

# Jasper County, Iowa

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## **JASPER COUNTY BOARD OF SUPERVISORS AGENDA**

**[www.co.jasper.ia.us](http://www.co.jasper.ia.us)**

**March 4, 2014**

**9:30 a.m.**

- Item 1      Community Services – Jody Eaton**
  - a) Resolution Approving CICS Management Plan Policies and Procedures
  - b) Regional Update
  
- Item 2      Compensation Board recommendation for Elected Officials Salaries**
  
- Item 3      2014/15 Non-Bargaining Pay Increases**
  - a) Department Heads
  - b) Non-Department Heads
  - c) Hourly
  
- Item 4      Public Hearing – FY14/15 Budget**
  
- Item 5      Sheriff – John Halferty**
  - a) Quotes to upgrade existing camera system at Jasper County Jail
  
- Item 6      Approval of Board of Supervisors minutes for 2/25/2014**
  
- Item 7      Board Appointments**

**PUBLIC INPUT & COMMENTS**

Resolution 14-

RESOLUTION APPROVING  
CENTRAL IOWA COMMUNITY SERVICES (CICS)  
MENTAL HEALTH AND DISABILITY SERVICES  
MANAGEMENT PLAN POLICIES AND PROCEDURES

Moved by, \_\_\_\_\_ seconded by, \_\_\_\_\_  
to approve the Initial Management Plan Policies and Procedures for Central Iowa Community Services  
Mental Health and Disability Services. Redesign legislation requires regional management plans to take  
the place of individual county management plans.

AYES: \_\_\_\_\_

NAYS: \_\_\_\_\_

Approved this 4<sup>th</sup> day of March, 2014.

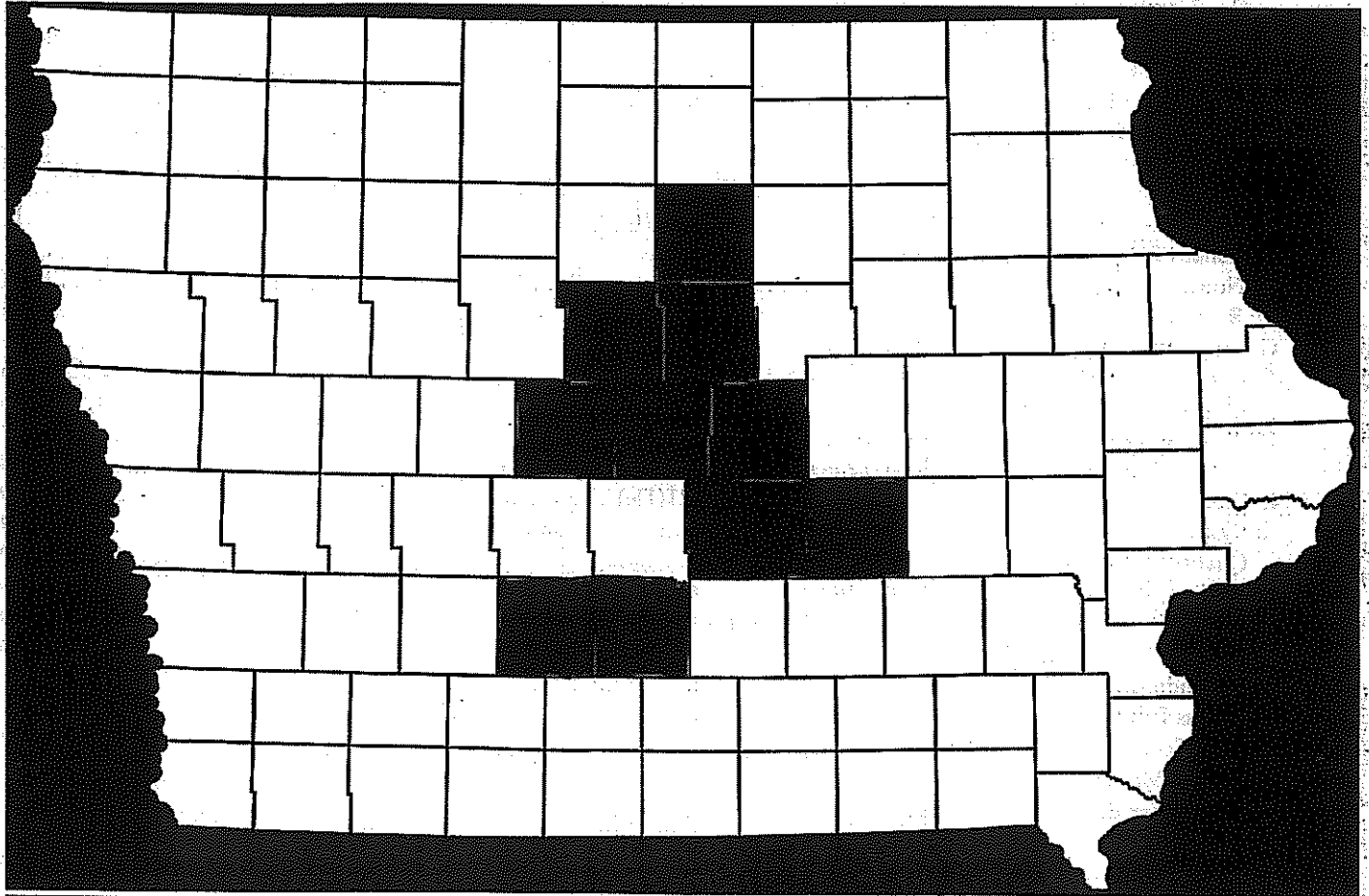
\_\_\_\_\_  
Joe Brock, Chairman  
Jasper County Board of Supervisors

ATTEST: \_\_\_\_\_  
Dennis Parrott  
Jasper County Auditor

# Central Iowa Community Services Mental Health and Disability Services

## Management Plan Policies and Procedures

Geographic Area: Serving the Counties of Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story and Warren.



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## Introduction and Vision

Central Iowa Community Services (CICS) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390. Within this region, CICS created a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities, including those with multi-occurring issues and other complex human service needs.

In accordance with the principles enumerated in the legislative redesign, CICS shall work in a quality improvement partnership with stakeholders in the region (providers, families, individuals, and partner health and human service systems) to develop a system of care approach that is characterized by the following principles and values:

- Welcoming and individual-oriented
- Person and family driven
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

CICS shall maintain local county offices as the foundation to the service delivery system.

### **Basic Framework of the Regional MH/DS Services Management Plan**

This regional Mental Health & Disability Services Management Plan describes the framework for system design that CICS shall organize.

This Mental Health & Disability Services Management Plan (hereafter referred to as Plan) defines standards for member counties of Central Iowa Community Services.

The plan meets the requirements of Iowa Code (IC) section 331.439A and provides for cost-effective, individualized services and supports that assist persons with disabilities to be as independent, productive, and integrated into the community as possible, within the constraints of available resources.

In compliance with Iowa Administrative Code (IAC) 441-25 the Plan includes three parts:

### **Annual Service & Budget Plan**

- the cost of services
- local access points
- targeted case management agencies
- a plan for ensuring effective crisis prevention
- a description of the scope of services
- projection of need and cost to meet the need
- provider reimbursement provisions.

## **Annual Report**

- an analysis of data concerning services managed for the previous fiscal year

## **Policies & Procedures Manual**

- includes policies and procedures concerning management of the MH/DS service
- MH/DS plan administration

A current plan is available in each local CICS office and the Regional and Department of Human Services websites.

## **A. Organizational Structure**

### **Governing Board (IC 331.390)**

CICS organizational structure assigns the responsibility for the non-Medicaid funded MH/DS services with the Governing Board. Member counties shall appoint one member from the County Board of Supervisors (or designee) and an alternate member to serve as a Director on the Governing Board. The Governing Board shall include two ex-officio and non-voting representatives: one representing individuals who utilize mental health and disability services or an actively involved relative of such an individual and one from service providers in the region. No member shall be an employee of the Department of Human Services.

### **MH/DS Advisory Board (IC 331.390(2)e; 331.392.(2)i; IAC 441-25.14.(1)i)**

CICS shall encourage stakeholder involvement by having a regional advisory board assist in developing and monitoring the plan, goals and objectives identified for the service system, and to serve as a public forum for other related MH/DS issues. The MH/DS Advisory Board shall represent stakeholders which shall include, but not be limited to, individuals, family members, officials, and providers.

CICS shall maintain local county advisory groups as the foundation for the Regional Advisory Board. An individual who utilizes mental health and disability services or an actively involved relative of such an individual and an individual representing providers of the county shall be appointed to the Regional Advisory Board by each county advisory group.

The Regional Advisory Board shall appoint an individual who utilizes mental health and disability services or an actively involved relative of such an individual and individual representing providers of the region to the Regional Governing Board.

### **Chief Executive Officer**

The Governing Board shall appoint the Chief Executive Officer, upon the recommendation of the administrative team, as referenced in Iowa Code Section 331.438E. The CEO functions are supervised and evaluated by the Governing Board and the CEO is the single point of accountability to the Governing Board.

### **Administrative Team**

The Regional Administrative Team shall consist of the Directors representing member counties. The Regional Administrative Team shall remain employees of their respective counties. The Regional Administrative Team shall be assigned the Region's administrative responsibilities, including but not limited to claims processing, contracting, and intakes, so that each of the required functions is performed.

## B. Service System Management

CICS shall directly administer the Region MH/DS Plan through the local CICS offices and contract with service providers to meet the service needs of the individuals. Member counties shall provide adequate credentialed staff to carry out the administration of this Plan. The staff delegated to perform functions of Coordinators of Disability Services shall have the qualifications required by IC 331.390(3)b and IAC 441-25.12(2)e.

County Office	Address	Phone
Boone County Community Services	900 W 3 <sup>rd</sup> St. Boone IA 50036	515-433-4889
Franklin County Community Services	123 1 <sup>st</sup> Ave SW Hampton IA 50441	641-456-2128
Hamilton County Community Services	500 Fairmeadow Dr. Webster City IA 50595	515-823-9550
Hardin County Community Services	1201 14 <sup>th</sup> Ave Eldora IA 50627	641-939-8168
Jasper County Community Services	115 N 2 <sup>nd</sup> Ave E, Newton IA 50208	641-791-2304
Madison County Community Services	209 E Madison St, Madison IA 50237	515-462-3076
Marshall County Community Services	101 East Main, Marshalltown IA 50158	641-754-6390
Poweshiek County Community Services	120 West St, Grinnell IA 50112	641-236-9199
Story County Community Services	126 S Kellogg Ave Suite 001, Ames IA 50010	515-663-2930
Warren County Community Services	1011 N Jefferson Way Suite 900, Indianola IA50125	515-961-1068

### **Risk Management and Fiscal Viability(IC 331.25.21(1)f)**

CICS does not intend to contract management responsibility for any aspect of the regional system of care to any agency or entity. The CICS Regional Board shall retain full authority for the regional system of care and the associated fixed budget.

### **Conflict of Interest**

Funding authorization decisions shall be made by the CICS staff, who shall have no financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to the individuals, counties, and other stakeholders.

## C. System Management

### **System of Care Approach Plan (IAC 441-25.21(1)h)**

CICS shall provide leadership and management at the local level for designing a regional system of care for Mental Health and Disability Services. The design of the system shall be based on the expectation that individuals and families will have multi-occurring issues, and shall incorporate an organized quality improvement partnership process to achieve the vision defined at the beginning of this Plan.

**Within this vision, CICS shall work in partnership with providers and other stakeholders to develop services that are:**

- Welcoming and accessible
- Able to emphasize integrated screening, early identification, and early intervention
- High quality, and wherever possible evidence based
- Organized into a seamless continuum of community based support
- Tailored to each individual with planning that expands the involvement of the individual
- Provided in the least restrictive, appropriate setting
- Designed to empower individuals and families as partners in their own care
- Designed to leverage multiple financing strategies within the region including increased use of Medicaid funded services and Iowa Health and Wellness Plan
- Supported by provision of training and technical assistance to individuals and families, as well as, to providers and other partners

**Developing an Integrated Multi-Occurring Capable Trauma Informed System of Care:  
Implementation of Interagency and Multi-system Collaboration and Care Coordination (IAC  
441-25.21(1)n; 441-25.21(1)m)**

CICS shall maintain a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based practices; cultural competence; community-based services; accountability; and full participation of individuals served at all levels of the system. CICS shall work to build the infrastructure needed to result in positive outcomes for individuals served.

The specific steps that shall be taken by the participating partners in this process shall be developed by the CICS administrative team and Regional Advisory Board.

In addition, CICS shall partner with courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. CICS shall collaborate with the Iowa Department of Human Services, Iowa Department of Public Health, Department of Corrections, Iowa Medicaid Enterprises, other regions, service providers, case management, individuals, families, and advocates to ensure the authorized services and supports are cost effective and responsive to individuals' needs consistent with system principles.

CICS shall create committees that focus on training, communications, finance, policy development, contracting for outcomes, information systems, resource development, service delivery system design, quality improvement, and other committees as indicated, to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care.

**Decentralized Service Provisions (IAC 441-25.21(1)i)**

CICS shall strive to provide services in a decentralized and equitable manner to meet the minimum access standards of core services by utilizing the strengths and assets of the regional service providers. Areas where services are not available within the region, providers shall be encouraged to expand or begin services. The following measures shall be used to ensure services are available in all parts of the region:

**Utilization and Access to Services (IAC 441-25.21(1)d)**

Within the broad system approach outlined above, CICS shall oversee access and utilization to services, and population based outcomes, for the MH/DS involved population in the region, in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, CICS shall integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including the following:

- inventory of available services and providers
- utilization data on the services

Results shall be analyzed to determine if there are gaps in services or if barriers exist due to:

- service offered
- adequate provider network
- restrictions on eligibility
- restrictions on availability
- location



This information shall be used for future planning in the annual service budget plan, improving the system of care approach plan, collaboration with agencies, decentralizing service provisions and, provider network formation. In addition, the data elements, indicators, metrics and performance improvement for population management shall be continuously improved over time as the region develops increasing capability for managing the needs of its population.

## D. Financing and Delivery of Services and Support (IAC 441-25.21(1)j)

**NOTE:** This section, and the following sections, except for section I, focus specifically on services directly funded by CICS, within the larger system design partnership described in the previous section.

Non-Medicaid mental health and disability services funding shall be under the control of the CICS Governing Board in accordance with Iowa Administrative Code 441-25.13 (331.391). The CICS Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and provide public transparency.

The CICS Chief Executive Officer and Administrative Team shall prepare a proposed annual budget. The proposed budget shall be reviewed by the CICS governing board for final approval. The Administrative Team shall be responsible for managing and monitoring the adopted budget.

Services funded by CICS are subject to change or termination with the development of the regional MH/DS budget each fiscal.

The CICS Governing Board has designated Madison County to act as the Regional Fiscal Agent. The CICS Governing Board shall determine an amount of projected MH/DS fund balance to be paid to the Regional Fiscal Agent. Member counties with a fund balance below the percentage determined by the CICS Governing Board may draw funds necessary to bring the fund balance up to the established percentage. All expenditures, including funds held by Regional Fiscal Agent and funds held in individual county accounts, shall comply with the guidelines outlined in the Annual Service and Budget plan.

### **Accounting System and Financial Reporting**

The accounting system and financial reporting to the department conforms to Iowa Code 441- 25.13 (2) (331.391) and includes all non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including, but not limited to, the following: expenses for administration; purchase of services; and enterprise costs for which the region is a service provider or is directly billing and collecting payments.

### **Contracting**

CICS shall contract with MH/DS providers whose base of operation is in the region. The region may also honor contracts that other regions have with their provider located in other regions. CICS may also choose to contract with providers outside of the Region. A contract may not be required with providers that provide one-time or as needed services.

All approved provider contracts shall be between the provider and the CICS region (rather than individual counties). All contracts shall be annual contracts utilizing the standard regional contracting agreement. Contracts shall be reviewed by the Contracting/Rate Setting (CRS) Committee who shall make a recommendation to the Administrative team. The Administrative team shall make a recommendation to the Governing Board. All contracts must be approved and signed by the Governing Board Chair or designee.

CICS may develop financial incentives and or outcome measures in order to obtain higher performance outcomes and cost effectiveness. The region may utilize vouchers and other non-traditional means to fund services.

Rates utilized for CICS contracts shall be based on designated cost report or based on rates established by the State of Iowa through HCBS Waiver or Habilitation Services. Any exceptions must be approved by CRS committee. CICS contracted providers shall not accept rates or terms lower than another contracted with CICS from any other region or county.

Providers may appeal any contracted rates and/or terms approved by the Governing Board following the Provider Appeal Procedure outlined in Attachment E.

### **Funding**

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. CICS recognizes the importance of individualized planning for services and supports to empower all individuals to reach their fullest potential.

An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support. Failure to do so shall render the individual ineligible for regional funds for services that would have been covered under funding, unless the region is mandated by state or federal law to pay for said services.

Individuals, who are in immediate need and are awaiting approval and receipt of assistance under other programs, may be considered eligible if all other criteria are met.

CICS shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars. CICS shall be the funder of last resort and regional funds shall not replace other funding that is available.

## E. Enrollment (IAC441-25.21(1)e)

### **Application and Enrollment**

Individuals residing in CICS counties, or their legal representative, may apply for regional funding for services by contacting any CICS Community Services office or may contact one of the designated access points (Attachment A) to complete an application (Forms Appendix). All applications shall be forwarded to the Community Services office in the county where the applicant lives. The CICS office shall determine eligibility for funding.

The CICS application shall be used for all applications. If language or other barriers exist, the access points shall contact an appropriate person to assist the applicant in the intake process or contact the local Community Services office to make such arrangements. The completed application shall be forwarded by access points to the local Community Services office by the end of the business day.

CICS staff shall review the application in a timely manner to determine if all necessary information is present and complete on the application. If the application is incomplete, the applicant shall be contacted requesting additional information. Failure to respond with necessary information and/or to provide a fully completed application may result in a denial of funding.

### **Residency**

If an applicant has complied with all information requests, their access to services shall not be delayed while awaiting a determination of legal residence. In these instances, CICS shall fund services and later seek reimbursement from the county of legal residence.

*"County of residence"* means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university. (IC 331.394(1)a)

### **Exception to Policy**

An exception to policy may be considered in cases when an individual is significantly adversely affected by the regional eligibility policy. To request an Exception to Policy, the individual or the individual's service coordinator shall submit the following information:

- Individual's name
- Current services the individual is receiving
- The policy for which the exception is being requested
- Reason why the exception should be granted

The CICS Administrative Team shall review the exception and a response shall be given to the individual and, when appropriate, the service coordinator within 10 working days. Decisions on requests shall be documented and used in the annual report to identify future changes in policy.

### **Confidentiality**

CICS is committed to respecting individual privacy. To that end, all persons, including CICS staff, Governing Board, and others with legal access to individual information, shall have an obligation to keep individual information confidential. Information shall only be released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards. Confidential information will be released only when it is in the best interest of the individual to whom the information pertains or when required by law.

Confidential information may be released without written permission of the individual or their guardian for medical or psychological emergencies and inspection by certifying or licensing agencies of the state or federal government.

Individual files shall be maintained for seven years following termination of service to the individual.

Procedures to ensure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless allowed by law.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative, shall be allowed to review and copy the individual record.
- Individual and related interviews shall be conducted in private settings.
- All discussion and review of individual's status and/or records by CICS staff, case managers, and others shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All printed confidential information disposed of shall be shredded.
- Steps shall be taken to ensure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information may not be an automatic reason for denial; however, the inability of CICS staff to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

A copy of the regional HIPAA policies and procedures covering confidentiality may be viewed in any local CICS office.

## **F. Eligibility (IAC 441-25.21(1)c)**

### **General Eligibility**

**CICS shall review the application to determine if the applicant meets the general eligibility criteria of the Regional Plan.**

**The individual is at least eighteen years of age.**

Or

- a) An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.
- b) An individual less than 18 years of age and a resident of the state may be considered eligible for those mental health services made available to all or a portion of the residents of the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region. Eligibility for services under paragraph "b" is limited to availability of regional service system funds without limiting or reducing core services, and if part of the approved regional service system management plan.

**The individual is a legal resident of the state.**

### **Financial Eligibility**

The individual complies with financial eligibility requirements in IAC 441-25.16

#### **1) Income Guidelines: (IC 331.395.1)**

- a) Gross incomes 150% or below of the current Federal Poverty Guidelines. (Attachment B) At the discretion of the CICS, applicants with income above 150% may be eligible for regional funding with an individual copayment as specified in this manual. (Attachment D)
- b) The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitative Services, etc.) shall be followed if different than those established in this manual.
- c) In determining income eligibility, the average monthly income for the past 3 months will be considered, however, recent employment and/or income changes may be considered by the CICS in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by CICS.

#### **2) Resources Guidelines: Iowa Code 331.395**

An individual must have resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household or follow the most recent federal supplemental security income guidelines.

- The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this subrule.
- A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- The following resources shall be exempt:
  - (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is

contiguous to the home and the buildings located on the land.

- (2) One automobile used for transportation.
- (3) Tools of an actively pursued trade.
- (4) General household furnishings and personal items.
- (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
- (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
- (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

If an individual does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:

- A retirement account that is in the accumulation stage.
- A medical savings account.
- An assistive technology account.
- A burial account or trust limited in value as to that allowed in the Medical Assistance Program.

An individual who is eligible for federally funded services and other support must apply for and accept such funding and support.

#### **Co-payment for services**

Any co-payments or other client participation required by any federal, state, region, or municipal program in which the individual participates shall be required to be paid by the individual. Such co-payments include, but are not limited to:

- Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment shall be assessed to individuals with income equal to or less than 150 percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Individuals with income over the established guidelines may be eligible for services on a sliding fee scale as shown in Attachment D. A co-payment is required for those individuals with incomes between 150%-250% of poverty. This amount is collected by the service agency.

#### **Diagnostic Eligibility**

The individual must have a diagnosis or co-occurring diagnosis that includes Mental Illness or Intellectual Disability,

## **Mental Illness**

Individuals who at any time during the preceding twelve-month period had a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association, and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

## **Intellectual Disability**

Individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association.
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
3. The onset is before the age of 18.  
(Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association) or the most recent approved by the State of Iowa.

The results of a standardized assessment support the need for intellectual disability services of the type and frequency identified in the individual's case plan.

### Acceptable verification for Diagnostic requirements

If a psychological or psychiatric evaluation or other acceptable verification of diagnosis is not available, CICS may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

### **Assistance to Other than Core Populations (IAC441-25.21(1)2)**

If funds are available and the population category was covered in at least one of the county's previous MH/DS plan, CICS shall fund services to individuals who have a diagnosis of a developmental disability other than an intellectual disability and children to the extent allowable by law.

*"Persons with developmental disabilities"* means a person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

### **Notice of Decisions/Timeframes**

#### **Notice of Eligibility for Assessment**

Once a fully completed application is received in a CICS county office, CICS staff shall determine if the applicant meets the general eligibility criteria within 10 calendar days. A Notice of Decision shall inform the individual of the decision and information to schedule the standardized assessment within 90 days. The applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

#### **Service and Functional Assessment (IAC441-25.21(1)(o))**

The standardized functional assessment methodology designated by the director of human services shall be completed within 90 days of application. The type and frequency of service provided shall be determined by the results of the assessment and identified in the individual's case plan.

#### **Service Funding Authorization**

The Notice of Decision shall inform the individual of the action taken on the application, reason for the action, service provider, services and units of services approved based on results from the standardized assessment. The applicant shall be sent a copy of the region's appeal process and informed that they have the right to appeal the decision.

All individuals that receive ongoing MH/DS services shall have an individualized plan which shall identify the individual's needs and desires and set goals with action steps to meet those goals. Eligible individuals that request or accept the service may be referred to a targeted case manager for service coordination. Other individuals shall receive individualized service coordination from CICS staff.

The Service Coordinator, or when applicable, the Targeted Case Manager shall invite providers to participate in the development of the consumer's Individual Comprehensive Plan (ICP) to ensure effective coordination.

Together with the individuals, guardians, family members, and providers, service coordinators develop and implement individualized plans for services and supports. The individual will actively participate in the development of the service plan. If the individual is an adult and has no guardian or conservator, s/he may elect to involve family members in the service planning process, and to approve the final service plan. If the individual has a guardian or conservator, or is otherwise unable to give informed consent, the designated guardian, parent, or other representative will approve the service plan. Individuals may be represented by advocates, other individual's representatives, friends or family during the service planning process.

As with the application and enrollment process, individuals shall be informed of their right to appeal any service planning/service authorization decision.

#### **Re-enrollment**

Individuals must reapply for services on at least an annual basis.



## **G. Appeals Processes (IAC 441-25.21(1))**

### **Non Expedited Appeal Process (IAC 441-25.21(1)L(1))**

Individuals, families, individual representatives (with the consent of the individual), and providers may appeal the decisions of the region or any of its designees or contractors at any time. Such individuals or organizations may also file a grievance about the actions or behavior of a party associated with the regionally managed system of care at any time.

#### **How to Appeal:**

Written appeal forms, with a clear description of the appeals, investigation, and disposition process, and the telephone number for submitting a verbal appeal or grievance shall be attached to the Notice of Decision form. Assistance in completing the appeal form shall be provided upon request.

To appeal, a completed appeal form must be sent to the CICS Office that the Notice of Decision was received from (see table below) within ten (10) working days of receipt of the Notice of Decision.

<b>County Office</b>	<b>Address</b>	<b>Phone</b>
Boone County Community Services	900 W 3 <sup>rd</sup> St. Boone IA 50036	515-433-4889
Franklin County Community Services	123 1 <sup>st</sup> Ave SW Hampton IA 50441	641-456-2128
Hamilton County Community Services	500 Fairmeadow Dr. Webster City IA 50595	515-823-9550
Hardin County Community Services	1201 14 <sup>th</sup> Ave Eldora IA 50627	641-939-8168
Jasper County Community Services	115 N 2 <sup>nd</sup> Ave E, Newton IA 50208	641-791-2304
Madison County Community Services	209 E Madison St, Madison IA 50237	515-462-3076
Marshall County Community Services	101 East Main, Marshalltown IA 50158	641-754-6390
Poweshiek County Community Services	120 West St, Grinnell IA 50112	641-236-9199
Story County Community Services	126 S Kellogg Ave Suite 001, Ames IA 50010	515-663-2930
Warren County Community Services	1011 N Jefferson Way Suite 900, Indianola IA 50125	515-961-1068

**Reconsideration** - The Community Services Director or the director's designee located in the county that sent the Notice of Decision shall review appeals and grievances. After reviewing an appeal, the Community Services Director shall contact the appellant not more than five (5) working days after the written appeal is received. The Community Services Director shall collect additional information from the appellant and other sources, if necessary and consent is given. Following a review of additional information and all relevant facts, a written decision shall be issued no later than five (5) working days following the contact with the appellant. A copy of the decision shall be sent to the appellant and/or representative by regular mail.

**Administrative Review** - If a resolution is not agreed upon through Reconsideration step, then the appellant can follow this step and a meeting shall be arranged with the CICS Administrative Team within ten (10) working days of the final decision of the Reconsideration step. The appellant shall be notified of the meeting time, day, and location of this meeting by regular mail.

During the meeting with the appellant, the CICS Administrative Team shall discuss the facts of the decision and shall consider additional information the appellant submits relevant to the appeal. A written decision shall be issued no later than five (5) working days following the date of the meeting. A copy of the decision shall be sent to the appellant and/or representative by regular mail.

If a resolution is not agreed upon through Administrative Review, then the appellant can pursue a hearing through a state Administrative Law Judge (ALJ). The decision of the state ALJ shall be the final decision.

Central Iowa Community Services shall not pay legal fees for an appellant. If you cannot afford legal representation, you may contact Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/>

### **Expedited Appeals Process (IAC 441-25.21(1)L2)**

This appeals process shall be performed by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Department of Human Services or the Administrator's designee. The process is to be used when the decision of Central Iowa Community Services concerning an individual varies from the type and amount of service identified to be necessary for the individual in a clinical determination made by a mental health professional and the mental health professional believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual's health and safety.

### **How To Appeal:**

Using the written appeal forms that shall be attached to Notice of Decision form

1. The appeal shall be filed within 5 days of receiving the notice of decision by Central Iowa Community Services. The expedited review, by the Division Administrator or designee shall take place within 2 days of receiving the request, unless more information is needed. Then there is an extension of 2 days from the time the new information is received.
2. The Administrator shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.
3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

## **H. Provider Network Formation and Management (IAC 441-25.21 (1)i)**

CICS shall have a network of service providers to meet the continuum of service needs of individuals. The Region retains the right to select services providers to be a part of the CICS provider network. Providers must be approved CICS MH/DS network providers in order to be eligible for regional funding. (Payment for commitment related sheriff transportation and court-appointed attorneys, and other incidental or temporary services, may be exempt from this policy.)

To be included in the Regional MH/DS provider network, a provider must meet at least one of the following criteria:

- Currently licensed, accredited or certified by the State of Iowa, or
- Currently enrolled as a Medicaid provider, or
- Have a current accreditation by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO; Council on Rehabilitation Facilities-CARF; etc.
- Currently has a contract with CICS or another Iowa region

All providers included in the CICS MH/DS provider network subject to licensure or accreditation shall meet all applicable standards and criteria. Current network providers that lose their licensure and/or accreditation or are in jeopardy of losing their licensure and/or accreditation may be removed from the provider network and all individuals receiving services from the provider may be transferred to another network provider. If the situation warrants an immediate change in providers, the region shall transfer individuals to another network provider.

In addition to the above, CICS is currently encouraging providers to participate in the quality improvement partnership for system development in the region, to become welcoming, person/family centered, trauma informed, and multi-occurring capable.

The current CICS MH/DS network is included in the Annual Service and Budget Plan.

New providers may be added to the provider network if it is determined either a particular individual will benefit from the service (as determined by the individual's inter-disciplinary team) or that the provider shall provide service(s) that will enhance the service system. New network providers shall be approved through the following process:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), consumer's case manager or social worker, or directly by a provider. All requests to become a member shall be directed to the Region.
2. Provider shall complete a Provider Network Application.
3. Provider applicant shall be screened by the Region. Provider may be asked to meet for an interview or provide additional information.
4. The Region shall inform the provider of acceptance or denial.
5. New network providers shall receive appropriate orientation and training concerning CICS's MH/DS Plan.

CICS shall manage the provider network to ensure individual needs are met. CICS shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one inpatient psychiatric hospital and other providers of core services.

**Designation of Targeted Case Management Providers (IAC 441-25.21(1)g)**

CICS shall offer access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. CICS Administrative Team shall accept applications from interested agencies, and make recommendations to the Region Governance Board, who shall designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.

Designated Case Management agencies serving the CICS must be accredited according to the rules of the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441

Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service.
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g, which may include the use of electronic record keeping and remote or internet based training.

CICS has identified and designated the following providers for case management in the CICS region:

- *County Community Services Case Management,*
- *Franklin County Case Management,*
- *Hamilton County Case Management,*
- *Hardin County Case Management,*
- *Poweshiek County Case Management,*
- *Story County Case Management,*
- *Warren County Case Management,*
- *Any other case management programs developed by a county or group of counties in the region as the regional case management provider.*

All applications and/or referrals shall be forwarded to the local community services office in which the individual resides. That office shall assist in the referral process, and contact the case management agency of the individual's choice. The case management agency then becomes responsible for establishing, reviewing, monitoring, etc. of services for the individual.

## **I. Quality Management and Improvement (IAC 441-25.21(1)e)**

CICS shall have a quality improvement process that provides for ongoing and periodic evaluation of the service system, and of the providers of services and supports in the system. Stakeholders, with emphasis on individual input, shall be involved in the development and implementation of the quality improvement program.

### **System Evaluation**

The system evaluation shall include, but not be limited to:

- evaluation of individual satisfaction, including empowerment and quality of life,
- provider satisfaction; patterns of service utilization; responsiveness to individual needs and desires,
- improvement of the ability of providers to work in partnership with each other and with the regional management team to share collective responsibility for the population in the region,
- the number and disposition of individual appeals and the implementation of corrective action plans based on these appeals,
- cost-effectiveness,
- Additional outcomes and performance measures outlined by the Department of Human Services.

Annually, CICS Governing Board shall assess the region's performance and develop a list of priority areas needing improvement. All staff shall participate in developing a program plan that includes measurable goals and action steps with a process of collecting data. Based on the data, areas needing improvement shall be addressed.

The CICS Administrative team shall evaluate the levels of improvement resulting from the program plan and determine if further action is needed with the assistance of staff. This shall be documented in the annual summary.

### **Quality of Provider Services**

The services and supports evaluation shall include, but not be limited to:

- evaluation of the quality of provider services and supports based on individual satisfaction and achievement of desired individual outcomes;
- the number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals;
- cost-effectiveness of the services and supports developed and provided by individual providers.

The evaluations shall ensure that services and supports are provided in accordance with provider contracts.

### **Methods Utilized for Quality Improvement**

- Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders.
- Needs assessments, satisfaction surveys, and other written questionnaires.
- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities.
- Tracking changes and trends in the disability services system and providing reports to the Department of Human Services as requested for the following information for each individual served:
  - demographic information
  - expenditure data
  - data concerning the services and other support provided to each individual, as specified in administrative rule adopted by the commission.

## **J. Service Provider Payment Provisions (IAC 441-25.21(1)k)**

Each service provider shall provide monthly billing invoices within 60 days of service provision, and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Dates of service.
- Invoice number.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual. Copayments or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to the Region for each individual for the period.

CICS staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Non-emergency services delivered without service funding authorization shall be deducted from the billing.

All eligible bills shall be paid within 60 days of receipt of required documentation unless unforeseen circumstances exist.

No billings received more than 60 days after the close of the fiscal year in which the service was provided shall be considered for payment by CICS unless there is a statutory obligation. Fiscal year for CICS is July 1 – June 30.

It is the intent of CICS that only CICS staff shall authorize services for residents of the CICS region. Due to that, it is the policy of CICS that if another county, region, or the State, determines residency in error or approves services for persons who do not have residency in their region, CICS may not assume retroactive payment. When written notification is received by CICS of the error, CICS staff shall authorize services according to the policies and procedures set forth in this manual.

## **K. Waiting List Criteria (IAC 441-25.21(1)r)**

CICS may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MH/DS funds available. Core Services for target populations shall be considered priority services. Other than core populations, funding and priority 2 services (listed in Attachment C) may be placed on the waiting list or be subject to reduction in services.

Waiting lists may also be utilized if other than core services or mental health or intellectual disability services requested are unavailable at the time of application.

If placed on a waiting list, the applicant shall be informed on the Notice of Decision form. The notice shall identify the approximate time the service may be available to applicant. If unable to estimate such time, the CICS shall state such and shall update the applicant at least every 60 days as to the status of their service request.

The waiting list shall be centrally maintained by CICS.

Any waiting list that may exist shall be reviewed annually when planning for the future budgeting needs and future development of services.

### **L. Amendments (IAC 441-25.21(3))**

The manual has been approved by the Central Iowa Community Services' governing board and is subject to approval by the Director of Human Services.

Amendments to this Policies and Procedures Manual shall be reviewed by the Regional Advisory Board who shall make recommendations to the Regional Governance Board. After approval by the Regional Governance Board, amendments shall be submitted to the Department of Human Services for approval at least 45 days before the planned date of implementation.

## Attachment A

### Access Points

CICS shall designate the access points and their function(s) in the enrollment process. An access point is a part of the service system or community that shall be trained to complete the MH/DS funding applications for persons with a disability and forward them to the local CICS Office.

Access Point	Address	Phone number
Eyerly Ball Community Mental Health Services	105 S Marshall, Boone, IA 50036	515-298-0181
Genesis Development	927 8th Street, Boone, IA 50036	515-432-7288
Berryhill Center for Mental Health	1610 Collins Street Webster City IA	515-832-6626
Van Diest Medical Center	2350 Hospital Drive Webster City IA	515-832-9400
Ellsworth Hospital Behavioral Health /Freedom House	520 Talbott St., Ste. 3, Iowa Falls, IA	800-648-5481
Center Associates	9 North 4th Ave., Marshalltown, IA	641-752-1585
Hardin County FIA Friendship Club	602 South Oak St., PO Box 622, Iowa Falls, IA.	641-648-7500
Advance Therapy Solutions/Optimae LifeServices	1422 1 <sup>st</sup> Ave E, Newton IA	641-787-9133
Capstone Behavioral Healthcare, Inc	306 N 3 <sup>rd</sup> Ave E, Newton IA	641-792-4012
House of Mercy	200 N 8 <sup>th</sup> Ave E, Newton IA	641-840-0612
Crossroads Mental Health	1223 E Buchanan Street, Winterset, IA 50273	515-462-3105
Genesis Development	115 E Washington, Winterset IA 50273	515-462-9083
Madison County Memorial Hospital	300 W Hutchings Street, Winterset, IA 50273	515-462-2373
Center Associates	9 N. 4th Ave. Marshalltown, IA	641-752-1585
Central Iowa Residential Services Inc.	111 E Linn St Marshalltown, IA	641-752-5762
MIW, Inc.	909 S. 14th Ave. Marshalltown, IA	641-752-3697
Story County Community Life Program	104 S. Hazel Avenue, Ames, IA	(515) 956-2600
Eyerly Ball Community Mental Health Services	2521 University Boulevard, Suite 121, Ames, IA	(515) 598-3300
Story County Medical Center	640 South 19th Street, Nevada, IA	(515) 382-2111
Mary Greeley Medical Center	1111 Duff Avenue, Ames, IA	Adult Behavioral Unit - (515) 239-2683 Emergency Room - (515) 239-2155 TLP - (515) 239-6747
Cherokee Mental Health Institute	1251 West Cedar Loop, Cherokee, IA	(712) 225-2594
Eyerly-Ball Mental Health	1301 Center St. DSM, IA 50139	515-243-5181
Orchard Place Guidance	808 5TH Ave, DSM, IA, 50309-1307	515-244-2267
Genesis Development	1809 W 2nd Ave, Indianola, IA 50125	515-961-6918
Christian Opportunity Center	1602 N 14th St Indianola, IA 50125	515-961-3653



**Attachment B**

**2013 Federal Poverty  
Guidelines**

<b>Persons in Family or Household</b>	<b>48 Contiguous States and D.C.</b>	<b>Monthly 100%</b>	<b>Monthly 150%</b>
1	\$11,490	\$958	\$1,436
2	15,510	\$1,293	\$1,939
3	19,530	\$1,628	\$2,441
4	23,550	\$1,963	\$2,944
5	27,570	\$2,298	\$3,446
6	31,590	\$2,633	\$3,949
7	35,610	\$2,968	\$4,451
8	39,630	\$3,303	\$4,954
For each additional person, add	4,020	\$335	\$503

(CICS shall update the Guidelines as they are made available from the Federal Government)

**Attachment C  
Service Matrix**

Priority Services	Description	Target Populations		Additional Population DD	Access Standards
		MI	ID		
Assessment and evaluation (psychiatric or psychological evaluations and standard functional assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.		X	X	Assessment completed within 90 days of notice of enrollment. Individual who has received inpatient treatment shall be assessed within 4 weeks.
Case management (targeted case management and service coordination)	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.		X	X	Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility.
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.		X	X	Within 24 hours

Day habilitation	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	X		
Family support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	X	X	
Health homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	X		

Home and vehicle modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	X		Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.
Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	X	X	
Job development	Services that assist individuals in preparing for, securing and maintaining gainful competitive employment. Employment shall be integrated into normalized work settings shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	X	X	Referral shall be within 60 days of request for such service.

<p>Medication management</p>	<p>Services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.</p>	<p>X</p>		
<p>Medication prescribing</p>	<p>Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual, determining any drug interactions or adverse drug effects on the individual, determining the proper dosage level, and prescribing medication for the individual for the period of time before the individual is seen again.</p>	<p>X</p>		
<p>Mental health inpatient treatment</p>	<p>Acute inpatient mental health services are 24-hour settings that provide services to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.</p>	<p>X</p>		<p>Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, CICS shall reimburse at the current Medicaid rate.</p>



Mental health outpatient therapy	Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	X		Emergency within 15 minutes of phone contact. Urgent within 1 hour of presentation or 24 hours of phone contact. Routine within 4 weeks of request for appointment.
Peer support services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	X	X	Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area.
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	X		
Prevocational services	Services that focus on developing generalized skills that prepares an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	X	X	
Residential care facilities	Community facility providing care and treatment	X		
Respite services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	X	X	

Supported employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred, or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	X	X	Initial referral shall take place within 60 days of request
Supported community living services	Services provided in a noninstitutional setting to adult persons with mental illness, mental retardation, or developmental disabilities to meet the persons' daily living needs.	X	X	First appointment shall occur within 4 weeks of the request
Twenty four hour crisis response		X		Available through Community Mental Health Centers
Commitment related (evaluations, sheriff transport, legal representation, mental health advocates)	Court ordered services related to mental health commitments	X		Court order

Priority 2 Services	Description	Target Populations MI DD	Additional Populations DD	Conditions
Dual diagnosis treatment (Mount Pleasant)	Treatment services for severe mental illness (mainly psychotic disorders) and problematic drug and/or alcohol use.	X		Voluntary Dual Diagnosis treatment at Mt Pleasant MHI, must have prior approval from CICS, and may be granted on an individual basis. Costs shall be split equally between Mental Health funds and Substance Abuse funds.
Transportation	Needed transportation	X	X	
Basic needs (rent, utilities)	Assistance for rent, utilities etc.	X		Not meant to be ongoing
Information; referral services	Service that informs individuals of available services and programs	X		
Public education services	To educate the general public about the realities of mental health and mental illness.	X		
Homemaker services	Homemaking and personal care services	X	X	
Prescription medicine	Prescription psychiatric medications for persons having a mental health diagnosis	X		3 month limit. All other means of payment must be considered
Peer drop in	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems	X	X	

**Standardized functional assessment must support the need for all services of the type and frequency identified in the individual's case plan.**



Attachment D

**Sliding Fee Schedule for Services**

<b>150%</b>	<b>151% to 175%</b>	<b>176% to 200%</b>	<b>201% to 225%</b>	<b>226% to 250%</b>
<b>0%</b>	<b>20%</b>	<b>40%</b>	<b>60%</b>	<b>80%</b>

**Central Iowa Community Services  
Provider Appeal Procedures**

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A Provider may appeal a decision of the CICS Governing Board related to contract rates and/or terms by following the procedures outlined below:

1. To initiate a review of a decision, a Provider must send a written request for review to the CICS Contracting/Rate Setting (CRS) Committee Chair. The request must be postmarked or personally delivered within 10 working days from the date of decision.
2. **Level 1 Review.** The CRS Committee shall review the decision within 10 working days of receipt of the written request for review. The CRS Committee may allow the Provider to submit additional information relative to the appeal and/or may schedule a meeting with the Provider. Within 10 working days of Level 1 Review the CRS Committee shall issue a written recommendation related to the appeal to the Administrative Team.
3. **Level 2 Review.** The Administrative Team shall review the appeal request and the recommendation of the CRS Committee at the next Administrative Team meeting. The Administrative Team shall provide a written decision of their findings. If the Administrative Team recommends a change in the previous decision, the Chief Executive Officer (CEO) shall place the recommendation on the agenda of the next CICS Governing Board meeting for action regarding the recommendation. The CEO shall send a written explanation of the Administrative Team action and/or recommendation to the Provider. If the Administrative Team does not recommend any change in the previous decision of the CICS Governing Board the previous decision shall stand.
4. **Level 3 Review.** The CICS Governing Board shall review and take action regarding the recommendation of the Administrative Team at the next scheduled meeting of the CICS Governing Board. The CICS Governing Board Chair, or designee, shall send a written explanation of action taken regarding the appeal.
5. If still dissatisfied following the above process, the Provider may appeal the decision to an Administrative Law Judge (ALJ). The request for appeal hearing by an ALJ shall be submitted in writing to the CICS CEO within 10 days of the final review decision. The ALJ will schedule and conduct a hearing and shall issue a written decision following the hearing. The decision of the ALJ shall be the final step of the process.

## Glossary

**Access point** -- a provider, public or private institution, advocacy organization, legal representative, or educational institution with staff trained to complete applications and guide individuals with a disability to needed services.

**Applicant** -- an individual who applies to receive services and supports from the service system.

**Assessment and evaluation** -- a service as defined in 441-25.1.

**Assistive technology account** -- funds in contracts, savings, trust or other financial accounts, financial instruments, or other arrangements with a definite cash value that are set aside and designated for the purchase, lease, or acquisition of assistive technology, assistive technology services, or assistive technology devices. Assistive technology accounts must be held separately from other accounts. Funds must be used to purchase, lease, or otherwise acquire assistive technology services or devices for a working individual with a disability. Any withdrawal from an assistive technology account other than for the designated purpose becomes a countable resource.

**Authorized representative** -- a person designated by the individual or by Iowa law to act on the individual's behalf in specified affairs to the extent prescribed by law.

**Chief executive officer** -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the Iowa Administrative Code 83.81

**Choice** -- the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual's goals and accepts the responsibility and consequences of those choices.

**Clear lines of Accountability** -- the structure of the governing board's organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization's chief executive officer.

**Conflict free case management** -- there is no real or seeming incompatibility between the case manager's other interests and the case manager's duties to the person served in determination for services, establishing funding levels for the individual's services, and include requirements that do not allow the case manager to perform evaluations, assessments, and plans of care if the case manager is related by blood or marriage to the individual or any of the individual's paid caregivers, financially responsible for the individual, or empowered to make financial or health-related decisions on behalf of the individual.

**Community** -- an integrated setting of an individual's choice.

**Coordinator of disability services** -- as defined in Iowa Code 331.390.3.b.

**Countable resource** -- all liquid and nonliquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.

**County of residence** -- the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

**Empowerment** -- that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide input, and accept responsibility.

**Exempt resource** -- a resource that is disregarded in the determination of eligibility for public funding assistance and in the calculation of client participation amounts.

**Household** -- for an individual who is 18 years of age or over, the individual, the individual's spouse or domestic partner, and any children, step-children, or wards under the age of 18 who reside with the individual. For an individual under the age of 18, household -- the individual, the individual's parents (or parent and domestic partner), step-parents or guardians, and any children, step-children, or wards under the age of 18 of the individual's parents (or parent and domestic partner), step-parents, or guardians who reside with the individual.

**Income** -- all gross income received by the individual's household, including but not limited to wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, public assistance, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds.

**Individual** -- any person seeking or receiving services in a regional service system.

**Individualized services** -- services and supports that are tailored to meet the personalized needs of the individual.

**Liquid assets** -- assets that can be converted to cash in 20 days. These include but are not limited to cash on hand, checking accounts, savings accounts, stocks, bonds, cash value of life insurance, individual retirement accounts, certificates of deposit, and other investments.

**Managed care** -- a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.

**Managed system** -- a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.

**Medical savings account** -- an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. §220) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

**Mental health professional** -- the same as defined in Iowa code section 228.1.

**Non-liquid assets** -- assets that cannot be converted to cash in 20 days. Non-liquid assets include, but are not limited to, real estate, motor vehicles, motor vessels, livestock, tools, machinery, and personal property.

**Population** -- as defined in Iowa Code 331.388.

**Provider** -- an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under Chapter 24, holds a professional license to provide the services, is accredited by an national insurance panel, or holds other national accreditation or certification.

**Regional administrator or Regional administrative entity** -- the administrative office, or organization formed by agreement of the counties participating in a mental health and disability services region to function on behalf of those counties.

**Regional services fund** -- the mental health and disability regional services fund created in Iowa code section 225C.7A.

**Regional service system management plan** -- the regional service system plan developed pursuant to Iowa Code 331.393 for the funding and administration of non-Medicaid funded mental health and disability services including an annual service and budget plan, a policy and procedure manual, and an

annual report and how the region will coordinate with the Department in the provision of mental health and disability services funded under the medical assistance program.

**Resources** -- all liquid and non-liquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance, and that the individual household is not legally restricted from using for support and maintenance.

**Retirement account** -- any retirement or pension fund or account listed in Iowa Code section 627.6(8)“f”.

**Retirement account in the accumulation stage** -- a retirement account into which a deposit was made in the previous tax year. Any withdrawal from a retirement account becomes a countable resource.

**Service system** refers to the mental health and disability services and supports administered and paid from the regional services fund.

**State case status** -- the standing of an individual who has no county of residence.

**State commission** -- MH/DS Commission as defined in Iowa Code 225C.5.

**System of care** -- the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work, and recreate in integrated communities of their choice.

**System principles** -- practices that include individual choice, community and empowerment.

# Central Iowa Community Services Mental Health and Disability Services

## Management Plan Policies and Procedures

### Forms Appendix

(These forms are not an official part of this plan and as such may be updated as needed without formal review)

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Exception to Policy	41
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# Central Iowa Community Services Application Form

For individuals living in: Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story and Warren Counties

Application Date: \_\_\_\_\_ Date Received by Office: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Nickname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Ethnic Background:  White  African American  Native American  Asian  Hispanic  Other \_\_\_\_\_

Sex:  Male  Female US Citizen:  Yes  No If you are not a citizen, are you in the country legally?  Yes  No

SSN# \_\_\_\_\_ Marital Status:  Never married  Married  Divorced  Separated  Widowed

Legal Status:  Voluntary  Involuntary-Civil  Involuntary-Criminal  Probation  Parole  Jail/Prison

Are you considered legally blind?  Yes  No If yes, when was this determined? \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ May we leave a message?  Yes  No

Current Address: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Begin Date \_\_\_\_\_

I live:  Alone  With Relatives  With Unrelated persons  
 Use as current Mailing Address:  Yes  No If not, \_\_\_\_\_

Previous Address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

### Current Service Providers:

- | Name     | Location |
|----------|----------|
| 1. _____ | _____    |
| 2. _____ | _____    |
| 3. _____ | _____    |

**Current Residential Arrangement: (Check applicable arrangement)**  
 Private Residence  Foster Care/Family Life Home  Correctional Facility  Homeless/Shelter/Street  
 Other \_\_\_\_\_

Veteran Status:  Yes  No Branch & Type of Discharge: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

**Current Employment: (Check applicable employment)**

<input type="checkbox"/> Unemployed, available for work	<input type="checkbox"/> Unemployed, unavailable for work	<input type="checkbox"/> Employed, Full time
<input type="checkbox"/> Employed, Part time	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Work Activity	<input type="checkbox"/> Sheltered Work Employment	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Seasonally Employed	<input type="checkbox"/> Armed Forces
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other _____

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Dates of employment: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours worked weekly: \_\_\_\_\_

### Employment History: (list starting with most recent to previous.)

Employer	City, State	Job Title	Duties	To/From
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Education: What is the highest level of education you achieved? \_\_\_\_\_ # of years \_\_\_\_\_ Degree \_\_\_\_\_

### Emergency Contact Person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian/Conservator appointed by the Court?  Yes  No

Protective Payee Appointed by Social Security?  Yes  No

Legal Guardian  Conservator  Protective Payee  
 (Please check those that apply & write in name, address etc.)

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Legal Guardian  Conservator  Protective Payee  
 (Please check those that apply & write in name, address etc.)

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**List All People In Household:**

	Name	Age	Relationship	Social Security Number
1.				
2.				
3.				
4.				
5.				

**INCOME:** Proof of income may be required with this application including but not limited to pay-stubs, tax-returns, etc. If you have reported no income above, how do you pay your bills? (Do not leave blank if no income is reported!)

**Gross Monthly Income (before taxes):**  
 (Check Type & fill in amount)

**Applicant**  
**Amount:**

**Others in Household**  
**Amount:**

- Social Security
- SSDI
- SSI
- Veteran's Benefits
- Employment Wages
- FIP
- Child Support
- Rental Income
- Dividends, Interest, Etc.
- Pension
- Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Total Monthly Income:**

**Household Resources:** (Check and fill in amount and location):

- Type
- Cash
  - Checking Account
  - Savings Account
  - Certificates of Deposit
  - Trust Funds
  - Stocks and Bonds (cash value?)
  - Burial Fund/Life Ins (cash value?)
  - Retirement Funds (cash value?)
  - Other

**Amount**

**Bank, Trustee, or Company**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Total Resources:**

**Motor Vehicles:**  Yes  No  
 (include car, truck, motorcycle, boat, recreational vehicle, etc.)

Make & Year: \_\_\_\_\_

Make & Year: \_\_\_\_\_

Make & Year: \_\_\_\_\_

Estimated value: \_\_\_\_\_

Estimated value: \_\_\_\_\_

Estimated value: \_\_\_\_\_

**Do you, your spouse or dependent children own or have interest in the following:**

House including the one you live in?  Yes  No Any other real estate or land?  Yes  No Other? \_\_\_\_\_  Yes  No  
 If yes to any of the above, please explain: \_\_\_\_\_

**Have you sold or given away any property in the last five (5) years?**  Yes  No If yes, what did you sell or give away?



**Health Insurance Information: (Check all that apply)**

**Primary Carrier (pays 1<sup>st</sup>)**

**Secondary Carrier (pays 2<sup>nd</sup>)**

Applicant Pays     Medicaid     Iowa Health and Wellness  
 Medicare A, B, D     Medically Needy     MEPD  
 No Insurance     Private Insurance     HAWK-I

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Policy Number: \_\_\_\_\_  
 (or Medicaid/Title 19 or Medicare Claim Number)

Start Date: \_\_\_\_\_ Any limits?  Yes  No

Spend down: \_\_\_\_\_ Deductible: \_\_\_\_\_

Applicant Pays     Medicaid     Iowa Health and Wellness  
 Medicare A, B, D     Medically Needy     MEPD  
 No Insurance     Private Insurance     HAWK-I

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_  
 (or Medicaid/Title 19 or Medicare Claim Number)

Start Date: \_\_\_\_\_ Any limits?  Yes  No

Spend down: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Referral Source:**

Self                                     Community Corrections     Family/Friend                     Social Service Agency  
 Targeted Case Management     Other \_\_\_\_\_                     Other Case Management

**Have you applied for any of the public programs listed below?**

(Please check those you have applied for and the status of your referral) Has your application been Approved or Denied?

If denied and you appealed, what is the date of appeal \_\_\_\_\_ Have you applied for reconsideration \_\_\_\_\_

\_\_\_\_\_. Have you had a hearing with an Administrative Law Judge and what was the date of the scheduled hearing:

Social Security \_\_\_\_\_                     SSDI \_\_\_\_\_                     Medicare \_\_\_\_\_  
 SSI \_\_\_\_\_                                     Medicaid \_\_\_\_\_                     DHS Food Assistance: \_\_\_\_\_  
 Veterans \_\_\_\_\_                             Unemployment \_\_\_\_\_                     FIP \_\_\_\_\_  
 Other \_\_\_\_\_                                     Other \_\_\_\_\_

**Disability Group/Primary Diagnosis: (If known)**

Mental Illness     Chronic Mental Illness     Intellectual Disability     Developmental Disability     Substance Abuse     Brain Injury

Specific Diagnosis determined by: \_\_\_\_\_ Date: \_\_\_\_\_

Axis I: \_\_\_\_\_ Dx Code: \_\_\_\_\_

Axis II: \_\_\_\_\_ Dx Code: \_\_\_\_\_

**Why are you here today? What services do you NEED? (this section must be completed as part of this application!)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge, and I authorize County staff to check for verification of the information provided including verification with Iowa county government and the state of Iowa Dept. of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the county in establishing my ability to pay for services requested, and in assuring the appropriateness of services requested. I understand that information in this document will remain confidential.

Applicant's Signature (or Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature of other completing form if not Applicant or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Central Iowa Community Services

# Release of Information

For individuals living in: Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Poweshiek, Story, and Warren Counties

CLIENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I, the undersigned, hereby authorize the staff of Central Iowa Community Services to release and / or obtain the information indicated below, regarding the above named consumer, with:

\_\_\_\_\_  
Name of Person or Agency

\_\_\_\_\_  
Complete Mailing Address

The information being released will be used for the following purpose:

- Planning and implementation of Services  Referral for new or other services
- Coordination of services  Other (Specify) \_\_\_\_\_
- Monitoring of services

Your eligibility for services or funding  is  is not dependent upon signing this release. {See CFR 164.508(b)(4)}

- INFORMATION TO BE RELEASED FROM COMMUNITY SERVICES:**
- Yes No
- SOCIAL HISTORY
  - PROGRESS SUMMARY REPORT
  - INDIVIDUAL COMPREHENSIVE PLAN
  - ANNUAL REVIEW
  - DISCHARGE SUMMARY
  - RE-RELEASE OF 3<sup>RD</sup> PARTY INFO (Specify)
- (Your information will not be re-released without a signed authorization)
- \_\_\_\_\_  
  OTHER (Specify) \_\_\_\_\_

- INFORMATION TO BE OBTAINED FROM THE AGENCY INDICATED ABOVE:**
- Yes No
- SOCIAL HISTORY
  - EDUCATIONAL / VOCATIONAL PLANS
  - PROGRESS SUMMARY
  - PSYCHOLOGICAL EVALUATION / REPORTS
  - PSYCHIATRIC ASSESSMENT / REPORTS
  - MEDICAL HISTORY
  - TREATMENT PLAN
  - DISCHARGE SUMMARY
  - RE-RELEASE OF 3<sup>RD</sup> PARTY INFO (Specify)
- \_\_\_\_\_  
  FINANCIAL DOCUMENTATION
- \_\_\_\_\_  
  OTHER (Specify) \_\_\_\_\_

This authorization shall expire on: \_\_\_\_\_  
(Not to exceed 12 months)

At that time, no express revocation shall be needed to terminate my consent. I understand that this consent is voluntary and I may revoke this consent at any time by sending a written notice to Central Iowa Community Services. I understand that any information released prior to the revocation may be used for the purposes listed above and does not constitute a breach of my rights to confidentiality. I understand that any disclosure of information carries with it the potential for un-authorized re-disclosure and once the information is disclosed, it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information by contacting the recipient named or Central Iowa Community Services.

**SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW:**  
I specifically authorize the release of data and information relating to Mental Health.

Signature of Client or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Relationship if NOT The Client

**SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAWS:**

I specifically authorize the release of data and information relating to:  
 Substance Abuse (must be signed by the consumer)  HIV-Related Information

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In order for this information to be released, you must sign here and on the signature line above.

Copy given to Client on: \_\_\_\_\_ OR Client refused copy on: \_\_\_\_\_

**CENTRAL IOWA COMMUNITY SERVICES  
LOCAL OFFICE ADDRESS**

**NOTICE OF DECISION**

**I. --APPLICANT INFORMATION--**

Applicant's Name & Address:	State ID:
	Applicant CSN ID#: (Optional)

**II. --SERVICES--**

The decision to approve, deny or pend each of the services listed below is printed in the Authorized Service Decision box. Information on the appeal process is listed on the back of this form.

Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision
1							
	Details:						

Notes:

**III. --CONTACT INFORMATION--**

Name:	County Director
Phone:	

**IV. --AUTHORIZATION--**

Administrator (Printed): --Authorizing County--		Phone:	
Administrator (Printed): --County of Legal Residence--		Date:	
Administrator Signature:			
CPC Administrator Signature:			

**V. ....BILLING ADDRESS**

Region to be billed for payment of the approved services:	Central Iowa Community Services
Address:	
Phone:	Fax:

**CENTRAL IOWA COMMUNITY SERVICES**

Local Office Address

**EXCEPTION TO POLICY**

Applicant's Name & Address:	State ID:	
	Applicant CSN ID#: (Optional)	

**II. --Current SERVICES--**

The decision to approve, deny or pend each of the services listed below is printed in the Authorized Service Decision box. Information on the appeal process is listed on the back of this form.

Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision
1							
	Details:						
2							
	Details:						
3							
	Details:						
4							
	Details:						

**III. --Policy and service for which Exception is requested**

Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision

**IV. --Reason for Exception**

--

Name:	Address:
Phone:	Fax:

CENTRAL IOWA COMMUNITY SERVICES  
Local Office Address

APPEAL

TO: Central Iowa Community Services

The reason for this appeal is:

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I, therefore, respectfully make application for a review by Central Iowa Community Services of the grievance as stated above.

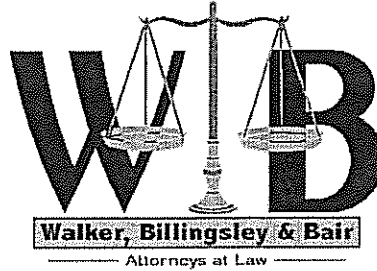
DATE: \_\_\_\_\_

SIGNATURE OF

APPELLANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (if applicable): \_\_\_\_\_



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February 10, 2014

Mr. Dennis Parrott  
Jasper County Auditor and  
Commissioner of Elections  
P.O. Box 944  
Newton, IA 50208

In Re: 2014 Compensation Board Meeting

2014 FEB 13 PM 2:34  
DENNIS PARROTT  
JASPER COUNTY AUDITOR

Dear Mr. Parrott:

Greetings. I am writing to report the activities of the Jasper County Compensation Board, which met on Wednesday, January 22, 2014, in the Supervisor's room at the Courthouse.

Members in attendance in addition to myself were Jane McDaniel, Dean Ward, Larry Pauley, Mark Tinnemeier and Jason Morgan. Norm Van Klompenburg participated by telephone. The meeting was called to order at 6:32 P.M. Mr. Van Klompenburg was elected Chairman and I was elected Secretary.

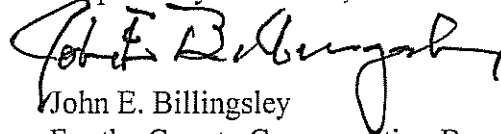
A motion was made by Ward and seconded by Tinnemeier to authorize salary increases of 3% to the Auditor, Treasurer, and Recorder and to authorize salary increases of 4% for the County Attorney and Sheriff. The motion passed with all in favor.

A motion was then made by Van Klompenburg and seconded by Billingsley to authorize salary increases of 3% to the Supervisors. The motion was passed with all in favor.

A motion was then made by Tinnemeier and seconded by McDaniel to authorize an addition \$2,000.00 in pay for the Board Chairman. The motion passed with all in favor.

With the business of the Board concluded, the meeting was adjourned at 7:06 p.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John E. Billingsley". The signature is written in a cursive style with a large, sweeping initial "J".

John E. Billingsley

For the County Compensation Board

JEB:drd

**ADOPTION OF BUDGET & CERTIFICATION OF TAXES**  
Fiscal Year July 1, 2014 - June 30, 2015

Iowa Department of Management  
County Name: Jasper  
County Number: 50  
Date Budget Adopted:

Budget Basis: CASH

At the meeting of the Board of Supervisors of this County, held after the public hearing as required by law, on the date specified above and to the right, the proposed budget for the fiscal year listed above was adopted as summarized and attached hereto, and tax levies, as itemized below, were approved for all taxable property of this County.

There is attached a Long-Term Debt Schedule (Form 703) for the debt service needs, if any.

Maximum County Mental Health and Disabilities Services Fund (Information Only):

1M Base Year Expenditures for Mental Health/Disabilities Services	3,120,466
2M County Population Expenditure Target Amount	1,730,543
3M Maximum County Services Fund Levy Dollars	1,730,543

3M is the lesser of 1M and 2M

Certification of Mental Health and Disabilities Services Fund Levy Dollars:

4M County Services Fund Levy Dollars (cannot exceed 3M above)

Note: Utility Tax Replacements are estimated by subtracting the amounts produced in Column J from the amounts entered in Column P. The software performs this calculation and places the budget-year estimated Utility Tax Replacement amounts on line 11 of the Revenues Detail sheet.

	(P) UTILITY REPLACEMENT AND PROPERTY TAX DOLLARS	(Q) VALUATION WITH GAS & ELEC UTILITIES	(R) LEVY RATE	(S) VALUATION WITHOUT GAS & ELEC UTILITIES	(T) PROPERTY TAXES LEVIED
<b>A. Countywide Levies:</b>		1,391,040,256	1,730.543	1,345,672,083	
General Basic	4,868,641		3.5		4,709,862
+ Cemetery (Pioneer - 331.424B)	2,600		0.00187		2,516
= Total for General Basic	4,871,241				4,712,368
<b>Emerg Mgmt Dollars Included Above in Gen Basic-Info Only for Tax Statement</b>					
General Supplemental	3,415,320		2.45523		3,303,934
<b>Emerg Mgmt Dollars Included Above in Gen Supp-Info Only for Tax Statement</b>					
County Services Fund (from '4M' certification above)	1,730,543		1.24406		1,674,097
Debt Service (from Form 703 col. 1 Countywide total)	670,058	1,521,701,251	0.44033	1,476,333,078	650,074
Voted Emergency Medical Services (Countywide)			0		0
Other			0		0
(specify)					
<b>Subtotal Countywide (A)</b>	10,687,162	742,067,610	7.64149	712,422,571	10,340,473
<b>B. All Rural Services Only Levies:</b>					
Rural Services Basic	2,748,890		3.70437		2,639,077
Rural Services Supplemental			0		0
Unified Law Enforcement			0		0
Other			0		0
Other			0		0
(specify)					
(specify)					
<b>Subtotal All Rural Services Only (B)</b>	2,748,890		3.70437		2,639,077
<b>Subtotal Countywide/All Rural Services (A + B)</b>	13,436,052		11.34586		12,979,550
<b>C. Special District Levies:</b>					
Flood & Erosion			0		0
Voted Emergency Medical Services (partial county)			0		0
Other			0		0
Other			0		0
(specify)					
Other			0		0
(specify)					
Other			0		0
(specify)					
Township ES Levies (Summary from Form 638-RE)			0		0
<b>Subtotal Special Districts (C)</b>	0	0	0	0	0
<b>GRAND TOTAL (A + B + C)</b>	13,436,052				12,979,550

	2014/2015
Compensation Schedule for FY:	
Elected Official:	Annual Salary
Attorney	108,740
Auditor	66,512
Recorder	66,512
Treasurer	66,512
Sheriff	96,010
Supervisors	41,200
Supervisor Vice Chair, if different	
Supervisor Chair, if different	

Number of Official County Newspapers:	3
Names of Official County Newspapers:	
1	Newtown Daily News
2	Jasper County Tribune
3	Hometown Press
4	
5	
6	

The County Auditor represents the following to be true:

- The prescribed Budget Public Hearing Notice and Proposed Budget Estimate (Form 630) was lawfully published in all official newspapers, with said publication(s) being individually evidenced by verified and filed proof(s) of publication. If applicable, there was lawful publication of any rates exceeding statutory maximums.
- All budget hearing notices were published not less than 10 days, nor more than 20 days, prior to the budget hearing.
- Adopted property taxes do not exceed published amounts.
- Adopted expenditures do not exceed published amounts for any of the 10 individual expenditure classes, or in total.
- This budget was certified on or before March 15, unless otherwise documented to the Department of Management.

Board Chairperson (signature)

County Auditor (signature)



**COUNTY NAME:** Jasper **NOTICE OF PUBLIC HEARING - BUDGET ESTIMATE** **CO. NO.:** 50  
**Fiscal Year:** July 1, 2014 - June 30, 2015

The County Board of Supervisors will conduct a public hearing on the proposed Fiscal Year County budget as follows:  
**Meeting Date:** 03-04-2014 **Meeting Time:** 9:30 a.m. **Meeting Location:** Jasper County Board of Supervisors Room

At the public hearing any resident or taxpayer may present objections to, or arguments in favor of, any part of the proposed budget. This notice represents a summary of the supporting detail of revenues and expenditures on file with the County Auditor. A copy of the supporting detail will be furnished upon request.  
 Average annual percentage changes between "Actual" and "Budget" amounts for "Taxes Levied on Property", "Other County Taxes/TIF Tax Revenues", and for each of the ten "Expenditure Classes" must be published. Expenditure classes proposing "Budget" amounts, but having no "Actual" amounts, are designated "NEW".  
 County Web Site (if available): \_\_\_\_\_ County Telephone Number: 641-792-7016

	Budget 2014/2015	Re-Est 2013/2014	Actual 2012/2013	AVG Annual % CHG
Iowa Department of Management Form 630 (Publish)				
<b>REVENUES &amp; OTHER FINANCING SOURCES</b>				
Taxes Levied on Property*	12,979,550	12,614,112	12,082,735	3.64
1 Less: Uncollected Delinquent Taxes - Levy Year	2 7,400	4,550		
2 Less: Credits to Taxpayers	3 722,484	439,355		
3 Net Current Property Taxes	4 12,249,666	12,170,007	12,082,735	
4 Delinquent Property Tax Revenue	5 2,000	2,270	2,372	
5 Penalties, Interest & Costs on Taxes	6 115,000	100,000	118,511	
6 Other County Taxes/TIF Tax Revenues	7 2,427,963	2,314,131	2,781,976	-6.58
7 Intergovernmental	8 6,953,850	6,530,903	6,747,467	
8 Licenses & Permits	9 72,500	67,200	90,973	
9 Charges for Service	10 970,864	825,248	1,022,887	
10 Use of Money & Property	11 162,845	173,090	184,333	
11 Miscellaneous	12 548,369	441,900	682,728	
12 Subtotal Revenues	13 23,503,057	22,624,749	23,713,982	
13 Other Financing Sources:				
14 General Long-Term Debt Proceeds	14 0			
15 Operating Transfers In	15 5,394,417	5,419,127	5,065,734	
16 Proceeds of Fixed Asset Sales	16 15,000	20,000	22,771	
17 Total Revenues & Other Sources	17 28,912,474	28,063,876	28,802,487	
<b>EXPENDITURES &amp; OTHER FINANCING USES</b>				
Operating:				
18 Public Safety and Legal Services	18 5,595,912	5,471,813	4,915,548	6.7
19 Physical Health and Social Services	19 1,914,295	1,862,543	1,870,473	1.16
20 Mental Health, ID & DD	20 1,669,429	1,166,630	1,525,325	4.62
21 County Environment and Education	21 1,498,601	1,480,966	1,835,656	-9.65
22 Roads & Transportation	22 7,112,780	6,775,522	6,082,228	8.14
23 Government Services to Residents	23 1,215,682	1,111,079	919,728	14.97
24 Administration	24 3,142,599	3,178,685	2,918,078	3.78
25 Nonprogram Current	25 30,500	39,884	6,882	110.52
26 Debt Service	26 1,959,180	2,130,057	1,915,330	1.14
27 Capital Projects	27 3,044,568	2,432,189	1,283,033	54.04
28 Subtotal Expenditures	28 27,183,546	24,599,368	23,272,283	
29 Other Financing Uses:				
29 Operating Transfers Out	29 5,394,417	5,419,127	5,065,734	
30 Refunded Debt/Payments to Escrow	30 0			
31 Total Expenditures & Other Uses	31 32,577,963	30,018,495	28,338,017	
32 Excess of Revenues & Other Sources over (under) Expenditures & Other Uses	32 -3,665,489	-1,954,619	-464,470	
33 Beginning Fund Balance - July 1	33 11,116,241	13,070,860	12,606,390	
34 Increase (Decrease) in Reserves (GAAP Budgeting)	34 0			
35 Fund Balance - Nonspendable	35 0		1,879,897	
36 Fund Balance - Restricted	36 0		8,392,769	
37 Fund Balance - Committed	37 0			
38 Fund Balance - Assigned	38 0			
39 Fund Balance - Unassigned	39 7,450,752	11,116,241	2,798,194	
40 Total Ending Fund Balance - June 30	40 7,450,752	11,116,241	13,070,860	

Proposed property taxation by type:  
 Countywide Levies: 10,340,473  
 Rural Only Levies: 2,639,077  
 Special District Levies: 0  
 TIF Tax Revenues: 1,056,871  
 Utility Replacmnt. Excise Tax: 456,502

Proposed tax rates per \$1,000 taxable valuation:  
 Urban Areas: 7.64145  
 Rural Areas: 11.34586  
 Any special district tax rates not included.

