



# Health & Human Services Agenda Request

Requested Meeting Date: January 23, 2024

1C  
Agenda Item #

Title of Item: Approval of Bills

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> REGULAR AGENDA<br><input type="checkbox"/> CONSENT AGENDA<br><input type="checkbox"/> INFORMATION ONLY | <b>Action Requested:</b><br><input checked="" type="checkbox"/> Approve/Deny Motion<br><input type="checkbox"/> Adopt Resolution (attach draft) | <input type="checkbox"/> Direction Requested<br><input type="checkbox"/> Discussion Item<br><input type="checkbox"/> Hold Public Hearing*<br><small>*provide copy of hearing notice that was published</small> |
|--|---|--|

|  |  |
|--|--|
| <b>Submitted by:</b><br>Carli Goble                                  | <b>Department:</b><br>H&HS Accounting        |
| <b>Presenter (Name and Title):</b><br>Carli Goble, Fiscal Supervisor | <b>Estimated Time Needed:</b><br>1-2 minutes |

|   |
|---|
| <b>Summary of Issue:</b><br>Request approval of bills |
|---|

|   |
|---|
| <b>Alternatives, Options, Effects on Others/Comments:</b> |
|---|

|                                   |
|-----------------------------------|
| <b>Recommended Action/Motion:</b> |
|-----------------------------------|

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>Financial Impact:</b><br>Is there a cost associated with this request?<br>What is the total cost, with tax and shipping? \$<br>Is this budgeted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | <i>Please Explain:</i>       |                             |

# Aitkin County

Audit List for Board

COMMISSIONER'S VOUCHERS ENTRIES

Print List in Order By: 4      1 - Fund (Page Break by Fund)  
                                  2 - Department (Totals by Dept)  
                                  3 - Vendor Number  
                                  4 - Vendor Name

Explode Dist. Formulas?: Y

Paid on Behalf Of Name  
on Audit List?: N

Type of Audit List: D      D - Detailed Audit List  
                                  S - Condensed Audit List

Save Report Options?: N

# Aitkin County

## Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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| Vendor<br>No. | Name<br>Account/Formula      | Rpt<br>Accr | Amount   | