Department.

F. Any requests by the Contractor for the Department to participate in initial or periodic staffings or reviews will be considered on an individual basis.

G. The Contractor will provide the Department a copy of its initial and periodic reviews of county residents. A copy of the annual review for other residents will also be provided to the Department.

V. OTHER CONDITIONERS OF THE CONTRACT

- A. The Contractor shall allow personnel of the Department, Minnesota Department of Public Welfare, and the Department of Health and Human Services, access to the Contractor's records at reasonable hours in order to exercise their responsibility to monitor the services and audit the financial records.
- B. Maintain records for four (4) years for audit purposes.
- C. The use or disclosure, by any party, of information concerning a reimbursable, eligible client in violation of the Data Privacy Act or for any purpose not directly connected with the administration of the Department's or Contractor's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client, his/her responsible parent or guardian.
- D. This contract may be canceled by either party, upon 90 days notice, in writing delivered by mail or in person by September 30, 2015.
- E. Alternations to or waivers of provisions of this contract shall be valid only if they are in writing and duly signed by both parties.
- F. In the event there is a revision of federal or state regulations which might make this agreement ineligible for Federal-State financial participation, the Department and Contractor will renegotiate those provisions necessary to bring it into compliance with the new regulation.
- G. No claims for services furnished by the Contractor, not specifically provided in this agreement, will be allowed by the Department.
- H. The Contractor shall not enter into subcontracts for any of the work contemplated under this agreement without written approval of the Department.

It is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Department and Contractor.

IN WITNESS WHEREOF, the Department and Contractor have executed this contract as of the day and year first above written:

APPROVED AS TO LEGALITY AND FORM by:

Todd County Attorney

TODD COUNTY HEALTH AND HUMAN SERVICES

BY: _____
Chairman, Board of Commissioners

DATE: _____

BY: _____
Department Director

DATE: _____

CONTRACTOR CAMPHILL VILLAGE MINNESOTA, INC.

BY: _____
Position: _____

DATE: _____

CAMPBILL VILLAGE MINNESOTA, INC.



15136 Celtic Drive, Sauk Centre, MN 56378 • Phone (320) 732-6365 • Fax (320) 732-3204
www.camphillvillage-minnesota.org/index.html • email: cvmn@rea-alp.com

Camphill Village Minnesota is part of the International Camphill Movement for social renewal through community living. In its centers people share life and work with children and adults with disabilities.

December 8, 2014

Dear Todd County Commissioners,

Season's greeting to you from all of us at Camphill Village Minnesota. I am writing to you regarding our program fee for 2015. Todd County sets the vocational program fee for thirteen of the eighteen residents at Camphill Village.

Five of our residents receive no county funding and depend upon state and federal funding, exclusively. At this time we have no residents from Todd County, seventeen from other MN counties, and one from another state. This year we are requesting no increase to our program fee of \$816/month. We expect that we will need to fund raise more than \$150,000 in 2015 to balance our operating budget. We understand that Todd County and other counties in Minnesota are working hard to contain their expenses and we wish to support their efforts by making do with the same program fee as last year.

2014 was a year of significant change for our organization. We were required to receive a new additional operating license, the 245D, to continue to serve 3 of the individuals that call Camphill their home. This new license allows us to serve individuals that receive Medicaid waiver funding. These fees for service will be higher than what we have received, along with greater administration costs for additional documentation of service and a higher level of training required of our staff members. We are trying to make use of this opportunity/challenge of licensure to strengthen our organization.

We had a solid and productive year at our farm, garden, and bakery; providing healthy and nutritious food for our residents. At the end of November some of our residents and their teachers were invited to hold an art show of their works at the Palmer House in Sauk Centre. The art show was well received with a good newspaper article in the Sauk Centre Herald.

Thank you for your consideration of our request.

Sincerely,

Bill Briggs
Administrator

CAMP HILL VILLAGE MINNESOTA
Projected Operating Budget 2015

<u>1. Living Expenses</u>	<u>Total</u>	<u>Room/Board</u>	<u>Program</u>
A. Food-External Purchases	\$77,000	\$77,000	-
B. Food-Internal Purchases	17,250	17,250	-
C. Utilities	45,000	36,000	\$9,000
D. Household	30,500	30,500	-
E. Furniture/Equipment	<u>3,300</u>	<u>2,970</u>	<u>330</u>
Total	\$173,050	\$163,720	\$9,330
<u>2. Operating Costs</u>			
A. Insurance (Auto, Prop, Liability)	\$49,500	\$29,700	\$19,800
B. Maintenance	20,000	18,000	2,000
C. Vehicle Depreciation	20,000	12,000	8,000
D. Vehicle Operating & Maintenance	<u>40,000</u>	<u>24,000</u>	<u>16,000</u>
Total	\$129,500	\$83,700	\$45,800
<u>3. Resident Staff (co-worker)</u>			
A. Health Care and Insurance	\$75,000	\$48,750	\$26,250
B. Co-worker Expenses	<u>153,000</u>	<u>99,450</u>	<u>53,550</u>
Total	\$228,000	\$148,200	\$79,800
<u>4. Administration</u>			
A. Voluntary Community Support	\$2,000	\$2,000	-
B. Office and Secretarial	122,000	91,500	\$30,500
C. Travel and Meetings	10,000	-	10,000
D. Professional Services	23,500	23,500	-
E. Publicity (Newsletter, etc.)	2,000	1,000	1,000
F. Telephone (including office)	11,700	10,530	1,170
G. Contingency Fund	<u>12,000</u>	<u>6,000</u>	<u>6,000</u>
Total	\$183,200	\$134,530	\$48,670
<u>5. Services</u>			
A. Training and Program Development	\$11,200	-	\$11,200
B. Social and Cultural Activities	6,000	-	6,000
C. Farm and Garden Project Activities	<u>17,250</u>	<u>-</u>	<u>17,250</u>
Total	\$34,450	\$0	\$34,450
TOTAL	\$748,200	\$530,150	\$218,050
Minue Revenue for 5 Residents (4 on Waivers, one not receiving Program Fee)	<u>-138,155</u>	<u>-98,987</u>	<u>-39,168</u>
NEW TOTAL	\$610,045	\$431,163	\$178,882
PER MONTH	\$50,837	\$35,930	\$14,907
PER RESIDENT			
14 projected average	\$3,631	\$2,566	\$1,065
Shortfall (to be met through contributions)	\$1,455	\$1,206	\$249
Requested Rate	\$2,176	\$1,360	\$816
Per Diem	\$71.54	\$44.71	\$26.83