Date: 03-15-2014

Explanation of any significant items in the budget:

Proposal Number: 13301-2-0

Date: 12/4/2013

ITEM #5  
March 4, 2014 Agenda



## Jasper County Sheriff Department

### Jail DVR Proposal

*Prepared For:*

Wendy Hecox  
Jasper County Sheriff Department

*Prepared By:*

Tom Tingley  
**Security Equipment Inc.**  
Security Consultant  
Email: [ttingley@sei-security.com](mailto:ttingley@sei-security.com)



### Jail DVR Proposal

Jasper County Sheriff Department  
Site: 2300 Law Center Drive, Newton, IA, 50208  
Contact: Wendy Hecox, 641-791-7081, [Whecocx@Jaspersheriff.Org](mailto:Whecocx@Jaspersheriff.Org)

### Scope Of Work

See Schedule of Protection for a detailed list of equipment.

Install 3 new DVRs into existing camera system. Two sixteen channel DVRs for the 32 cameras with 2TB hard drive. Can be RAID configured. One 8 Channel DVR for the phone camera system with one TB hard drive. The remote software is included.

**Note:** Jail to provide network ports to allow remote viewing.  
These DVRs will be running the same software as the box in the sheriffs office.

#### Option

SEi Maintenance on the (3) new DVRs.

Complete maintenance protection Monday-Friday, 8:00am-5:00pm (excluding SEi holidays), replacement equipment is covered by this agreement.

The above maintenance protection is \$56.00 (no tax included) per month

Accept \_\_\_\_\_ Decline \_\_\_\_\_

On-site maintenance service does not include electrical work external to the equipment, repair or damage or replacement of parts resulting from failure of electrical power or air conditioning, catastrophe or other "acts of God" such as lightning, accident, neglect, misuse of equipment, unauthorized modifications or repair of the equipment by the customer or his agent, services requested outside of the hours and days listed above, relocation, or re installation of equipment.

### Schedule of Protection

**Schedule of Protection for: CCTV**

QTY	Description
1	8 Channel DVR, w/DVDRW, 1TB HD
2	16 Channel DVR, w/DVDRW, 2TB HDD
50	CAT6 PLN Wire
6	8PR 8COND RJ45 CAT6 Connector

### Financial Summary

System Total: \$7,707

\* This proposal for the above described protection does not include tax and is covered by a one (1) year parts, labor and service guarantee



### Additional Service Rider

This rider made December 04, 2013 is part of and is to be attached to proposal dated April 13, 2010 by and between **SECURITY EQUIPMENT INC.** hereinafter "SEI" and Jasper County Sheriff Department, 2300 Law Center Drive , Newton, IA, 50208 hereinafter called the Customer will provide Additional Services as outlined in the attached Scope of Work and Price Schedule.

The current term of the original Service or Lease Agreement and this amendment shall continue for a period of 60 months commencing from the date the additional service is complete. The limitation of liability in the original contract is extended to cover this additional service and all SEI equipment at all customer locations.

Customer hereby agrees to pay SEI, its agents or assigns an installation charge of \$7,707 and to pay in addition the sum of \$0 per month, annually in advance, from the date service is operative and for any automatic renewals of the agreement above.

The service to be provided pursuant to this Rider shall be subject to all terms and conditions in the agreement specified above.

**SEI**

Submitted By: Tom Tingley

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

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

**Jasper County Sheriff Department**

Signature: \_\_\_\_\_

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

Print Name: Wendy Hecox

Title:

Email: \_\_\_\_\_

\_\_\_\_\_  
**Joseph Brock, Chairman**

Attest: \_\_\_\_\_

**Dennis Parrott, Jasper County Auditor**



**Convergent Security Solutions**

**Chris Allen**  
Corrections Division Remote Office  
P: 219-261-2684  
F: 219-261-3410

**Stanley Convergent Security Solutions, Inc**  
Corrections Division Main Office  
14670 Cumberland Rd.  
Noblesville, IN 46060  
317-776-3500: P  
317-776-3508: F

To:	Chief Jailer Wendy Hecox
Organization:	Jasper Co, IA Law Enforcement Cntr
Phone:	641-791-7081
Fax or email:	whecox@jaspersheriff.org

<b>QUOTATION #140019.1</b>	<b>PLC upgrade and DVR system</b>
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Updated - 02/26/14

Dear Chief Hecox:

Per your request, we have attached pricing for the upgrade of the Jail's main PLC to a 2Mbyte model. The current PLC is out of memory and we cannot add functionality and you may experience operational problems and slow response times. Also, the existing PLC is over 9 years old, so the new model will provide year's operation for the facility, will allow for upgrade and will even increase the response time of the system.

Equipment and services included:

- (1) ..... PLC Processor, 2M
- (1 lot)..... Labor, Parts Procurement and Documentation updates
- (1 lot)..... Labor, PLC program expansion
- (1 lot)..... Labor, On-site validation
- (1 lot)..... Shipping & Handling
- (1 lot)..... Site trip

Price..... Base **\$8,965.00\***

**DVR Add:**

To replace your failing DVR units, we will provide two (2) 16-channel Bosch Divar 5000 DVRs to replace the existing Pelco DVRs. We will remove the old DVRs, install the new ones and verify their operation. We will provide two multiplexers which will each have one output to configure as a 4x4, 3x3, 2x2 display for each group of 16 cameras. This will be a change from what your previous version of DVRs provided that is not supported in DVRs any longer.

Each of these 16-channel Bosch DVRs will be loaded with 6Tbytes of internal non-RAID storage to provide 90 days of storage at 960H (ultra hi-resolution), hi-quality, at 7.5 images per second with motion recording. These setting all improve on your old DVRs resolution and quality setting. We will install and connect to the existing matrix switcher.

Because the old rack mounted LCD/Keyboard/Trackball unit is PS/2 based, we will need to provide a new 8-port KVM switch with a new 19" LCD/Keyboard/Trackball slide-out drawer unit.

Equipment and services included:

- (2) ..... Bosch DIVAR 5000, 16-channel DVR w/6Tbytes of internal storage, no DVD burner
- (2) ..... Multiplexers, 16-channel
- (1) ..... 8-port KVM unit with cables
- (1) ..... 19" LCD/Keyboard/Trackball pull-out drawer
- (1 lot)..... Labor, Documentation updates & Parts Procurement
- (1 lot)..... Labor, DVR Configuration
- (1 lot)..... Labor, Removal/Installation of Equipment
- (1 lot)..... Labor, On-site Validation
- (1 lot)..... Shipping & Handling

Price..... **ADD \$10,585.00\***

\* - Taxes not included

SCSS is pleased to provide this quotation, and we hope it meets with your approval. Please contact us if you have any questions concerning this quote.

Sincerely,

*Chris Allen*

Customer Account Manager  
219-261-2684 ph / 219-261-3410 fax  
[chris.allen@SBDInc.com](mailto:chris.allen@SBDInc.com)  
[www.integrator.com](http://www.integrator.com)

### Terms and Conditions

#### GENERAL

Terms are due upon receipt. SCSS works under the terms of a purchase order only. We will wait to proceed with this change until we receive a Purchase Order or Signed Sales Agreement. SCSS is not responsible for any work associated with hazardous materials (i.e. asbestos, lead paint, etc) that is associated with the work. This work will be the responsibility of the Owner or General Contractor.

All paperwork to be addressed to: **Stanley Convergent Security Solutions, Inc.** Please fax the Purchase Order or Signed Sales Agreement; W-9, and a Tax Exempt Certificate to 219-261-3410 and mail the originals to our main office to my attention. If you have any questions, please feel free to call.

Address of Project: Jasper Co, IA Law Enforcement Center  
2300 Law Center Drive, Newton, IA 50208

#### WARRANTY

SCSS warrants that the engineering and equipment will be free from defects in material and workmanship for a period of ninety (90) days from the date the system is placed into operation. If during this warranty period, any of the equipment or parts are defective or malfunction, they will be repaired or replaced free of charge. Warranty repair and/or service shall be provided in accordance with the terms and conditions set forth in the Agreement between SCSS and Owner.

**DISCLAIMER OF ALL OTHER WARRANTIES:** EXCEPT FOR THE FOREGOING LIMITED EQUIPMENT WARRANTY DESCRIBED ABOVE, SCSS MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IT IS EXPRESSLY AGREED THAT UNDER NO CIRCUMSTANCES SHALL SCSS BE HELD LIABLE FOR ANY INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS, WHETHER ARISING UNDER ALLEGED BREACH OF AGREEMENT, NEGLIGENCE, STRICT LIABILITY OR ANY OTHER LEGAL OR EQUITABLE THEORY, AND SCSS'S LIABILITY SHALL BE STRICTLY LIMITED AS STATED ABOVE.

#### ADDITIONAL CHARGES:

1. All prices quoted do not include sales tax or bonds unless specifically written on the face of the proposal.
2. Unless otherwise stated in the proposal, the price quoted is FOB shipping point. All shipments will be UPS ground, unless otherwise specified.
3. Applicable permitting fees will be billed on a pass-through basis.
4. The price quoted assumes installation will be performed during SCSS's normal working hours and using its own personnel. If Customer requests the installation or any part thereof to be performed outside ordinary business hours or, if the installation must be performed by outside contractors, or SCSS's wage rates do not apply as a result of prevailing wage requirements, or otherwise, then the installation charge will be adjusted accordingly.
5. Any changes to the system required by any government agency or Authority Having Jurisdiction will be billed to Customer, and are not the responsibility of SCSS.

#### INSURANCE:

SCSS will carry Liability Insurance and Workers Comp. Insurance and will provide Certificates of Insurance to Contractor, with Contractor named as Certificate Holder, prior to the execution of any work. In the event SCSS is required to indemnify Contractor, Owner or a third party, the indemnification shall be limited to the installation amount.

**ACCEPTANCE OF PROPOSAL**

The above prices, specifications and conditions attached hereto are satisfactory and are hereby accepted. SCSS is authorized to do the work as specified. Payment will be made as outlined above.

**Stanley Convergent Security Solutions, Inc.**

Written By: Chris Allen  
Title: Customer Account Manager

Approved and Accepted by Stanley CSS

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Customer**

Approved By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Attest: \_\_\_\_\_  
**Dennis Parrott, Jasper County Auditor**

**This proposal may be withdrawn by us if not accepted within thirty (30) days.**

This Agreement is made this 26<sup>th</sup> day of February, 2014, by and between **Stanley Convergent Security Solutions, Inc.** ("SCSS"), and **Jasper Co, IA Law Enforcement Center** ("Customer"). Customer agrees to purchase and SCSS agrees to provide material and services specified in quotation #140019.1 ("System") as listed herein, pursuant to the terms and conditions contained herein, and referenced by, this Agreement. **Total Price of \$19,550.00.**

*The Terms and Conditions hereunder are an integral part of the SCSS Sales Agreement hereafter referred to as the "Agreement", as referenced by the Agreement number written above and becomes a part of such Agreement as if repeated therein.*

1. **Standard Warranty.** Warranty on the system will commence upon "acceptance" of the System by Customer as defined in Section 21. SCSS hereby warrants to Customer for a period of one (1) year parts and ninety (90) days labor, that all equipment installed by SCSS under this Agreement will be free from defects in materials and workmanship. In the event that any part shall prove to be defective within 90 days, SCSS shall replace or repair, at SCSS's election, the defective part, including labor, without charge to Customer. After 90 days but within one (1) year, SCSS shall replace or repair, at SCSS's election, the defective part only; labor to repair or replace such defective part shall not be without charge to Customer. Warranty repairs will be made during SCSS's normal working hours. *It is expressly agreed that under no circumstances shall SCSS be held liable for any incidental, special or consequential damages including, but not limited to, loss of profits, whether arising under alleged breach of Agreement, negligence, strict liability, or any other legal or equitable theory, and SCSS's liability shall be strictly limited as stated above.*
2. **Limits of Standard Warranty and Extended Services.** This Agreement does not cover any damage to material or equipment caused by: accident; vandalism; Customer negligence; failure of Customer to follow SCSS installation, operation or maintenance instructions; abuse; misuse; attempted unauthorized repair; modifications or improper installation by anyone other than SCSS; the use of the software on hardware or with an operating system other than that specified by SCSS or the OEM; modification, or any attempt of modification, of any portion of the software without the written approval of SCSS other than user configurable data; tampering with software protection mechanism; software or hardware products not supplied by SCSS; third party software or hardware running concurrently on the System unless specifically allowed by SCSS or the OEM; systems that are not operating within the last two major software releases; performance issues relating to the use of the Customer's data network(s); or any other cause not controllable by SCSS other than ordinary wear and tear. SCSS shall not be responsible for, or accept liability for, the operation or performance of any equipment in existence prior to SCSS installation, or equipment supplied by other parties, unless otherwise stated in this Agreement.
3. **Sufficiency of System.** Customer acknowledges that additional equipment, at an additional cost, may provide increased detection, functionality, and control. Therefore, Customer purchases all services and equipment based on his own needs and desires, as determined by the Customer.
4. **Sales Tax.** All prices quoted do not include sales tax unless specifically written on face of the Sales Agreement. Customer is responsible for providing SCSS with any tax exemption certificates relating to the work for inclusion with Customer's Purchase Order. In the event that Customer fails to provide SCSS with adequate tax documentation, Customer will pay the applicable tax due and assist SCSS in determining the correct tax amount.
5. **Freight and Stored Materials.** Unless otherwise stated in SCSS proposal, the price quoted is FOB shipping point. All shipments will be UPS ground, unless otherwise specified. If the Customer indicates its desire to have SCSS store materials on its behalf by selecting the option on the face of the Sales Agreement, SCSS shall invoice Customer for such materials at the point in which SCSS receives such materials. SCSS assumes responsibility for the risk of loss of such materials while the materials are being stored at SCSS. Upon delivery to the Customer, Customer assumes full responsibility for such materials.
6. **License or Permit.** Customer acknowledges that their local municipality may require a license or permit for the installation, use, or monitoring of the System and that Customer is solely responsible for determining and complying with such obligations unless specifically noted in this Agreement.
7. **Payment.** Customer agrees to pay SCSS the full Sale and/or Installation Charges indicated on the face of the Sales Agreement per the indicated payment schedule. Progress billings will be based on the percentage complete as calculated by SCSS. Further, Customer agrees to pay to SCSS the total of the Recurring Charges for service(s) indicated on the face of the Sales Agreement, on the indicated payment schedule, in advance, during the term of this Agreement and any renewals thereof. In the event that Customer disputes any portion of the payment due, Customer agrees to pay the balance which is not the subject of dispute, in accordance with the terms of this Agreement. In the event of termination or an Event of Default of this Agreement by the Customer prior to the end of the term of this Agreement, without limiting the rights of SCSS, Customer shall immediately pay to SCSS all payments then due and payable, and SCSS shall have no further obligation to perform under this Agreement. A finance charge of one and one half (1-1/2%) percent per month or eighteen (18%) percent per year will apply to all obligations not paid pursuant to the terms contained herein. Customer is responsible for SCSS's attorney fees resulting in the collection of such overdue payment.
8. **Default of Customer.** The happenings of any one or more of the following by the Customer, shall be Events of Default under this Agreement: 1) failure to pay any amount within 60 days after the same is due; 2) failure to observe, keep or perform any agreement required herein; 3) abuse of the System or SCSS's Representatives; 4) dissolution, termination of existence, discontinuance of business, insolvency, or business failure of Customer; 5) initiation of bankruptcy, reorganization, assignment for the benefit of creditors.



