

TODD COUNTY BOARD OF COMMISSIONERS

Health and Human Services Board Meeting Agenda

Date: December 22, 2015

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 24, 2015 Meeting Minutes	9:04
5	General	9:05
5.1	Introduction of New Staff	
5.2	Update from Northern Pines	
5.3	Re-new Northern Pines Service Contract	
5.4	West Central Fathers Resource Program MOU 2016	
5.5	Discussion - Licensing Supervision	
5.6	Review Footcare Clinic Services	
6	Claims	
6.1	Approve Claims	
	Adjourn	

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 November 24 2015 Meeting Minutes	
Date of Meeting: December 22, 2015	Total time requested: 5 min
Department Requesting Action: Administration	
Presenting Board Action/Discussion at Meeting: Denise Gaida	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
November 24, 2015 Meeting Minutes attached	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Approve Meeting Minutes from November 24, 2015 as read	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<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"/> Kneisl	<input type="checkbox"/> Kneisl

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 & HUMAN SERVICES

Minutes of the Meeting of the Health & Human Services Meeting

November 24, 2015

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 24th day October, 2015 at 9:00 a.m. The meeting was opened with the Pledge of Allegiance. All Commissioners were present.

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 Kneisl, the following motion was introduced and adopted by unanimous vote: To approve the October 24, 2015 minutes as read.

Introduction of New Staff

Energy Assistance Program Seasonal Worker, Carole Schoenrock started on 10/22/2015; Social Worker, Cassandra Snyder started on 11/09/2015; Social Worker Jenelle Herkenhoff started on 11/16/2015 and Social Worker, Richard Mettler started on 11/16/2015

Review Senior Transportation Program

Jackie Och and Katherine Mackedanz reported on the senior transportation program. Staff will provided an update on 2015 program statistics, program trends, addressing sustainability, and discuss proposed changes for 2016.

Rural MN CEP

Rural MN CEP provided an update on their services in Todd County.

On motion by Becker and second by Kneisl, the following motion was introduced and adopted by unanimous vote: To approve the contract for Rural MN CEP to provide MFIP & DWP Employment Services for calendar year 2016 in the amount of 203,004.00 per year.

Morrison County Child Support Program Supervisor

On motion by Erickson and second by Kneisl, the following motion was introduced and adopted by majority vote with Neumann voting against: To approve the contract for Morrison County to provide up to 12 hours per week of Child Support Program Supervision Jan. 1, 2016 - Dec 31, 2016 at \$50.00 per hour.

Public Health Secretary Position

An opening has existed for a Full Time Public Health Secretary due to a staff promotion. The work of this position has changed and has been under review. Health & Human Services would like to reclassify this position from Full-Time to Part-Time on a one year trial basis.

Social Services Fund Warrants

On a motion by Neumann and second by Kneisl 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 \$61,733.48.

On a motion by Neumann and second by Kneisl 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 \$148,354.43.

Board Chair Kircher adjourned the meeting for the month of November, 2015.

Commissioner Warrants

Vendor name or #	Amount
ANU FAMILY SERVICES INC	\$3,000.00
COMMUNITY AND FAMILY SRVS LLC	\$2,673.10
DHS - SWIFT	\$4,029.38
# 4453 Foster Care Provider	\$2,635.00
MERIDIAN SERVICES INC	\$2,260.00
NEXUS INC - MILLE LACS ACADEMY	\$4,524.76
NORTHERN PINES MENTAL HLTH	\$6,330.50
PARISH/JON	\$2,269.08
PETRANGELO Ed. D/GEORGE	\$2,273.75
RAINBOW PLAY SYSTEMS	\$2,459.14
TODD COUNTY DAC	\$7,256.10
Payments less than \$2000	\$22,022.67
Final Total	\$61,733.48

DHS - SWIFT	\$73,716.54
KARVONEN & SON FUNERAL HOME	\$4,600.00
PERISH/ALAN	\$2,047.53
RURAL MN CEP INC	\$15,688.54
TODD COUNTY ATTORNEY'S OFFICE	\$12,105.00
Payments less than 2000	\$40,196.82
Final Total	\$148,354.43

Todd County, MN Board Action Form



Action Requested	
<input type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input checked="" 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): Introduce New Staff	
Date of Meeting: 12/22/2015	Total time requested: 5 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Jackie Och	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Energy Assistance Program Seasonal Worker, Carole Schoenrock started on 10/22/2015; Support Enforcement Aide, Barb Graves started on 11/30/2015	
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"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<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"/> Kneisl	<input type="checkbox"/> Kneisl

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): Update from Northern Pines	
Date of Meeting: 12/22/2015	Total time requested: 10 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Glenn Anderson & Julie Leikvoll	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Northern Pines will provide an update on their services in 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"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<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"/> Kneisl	<input type="checkbox"/> Kneisl

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): Renew Northern Pines Purchase of Service Contract	
Date of Meeting: 12/22/2015	Total time requested: 5 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Jackie Och	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Northern Pines provides a variety of mental health services to eligible adults and children in Todd County. The services provided are detailed in the attached 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 Purchase of Service Contract effective Jan 1, 2016 - Dec 31, 2016	
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, 2016, to December 31, 2016.

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. These purchased 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
- t. Intensive Case Management / Wraparound to eligible children with SED
- u. Intensive Case Management / Wraparound to eligible adults as referred by Agency

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. Agency will pay up to \$12,000 in 2016 for purchased services. Any services in excess of this amount need prior approval of the Agency and must be 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: Fee for Service

Fee for Service Billable Services and Activities for Inclusion in the 2016 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 2016 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 and licensing supervision as requested by Todd County HHS
5. Not otherwise reimbursed community education/prevention activity, including travel, if requested or approved by Todd County HHS
6. Any Todd County HHS requests special activity or service, including travel. (Examples: Todd County HHS staff training, foster parent training, Todd County HHS-referred, court-ordered clinical work and related court preparation, appearance, and related travel, etc.)
7. The following meetings and directly related activities and travel:
 - a. Child Protection Team
 - b. Children's Justice Initiative Team
 - c. Mental Health Professional participation as part of the Local Advisory Council

8. Child or adolescent mental health screening requested by Todd County HHS
9. Intensive Case Management / Wraparound to eligible children with SED
10. Intensive Case Management / Wraparound to eligible adults as referred by Agency

Addendum B: Community Support Program Services

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 2016. 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, total cost and units of service 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 2016. Contractor agrees to provide Agency with any additional data requested by MN Department of Human Services.

Addendum C: Children's Services

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 2016 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 2016. NPMH and DHS invoices will be reviewed monthly to monitor spending toward the 2016 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.

B. 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 2016.

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 1.0 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.

C. 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, 2016 through December 31, 2016

- ◆ 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 2016.

Addendum E: School Based Mental Health Services

Todd County Health & Human Services and Freshwater Education District have entered into an agreement with Northern Pines Mental Health Center (MPMHC) to provide School Based Mental Health Services. Todd County Health & 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 & Human Services agrees to pay NPMHC \$2500 per month beginning January 1, 2016 through December 31, 2016.

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): West Central Father's Resource Program MOU 2016	
Date of Meeting: 12/22/2015	Total time requested: 10 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Jackie Wise / Lisa Chapin	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
The Mahube-Otwa Fathers' Resource Program provides supportive services to strengthen and empower children and their families. The program is available to parents that are low income and young fathers (18-25 yrs of age) living in the participating Counties of: Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Todd, Traverse and Wilkin. The cost to Todd County in 2015 was \$5903.00	
Options <input type="checkbox"/> Supporting Documentation enclosed	
To approve or end the funding of the Fathers' Resource Program with the other participating Counties.	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
To approve Todd County Health & Human Services to continue to participate in, and provide funding for, the West Central Fathers' Resource Program in calendar year 2016.	
Financial Implications: \$3619.00	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"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<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"/> Kneisl	<input type="checkbox"/> Kneisl

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
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------

Fiscal Host Memorandum of Understanding

This Memorandum of Understanding is between
Otter Tail County Human Services
and
Eleven County Consortium of Social Service Agencies

I. Purpose and Scope

The purpose of this Memorandum of Understanding (MOU) is two-fold: first, to define the roles and responsibilities of Mahube-Otwa Community Action Partnership, Inc. hereinafter referred to as Mahube-Otwa, as it relates to providing services for the West Central Father's Resource Program. Secondly, Otter Tail County Human Services, serving as the Fiscal Host, and the Eleven County Consortium of Social Service Agencies consisting of Becker, Clay, Grant, Morrison, Otter Tail, Pope, Stevens, Todd, Traverse, Wadena, and Wilkin Counties, hereinafter referred to as the Consortium, agree to abide by the provisions of this agreement as described below.

II. MOU Term

The term of this MOU is the period within which the project responsibilities of this agreement shall be performed. The term commences January 1, 2016 and terminates December 31, 2016

III. Mahube-Otwa Responsibilities

Mahube-Otwa shall undertake the following activities during the duration of the MOU term:

1. Employ Father's Resource program personnel to conduct program activities.
2. Program Activities include monthly outreach in each county of the Consortium.
3. Communication with county child support enforcement personnel.
4. Provide outreach for the program and accept referrals for program services.
5. Telephone and in-person meetings with parents needing assistance.
6. Provide assistance filing necessary court motions.
7. Report at a minimum of each quarter on the outcomes of the program.
8. Communicate with the Consortium on services, outcomes, and funding issues.

9. Seek and obtain non-federal funds and transfer to Otter Tail County Human Services (in accordance with the purchase of service agreement provisions) to serve as part of the local match to secure Federal Financial Participation (FFP) funds from the Federal Child Support Program.

IV. The Consortium Responsibilities

The Consortium members shall be responsible for the following activities during the duration of the MOU term:

1. Provide funding to operate the Father's Resource Program. Each county will transmit county and/or other non-federal funds to Otter Tail County Human Services in accordance with the following allocation formula:

a. Becker	\$ 4,512.20
b. Clay	\$ 6,086.85
c. Morrison	\$ 4,512.20
d. Grant	\$ 1,882.65
e. Otter Tail	\$ 8,962.80
f. Pope	\$ 1,771.00
g. Stevens	\$ 1,613.15
h. Todd	\$ 3,619.00
i. Traverse	\$ 1,424.50
j. Wadena	\$ 2,621.85
k. Wilkin	\$ 1,493.80
l. TOTAL:	\$38,500.00
2. Provide office space to for Father's Resource Program personnel to meet at county locations.
3. Provide support in accessing local funds including, but not limited to, Foundation, United Way, and other sources of funding.
4. Communicate with the Mahube-Otwa Executive Director on program services, outcomes, and funding issues.

V. Modification and Termination

1. This agreement may be cancelled or terminated without cause by either party by giving (30) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.
2. Any and all amendments must be made in writing and must be agreed to and executed by both Otter Tail County Human Services and the Consortium before becoming effective.

3. It is mutually agreed that if the budget for the current year covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect.
4. If funding for the fiscal year is reduced or eliminated by the Consortium for purposes of this program, all parties shall have the option to either cancel this Agreement with no liability or offer an amendment to reflect the reduced amount.

VI. Effective Date and Signature

This MOU shall be effective upon the signature of authorized personnel from Otter Tail County Human Services, Fiscal Host and the Consortium Member Counties, and shall indicate agreement with this MOU by their signatures.

Signatures and dates

<i>Otter Tail County Human Services</i>	<i>Consortium Member Counties: Becker, Clay, Grant, Morrison, Otter Tail, Pope, Stevens, Todd, Traverse, Wadena, and Wilkin Authorized Rep., Becker</i>
Deb Sjostrom, Director	Rhonda Porter, Clay
<i>Date</i>	Stacy Hennen, Grant
	Brad Vold, Morrison
	Nicole Names, Pope
	Joanie Murphy, Stevens
	Jackie Och, Todd
	Rhonda Antrim, Traverse
	Tanya Leskey, Wadena
	Dave Sayler, Wilkin
	<i>Date</i>

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): Discuss Licensing Supervision	
Date of Meeting: 12/22/2015	Total time requested: 10 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Jackie Och / Todd Weyer	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Licensing Supervision needs to be provided to newly licensed social workers during their first two years of employment. Currently, Todd County HHS has two staff who require this type of supervision. Individuals must meet certain criteria to provide this supervision.	
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"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<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"/> Kneisl	<input type="checkbox"/> Kneisl

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): Review Footcare Clinic Services for 2016	
Date of Meeting: 12/22/2015	Total time requested: 10 mins
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Jackie Och	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Changes to the Central MN Council on Aging - Title III Grant Funding have caused a need for changes to the Todd County Footcare Clinics provided at various sites throughout 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"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<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"/> Kneisl	<input type="checkbox"/> Kneisl

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): Approve Commissioner Warrants	
Date of Meeting: December 22, 2015	Total time requested: 5 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Denise Gaida	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Printout sent to Commissioners	
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 HHS Commissioner Warrants in the amount of \$203,003.02 and 75,129.45	
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"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<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"/> Kneisl	<input type="checkbox"/> Kneisl

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	

Vendor	Amount
BENSON FUNERAL HOME INC	4,750.00
DHS - ANOKA METRO RTC - 412	49,546.00
DHS - MSOP- MN SEX OFFENDER PROGRAM	14,688.80
DHS - SWIFT	10,075.45
EMBLUM FUNERAL SERVICE INC	4,588.00
FRESHWATER EDUCATION DISTRICT	13,759.00
INFORMATION SYSTEM CORP	2,000.00
MORRISON COUNTY SOCIAL SERVICE	6,375.00
PERISH/ALAN	2,430.02
RURAL MN CEP INC	26,114.40
TODD COUNTY MIS DEPT	18,472.84
US POSTAL SERVICE	4,595.00
V13188	3,602.33
PAYMENTS LESS THAN 2000	42,006.18
FINAL TOTAL	203,003.02

CARITAS MENTAL HLTH CTR	2,453.68
DHS - SWIFT	5,542.01
LIFE HOUSE INC	3,000.00
MERIDIAN SERVICES INC	3,092.67
NEXUS INC - MILLE LACS ACADEMY	4,378.80
NORTHERN PINES MENTAL HLTH CTR	13,744.50
PESTA/JEANNETTE & KENNETH	2,232.91
PRODUCTIVE ALTERNATIVES INC	2,698.00
TODD COUNTY DAC	6,534.16
WEST CENTRAL REG JUVENILE CTR	6,625.00
PAYMENTS LESS THAN 2000	24827.72
FINAL TOTAL	75129.45