CAMP HILL VILLAGE MINNESOTA
Projected Operating Budget 2015

Camphill Program Fees over past 5 years:

2011	\$782.00	0% increase
2012	\$800.00	2.3% increase
2013	\$816.00	2.0% increase
2014	\$816.00	0% increase
2015	\$816.00	0% increase proposed

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Approve 2015 Tobacco Licenses	
Date of Meeting: December 23, 2014	Total time requested: 5 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Todd County Health & Human Services licenses establishments in Todd County to sell tobacco products. The following establishments have submitted an application and payment to sell tobacco products in 2015: Don and Dave's Store Eagle Valley Express The Hub Supper Club Jimmy's Saloon and Grill Jon's Family Foods Little Sauk Legion Seven Oaks Express Shipwreck on Mound Lake Bar and Grill Sidewalk Bar and Grill Clarissa Municipal Liquor	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Approve the above mentioned establishments' tobacco licenses for 2015.	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl
Second:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker

Signatures	
STATE OF MINNESOTA COUNTY OF TODD}	
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	
Seal	

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Request to change HHS Board Meeting dates in February & March 2015	
Date of Meeting: Dec 23, 2014	Total time requested: 5 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion: To move the HHS Board Meeting up one week.	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl
Second:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	
Seal	

Todd County, MN Board Action Form



Action Requested	
<input type="checkbox"/> Action/Motion <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Home Care Survey	
Date of Meeting: Dec 23, 2014	Total time requested: 10 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Todd County held a Special Board meeting on 12/12/14, with the Todd County Home Care program as an agenda item. Upon review of the program the Board requested to table the discussion until additional payor/charity care information could be received by the HC agencies serving Todd County.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl
Second:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker

Signatures STATE OF MINNESOTA } COUNTY OF TODD } I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	Seal
--	------

Warrants for Publication

Payment Date:

12/26/2014

Approval Date:

12/23/2014

<u>Vendor name or #</u>	<u>Amount</u>	
CATHOLIC CHARITIES	\$2,105.40	
CENTRAL MN MENTAL HLTH CTR	\$2,940.00	
COMMUNITY & FAMILY SRVS LLC	\$2,974.40	
DEPT OF CORRECTIONS	\$2,899.00	
DHS - SWIFT	\$9,365.25	
# 4453	\$2,340.00	foster care provider
HEARTLAND GIRLS RANCH	\$3,964.00	
# 658	\$3,206.56	foster care provider
KINDRED FAMILY FOCUS	\$25,375.19	
LAKELAND MENTAL HLTH CTR	\$2,967.00	
NEXUS INC - MILLE LACS ACADEMY	\$3,969.90	
NORTHERN PINES MENTAL HLTH CTR	\$22,090.50	
PINEHAVEN YOUTH AND FAMILY SRVS INC	\$5,813.63	
PORT OF CROW WING BOYS HOME	\$2,460.00	
TODD COUNTY DAC	\$5,711.79	
WEST CENTRAL REG JUVENILE CTR	\$3,223.33	
WOODLAND HILLS	\$3,479.13	
	<hr/>	
	\$ 23,254.29	Pymts less than \$2000
	<hr/>	
Final Total	\$128,139.37	

JUDY

12/17/14 7:11AM

**** Todd County ****

WARRANTS FOR PUBLICATION



Page 1

Cutoff 2000

Report Sequence: 1 - Vendor Name



WARRANTS FOR PUBLICATION

Warrants Approved On 12/23/2014 For Payment 12/26/2014

<u>Vendor Name</u>	<u>Amount</u>
BRENNY FUNERAL HOME OF STAPLES, IN	2,200.00
DHS - ANOKA METRO RTC - 412	97,201.00
DHS - MSOP-MN SEX OFFENDER PROGR/	7,399.70
DHS - ST PETER RTC - 472	13,020.00
DHS - SWIFT	16,872.38
INFORMATION SYSTEM CORP	2,000.00
ITEN FUNERAL HOME	3,500.00
PERISH/ALAN	2,594.06
RURAL MN CEP INC	17,927.69
TODD COUNTY MIS DEPT	18,244.20
WILLIAMS DINGMANN FAMILY FUNERAL	2,200.00
168 Payments less than 2000	40,880.16
Final Total:	224,039.19