## Sales Agreement

9. **Title of Ownership and Proprietary Protection.** SCSS retains title of ownership for the System until the Customer has fulfilled all obligations as set forth in this Agreement. Customer assumes full responsibility for loss or damage of SCSS equipment residing on Customer's Facility until such time as equipment is paid for in full according to the terms of this Agreement. The computer application program and documentation, collectively referred to as the "Software", that is provided by SCSS, are owned by SCSS or one of its OEM's and are protected by United States and International copyright laws and International treaty provisions. Customer must treat such Software like any other copyrighted material, except under the exceptions outlined in this section. Any violation of this Agreement will automatically terminate the Customer's right to use this Software, and the Customer is obligated to immediately return such Software to SCSS. SCSS grants Customer a nonexclusive license to copy this Software onto the hard disk of a single, dedicated computer, and to make one additional copy for archival purposes. Customer may not make copies of the Software for any purpose other than what is stated in this section except for additional computers that Customer has purchased additional licenses of the Software for. Customer may not copy the documentation for any reason other than the operation of their legally licensed Software. Customer may not reverse-engineer, disassemble, decompile, or attempt to discover the source code of the Software. Customer acknowledges that all master-key codes are the confidential and proprietary information and property of SCSS and that any unauthorized use, including the transmission or dissemination of master-key codes, without the express written consent of SCSS, shall be deemed a breach of this section. Customer acknowledges that any breach of this section shall result in irreparable injury to SCSS for which the amount of damages would be unascertainable. SCSS may, therefore, in addition to pursuing any and all remedies provided by law, obtain an injunction against Customer from any court having jurisdiction, restraining any violation of this section.
10. **Changes to System or Services.** At any time after the date hereof, all sales, installations, and services supplied by SCSS to the Customer shall be subject to the terms of this Agreement only, except that changes to the established charges shall be made for such sales, installations, or services. If Customer does not elect to purchase Extended Service coverage for the System under this Agreement, Customer agrees to pay SCSS on a per call basis at SCSS's current time and material rates for all service work performed by SCSS. In the event Customer or a third party directed by Customer, makes alterations and/or repairs to the System, SCSS, in its sole discretion, may elect to terminate this Agreement or modify the Agreement per section 23. SCSS is not liable for service or repairs upon any such alterations and/or repairs.
11. **Indemnification.** Customer agrees to defend, indemnify, and hold harmless SCSS and its agents and employees from any and all claims, demands, liabilities, and actions of any type, including all resultant costs and attorneys' fees, arising from injury to any person or property arising out of Customer's negligent use, handling, application, or any other negligent activity involving the equipment or systems provided under this Agreement. This provision *shall not* operate to relieve SCSS from liability relating from SCSS's own negligence, but shall operate to relieve SCSS from all liability for those acts caused solely or substantially by the negligence of Customer, Customer's agent and/or employee, or a third party. In the event SCSS is required to indemnify Customer, Customer's Representative, or a third party, the indemnification shall be limited to the amount of proceeds received from SCSS's insurance policy(s) applicable to the claim or action for such loss or damage.
12. **Assignability of Agreement.** This Agreement is not assignable by Customer except upon the written consent of SCSS, which shall not be unreasonably withheld. SCSS may, in its sole discretion, subcontract for the provision of services under this Agreement. Customer agrees and acknowledges that the provisions of this Agreement inure to the benefit of and are applicable to any subcontractors engaged by SCSS to provide any service set forth herein to Customer, and bind Customer to said Subcontractor(s) with the same force and effect as they bind Customer to SCSS.
13. **No Waiver of Breach.** If SCSS shall waive any breach by Customer, it shall not be construed as a waiver of any subsequent breach, and SCSS's failure to exercise any rights hereunder shall not be construed as a waiver of any breach unless specifically waived by SCSS in writing. SCSS's rights hereunder shall be cumulative, and any rights hereunder may be exercised concurrently or consecutively and shall include all remedies available even though not expressly referred to herein.
14. **Valid Agreement.** Should any provision hereof (or portion thereof), or its application to any circumstances, be held illegal, invalid or unenforceable to any extent, the validity and enforceability of the remainder of the provision and this Agreement, or of such provisions as applied to any other circumstances, shall not be affected thereby, and shall remain in full force and effect as valid, binding and continuing. All changes or amendments to this Agreement must be in writing and signed by the parties to be binding on the parties.
15. **Waivers of Subrogation.** SCSS and Customer waive all subrogation rights against each other and any of their Representatives, agents and employees, from damages caused by fire or other perils to the extent covered by property insurance provided by the Customer or other property insurance applicable to this Agreement, except such rights as they may have to proceeds of such insurance held by the Customer as fiduciary.
16. **Force Majeure.** Neither party shall be liable for any failure under this agreement, including the Standard Warranty provisions contained within this Agreement, due to acts of God; acts, regulations, or laws of any government; riot, strike, or labor dispute; destruction of product facilities and materials by fire, earthquake or storm; failure of public utilities or common carriers; or any other causes beyond the reasonable control of the affected party. Any party claiming force majeure as an excuse for nonperformance shall give prompt notice to the other party and shall promptly resume its performance as soon as possible.
17. **Trial by Jury.** Both parties to this Agreement, knowingly, voluntarily, and intentionally waive any right they may have to a trial by jury in respect of any litigation arising out of, under, in connection with, or relating to this Agreement.
18. **Choice of Law.** This Agreement is made and entered into in the State of Indiana and shall be interpreted, enforced, and governed under the law of Indiana. Any action regarding this Agreement or otherwise brought against SCSS by or on behalf of any party to this Agreement, its agents, assigns, subsidiaries, and/or executors shall be maintained in a court in Marion County, Indiana. If the claim could be brought in federal court, the action shall be maintained in the United States District Court for the Southern District of Indiana, Indianapolis Division.



Ref. Quote #:140019.1  
Dated: 02/26/14

Convergent Security Solutions

Sales Agreement

- 19. **Customer's Duties and Responsibilities.** Customer is responsible to provide, among other items as specified elsewhere in this Agreement: 1) permanent and dedicated electrical power for the proper operation of the equipment through the Customers own electrical power system; 2) uninterrupted access to the site, during normal business hours, or whenever SCSS may reasonably require it for the installation or repair of the System; 3) proper mounting foundations for the equipment; 4) satisfactory environmental conditions for the equipment; 5) labor and equipment necessary to establish and maintain connection of the System to the Customer's telephone network.
- 20. **Environmental Considerations.** Customer acknowledges and agrees that any duty or obligation of SCSS or Representatives under this Agreement, at law or in equity, is subject to and conditioned upon, among other things, the Facilities not containing or being affected in any manner whatsoever by any public or private nuisance, hazardous or dangerous activity or any hazardous substance (herein inclusively called "Environmental Considerations"), or the violation of any applicable local, State or Federal statute, ordinance, rule, regulation, order or court order arising out of or from, in connection with, resulting from, related to or as a consequence of Environmental Considerations. In the event the Facilities contain or are affected by Environmental Considerations, Customer shall (a) immediately remove all Environmental Considerations at Customer's sole cost and expense and (b) pay SCSS for increased costs to SCSS as it relates to the performance of this Agreement.
- 21. **System Acceptance.** The System, or any part of it, shall be deemed to have been accepted by Customer when either of the following circumstances occur, whichever is the earlier: a) when the Customer signs a SCSS Substantial Completion or Final Acceptance form or; b) when Customer begin to have beneficial use of the System, or any part there of. Acceptance of the system, or any portion of the system, shall not be delayed on account of additions by Customer or by minor omissions or defects which do not affect the beneficial use of the system.
- 22. **Preventive Maintenance.** Preventive Maintenance option consists of providing all necessary labor and testing equipment to inspect only, the equipment of the System for the sole purpose of determining if the equipment is operating properly. Any items needing repair will be directed to the attention of the Customer. If Customer elects SCSS to make such repairs, SCSS will perform the work and charge Customer at SCSS's prevailing time and material rates unless Customer has elected parts and Labor coverage under this Agreement.
- 23. **Relocation of System.** SCSS may discontinue or decline service(s) under this Agreement if the System, or any portion thereof, is sold or relocated to a different location other than the Facilities listed above.
- 24. **Obsolete Equipment.** SCSS's duty to service the System is subject to the availability of the original part or equipment from the original manufacturer. In the event of such parts or equipment not being available, SCSS is not liable for replacement of such parts and equipment.
- 25. **Software Services.** If the Software Support and Upgrade option is selected under this Agreement, SCSS will provide and install software upgrades as they become commercially available, during normal SCSS working hours. The installation of the software will be scheduled at a mutually agreed upon time. Software build releases that do not affect the Customer's current operations, as determined by SCSS and the OEM, will not be installed by SCSS. In the event that the Customer elects to make such installation on their own or by a third party directed by the Customer and System problems result, SCSS will not be held responsible for such problems and any repairs by SCSS will be charged to the Customer at SCSS's then current time and material rates. Service and upgrades for third party software not supplied by SCSS are excluded from this Agreement. The Customer is responsible for all software upgrades and installation of such products. Support for such products is provided through the product Vendor's technical support group or Customer can elect to have SCSS provide support at SCSS's current time and material rates.
- 26. **Key Service.** If Customer provides SCSS with keys and/or access cards and unrestricted access to the Facilities, Customer agrees that SCSS is released for any loss, damage or expense to Customer due to the loss or theft of any such keys or access cards. SCSS shall inform the Customer within 24 hours of discovery of such loss.
- 27. **Integrated Agreement.** This instrument contains the entire Agreement between the parties hereto with respect to the transactions described herein and supersedes all prior or current negotiations, commitments, contracts, express or implied, warranties, express or implied, statements and representations, whether written or oral, pertaining thereto, all of which shall be deemed merged into this Agreement. Neither party has authority to make or claim any representation, term, promise, condition, statement, warranty, or inducement which is not expressed herein.

Please sign below. Upon receipt, Stanley will execute and return a fully executed copy to you.

Stanley Convergent Security Solutions, Inc.		CUSTOMER By (Signature) _____	
Sales Representative	Chris Allen, 219-261-2684	Name (Print or Type)	_____
Approved and accepted by Stanley		Title	_____
By	_____	Date	_____
Title	_____	Bank Reference	_____
Date	_____		_____

Please fax signed agreement to 219-261-3410 and mail originals to 14670 Cumberland Road, Noblesville, IN 46060, Attn: Chris Allen

Attest: \_\_\_\_\_  
Dennis Parrott, Jasper County Auditor Rev 1

Tuesday, February 25, 2014 the Jasper County Board of Supervisors met in regular session at 9:30 a.m. with Supervisors Brock, Stevenson and Carpenter present and accounted for; Chairman Brock presiding.

County Sanitarian, Kevin Luetters, told the Board that the application for a permit to construct a confinement feeding operation, made by David and Nathan Jansen, had been pulled.

Motion by Stevenson, seconded by Carpenter to cancel the public hearing for the Jansen construction permit application for a confinement feeding operation.

YEA: CARPENTER, STEVENSON, BROCK

Veteran Affairs Director, Chris Chartier, introduced Melissa Mesecher who will assist Chartier with the office duties. Chartier told the Supervisors that Mesecher will work about 25 hours per week and Veteran Affairs will fund the part time position.

Human Resources Director, Dennis Simon, asked the Board to approve the hiring of a dispatcher for the Sheriff's Office and a Per Required Need Aide for the Home Health Care department. Both hirings would be replacements, no new positions were created.

Motion by Stevenson, seconded by Carpenter to adopt Resolution 14-10 a hiring Resolution certifying the following appointment to the Auditor for payroll implementation:

<u>DEPARTMENT</u>	<u>POSITION</u>	<u>EMPLOYEE</u>	<u>PAY RATE</u>	<u>RANGE/STEP</u>	<u>EFFECTIVE DATE</u>
Sheriff's Office	Dispatcher	Courtney Noah	\$16.90	Hire-in	3/4/14

YEA: CARPENTER, STEVENSON, BROCK

A complete copy of the Resolution is on file in the Office of the Jasper County Auditor.

Motion by Carpenter, seconded by Stevenson to adopt Resolution 14-11 a hiring Resolution certifying the following appointment to the Auditor for payroll implementation:

<u>DEPARTMENT</u>	<u>POSITION</u>	<u>EMPLOYEE</u>	<u>PAY RATE</u>	<u>RANGE/STEP</u>	<u>EFFECTIVE DATE</u>
Home Health Care	PRN Aides	Dana Denton	\$14.26	Hire-in	2/26/14

YEA: STEVENSON, CARPENTER, BROCK

A complete copy of the Resolution is on file in the Office of the Jasper County Auditor.

Motion by Stevenson, seconded by Carpenter to approve the publication of the Jasper County 2013 Gross Wages.

<u>JASPER COUNTY 2013 GROSS WAGES</u>					
<u>EMPLOYEE NAME</u>	<u>WAGES</u>	<u>EMPLOYEE NAME</u>	<u>WAGES</u>	<u>EMPLOYEE NAME</u>	<u>WAGES</u>
Adams, Jo	142.50	Frank, Alice	630.03	Nelson, Nichole	36,816.40
Aldrich, Brenda	50,452.00	Freese, Randy	64,771.34	Nichol, Allen	48,899.85
Allan, Denise	57,414.57	Fuchs, Randy	60,569.12	Nicholson, Scott	89,427.89
Anderson, Christina	1,275.12	Gause, Sheila	141.23	Nolin, Michael	50.00
Andrews, Pamela	153.39	Gilbert, Sharon	29,097.34	Norman, Jerad	49,007.80
Arends, Tina	44,397.61	Gilchrist, David	17,387.81	Northrup, Jon	75.00
Arnold, Anita	4,986.79	Gliem, Melissa	30,261.16	Oldsen, Gregory	16,885.06
Arrowood, Brad	39,316.48	Gragg, Terry	46,006.92	Olson, Pamela	64,733.72
Arrowood, Teresa	52,509.67	Graham, David	44,250.31	Ong, Tony	59,931.69
Avery, Richard	23,453.21	Graham, Robin	50,353.62	Parrott, Dennis	67,397.64
Baldwin, Dwight	49,115.82	Groves, Aaron	69,992.65	Parrott, Nancy	67,448.19
Baldwin, Jeanette	50.00	Gruhn, Brian	275.00	Patty, Patricia	250.04
Balmer, Kimberley	52,738.46	Gunsaulus, Michael	63,057.44	Paxson, Clayton	3,378.93
Balmer, Michael	6,991.10	Guthrie, Robert	51,874.27	Petted, Carlyn	31,863.36

Barker, John	50,262.05	Guy, Jane	50.00	Pierce, Karen	142.04
Barr, Dale	44,283.59	Guy, Paul	50.00	Ponsetto, Johnny	25,321.60
Barr, Jill	50,522.73	Guy, Summer	39,850.41	Potter, Brenda	49.45
Barton, Jason	42,030.39	Hackert, Jerry	50.00	Pratt, Terry	75.00
Bebout, Annette	1,473.42	Halferty, John	98,669.13	Prendergast, Sandra	305.66
Bennett, Kelly	88,391.75	Hammer, Linda	57,564.80	Pretzer, Mary	318.02
Benson, Bruce	50,982.55	Hanna, Michael	5,094.52	Pyle, David	49,115.82
Benson, Jerry	150.00	Harms, James	49,823.03	Ratliff, Jerry	54,457.43
Berriman, Theresa	370.09	Hartgers, Melissa	52,518.37	Rawlins, Norma	315.29
Beukema, Michael	100.00	Harthoorn, Norma	303.59	Rawlins, Rick	49,227.80
Billingsley, John	550.00	Hausserman, Darlene	181.95	Reisetter, Mary	128.48
Birkenholz, Lynette	48,526.40	Haynes, Jo ann	120.00	Reiph, Jean	187.52
Bishop, Douglas	65,597.64	Headington, Amanda	47,071.06	Rhone, Ericka	38,414.42
Bjelland, Leslie	8,844.53	Headington, Marc	64,595.32	Richards, Patricia	31,564.22
Bond, Howard	150.00	Hecox, Wendy	57,772.57	Rinehart, Janet	22,536.77
Borts, Kevin	50.00	Henning, Kelley	45,597.21	Robertson, Celia	65,337.03
Borts, Matthew	40,981.40	Henry, Natasha	2,043.60	Rorabaugh, Marvin	141.39
Branderhorst, Joel	1,576.00	Herbold, Kimberly	32,959.24	Ross, Heather	38,333.75
Brandhof, Duane	75.00	Herbold, Madelyn	263.96	Rozendaal, Coretha	633.13
Braun, Warren	48,637.54	Hester, Ronald	49,007.80	Rozendaal, Duane	75,839.67
Britton, Joshua	59,830.02	Hitchler, Robert	125.00	Rozendaal, Duane	300.00
Brock, Joseph	41,321.14	Hjortshoj, Paul	25.00	Rozendaal, Randol	50.00
Brown, Nina	55,943.20	Hodnett, Steve	49,114.48	Ryan, Edna	20.00
Brown, Philip	23,046.64	Hofer, Charles	50.00	Ryan, Lawrence	70,649.27
Bruxvoort, Brandon	48,968.09	Holdmeyer, Frank	100.00	Sage, Deborah	125.00
Buchmeier, Steven	44,127.27	Hoover, Michael	33,797.60	Sage, Harry	100.00
Bucklin, Delaine	29,096.80	Hotger, David	100.00	Scarnati, Peter	52,174.40
Bucklin, Dennis	65,030.20	Hotger, Linda	100.00	Schiebel, Linda	184.69
Bucklin, Michael	45,968.25	Huff, Charles	5,415.12	Schippers, Micah	23,342.39
Bunse, Carroll	75.00	Hug, Barbara	150.00	Schnug, Marcia	537.80
Bunse, Janet	50.00	Huisman, Theodore	167.50	Schumann, Ellen	307.50
Bunse, Mary	326.80	Huisman, Vivian	312.50	Self, Pepper	7,316.79
Burdess, Jeremy	63,056.09	Hull, William	45,165.43	Shine, Greig	49,223.84
Burd, Jeremy	62,648.04	Illingworth, Julia	50,388.16	Shutts, Brad	70,102.59
Burns, John	49,223.81	Illingworth, Nancy	207.04	Simatovich, Sheryl	37,425.35
Bury, Beverley	307.95	Ingle, Cara	3,185.00	Simmons, Danielle	39,549.73
Cable, Carl	125.00	Ingraham, Jill	38,797.64	Simon, Dennis	78,319.58
Cable, Gerriann	30,439.84	Ingraham, Pamela	358.29	Sineno-Wilson, Dominique	938.56
Cantu, Katie	56,762.34	Jackson, Lorraine	59,831.93	Smith, Andrew	50,518.63
Carpenter, Dennis	43,121.14	Jacobsen, Michael	105,677.37	Smith, Angela	49,831.49
Castillo, Inez	12,883.22	Jenkins, Jolene	225.00	Smith, Marc	49,515.82
Chance, Debra	50.00	Jennings, Jenna	36,614.88	Spangenburg, Edward	49,881.60
Chandler, Jerry	48,209.17	Jensen, Douglas	49,967.71	Sparks, Adam	60,051.57
Chapman, Beverly	140.69	Johnson, Charles	4,818.44	Sparks, Michael	67,121.52
Chartier, Christopher	46,301.78	Johnson, Craig	49,055.80	Squire, Rick	49,439.81
Clapper, Dennis	75.00	Johnson, Janis	2,716.59	Steele, Marsha	50,452.00
Clark, Frank	3,985.61	Kaldenberg, Helen	40,698.00	Stevenson, Dennis	41,321.14
Clark, Karen	328.91	Karns, Betty	284.08	Stewart, Howard	72,898.86
Claseman, Dennis	36,798.10	Keenan, Kenny	275.00	Stilley, Carrie	27,891.88
Cleverley, James	87,639.34	Keenan, Pamela	31,849.54	Stutt, Russell	107,416.39
Clymer, Jacob	56,572.50	Keith, Carmen	47,295.93	Stuva, Tanya	343.66
Colyn, Marlys	75.00	Keith, Craig	47,994.65	Swihart, Debra	137.87
Cook, Carolyn	314.05	Kelsey, Victoria	368.78	Thomas, Debra	31,493.62
Cooling, Dennis	55,190.93	Kennedy, Jean	562.25	Thomas, Lawrence	181.22
Cupples, Charles	45,530.12	Kenney, Darrell	50.00	Thompson, Jerald	25.00
Cupples, Roger	4,061.67	Keuning, Alvin	50.00	Thorpe, Keith	20,148.04
Cupples, Sandy	1,070.61	Kielly, David	52,298.40	Tiedje, Richard	225.00
Curtis, Catherine	4,908.42	Kielly, Elizabeth	95.00	Trease, Eurita	33,603.27
Damman, Lisa	58,329.86	Klein, Paul	45,387.44	Trout, Cyrus	50.00
Davis, Roxanne	48,724.48	Klemm, Louis	75.00	Udelhoven, Spencer	44,962.97
De Vries, John	356.80	Kragel, Adam	38,369.90	Underwood, Curtis	55,117.17
De Vries, Lori	186.20	Kramer, Marjorie	147.45	Van Der Hart, Laura	38,382.40
DeCook, Sharon	21.00	Lacina, Denise	170.00	Van Der Kamp, Caryl	50.00
Deegan, John	79,829.46	Langmaid, Don	25.00	Van Der Pol, Betty	267.61
DeGreef, Freda	263.17	Latham, Priscilla	4,658.99	Van Genderen, Gary	50.00
DeJong, Tracy	39,063.13	Lemmert, Mary	38,306.45	Van Maanen, Dennis	75.00
Deppe, Brent	75.00	Lenz, Regina	37,113.68	Van Manen, Jon	1,112.00
Deppe, Laird	289.07	Leonard, Barbara	281.25	Van Manen, Kelli	42,632.33
Deppe, Marilyn	301.32	Lewis, Brady	26,661.39	Van Ryswyk, Kay	323.90
Dittmer, Jeremy	64,603.53	Lewis, Krista	8,609.10	Van Veen, Diana	340.85
Doak, Kenneth	50.00	Lindeman, Jessie	15,941.57	Van Veen, Donna	368.90
Dobbs, Shawn	1,098.46	Lowry, Jason	61,984.61	Van Waardhuizen, Carolyn	323.28
Dodds, Cameron	42,143.07	Luetters, Kevin	59,831.93	Van Waardhuizen, Scott	57,124.40
Donahue, Mark	46,855.81	Lundberg, Jeanne	4,480.95	Van Wyngarden, Steven	2,872.60
Drew, Patricia	316.84	Lundberg, Leonard	5,005.50	Van Zante, Bradley	60,681.32

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Dunsbergen, Kent	55,213.60	Maddison, Christan	27,463.07	Van Zante, Keri	73,799.03
Dunsbergen, Nancy	39,839.16	Maggard, Keith	50,464.20	Van Zante, Marlis	430.11
Dunsbergen, Velda	306.95	Maher, Joanne	30,261.82	Van Zee, Patti	30,291.01
Eaton, Jody	66,828.29	Marconi, Dolores	35,238.00	Vander Pol, Ethan	4,506.26
Eaton, Ryan	67,699.51	Marshall, Brian	48,343.32	Vander Werff, Norma	139.52
Eatwell, John	50.00	Maston, Charles	36,584.60	Vansice, Charlene	95.00
Eckert, Brittany	242.35	Mc Clellan, David	50.00	Vasseau, James	53,290.15
Ehler, Emily	75.00	Mc Quiston, Connie	44,997.60	Vos, Lisa	47,839.81
Eilander, Rodney	56,468.11	Mc Reynolds, Fonda	522.22	Vos, Mildred	131.30
Elliott, Rickie	50,679.83	McDaniel, Jane	20.00	Wagner, Randy	600.00
Ellis, Kathryn	19,910.31	McKinney, Terri	120.40	Walker, Marilyn	131.30
Elscott, Merlyn	52,082.06	McManus, Stephen	14,414.88	Warnock, James	25.00
Engle, Daniel	50,002.00	Meredith, Cynthia	55,758.00	Wendel, Susan	89,427.89
Evans, Dennis	55,821.55	Milburn, Kathryn	262.50	Wesselink, Beverlin	328.13
Evans, Rose	173.39	Miller, Janice	131.87	Wiggins-Walker, Joyce	474.45
Faidley, Frank	125.00	Modlin, Alayna	46,836.85	Wilson, Margaret	25.00
Falcone, Cynthia	351.02	Moses, Michele	354.11	Winfield, Ian	37,331.04
Figland, Nicholas	150.00	Mulgrew, Christina	55,770.81	Winn, Calvin	125.00
Fiihr, Rhonna	157.60	Murphy, Stephen	20.00	Winningham, Marcia	44,247.25
Fincham, Enola	37,913.38	Myers, Carolyn	240.00	Wood, Dorothy	118.96
Fincham, Rick	13,199.52	Nation, Susan	47,742.41	Woods, Jacqueline	5,271.49
Finn, Joanne	161.40	Nearmyer, Beverly	125.00	Zach, Keith	17,113.01
Fisk, Harriet	155.75	Nearmyer, Richard	125.00	Zimmerman, Kevin	49,445.59
Flora, Karen	344.10	Neff, Violet	15.75		
Ford, Marta	600.00	Nelson, Kimberly	3,163.74		
				Total Wages	8,679,527.86

YEA: CARPENTER, STEVENSON, BROCK

Motion by Carpenter, seconded by Brock to approve Board of Supervisors minutes for February 18, 2014.

YEA: BROCK, STEVENSON, CARPENTER

There are no Board appointments.

Motion by Stevenson, seconded by Carpenter to recess the meeting until 1:00p.m. At that time a public hearing will be held on the Secondary Roads 5 year construction program.

YEA: CARPENTER, STEVENSON, BROCK

Motion by Carpenter, seconded by Stevenson to open a public hearing for the Secondary Roads 5 year construction program.

YEA: STEVENSON, CARPENTER, BROCK

The Engineer covered the highlights of upcoming construction projects. The Board expressed agreement with the 5 year construction plan.

Motion by Stevenson, seconded by Carpenter to close the public hearing.

YEA: CARPENTER, STEVENSON, BROCK

A complete copy of the Secondary Roads 5 year construction plan is on file in the Office of the County Engineer.

Motion by Carpenter, seconded by Stevenson to adjourn the Tuesday, February 25, 2014 Board of Supervisors meeting.

YEA: STEVENSON, CARPENTER, BROCK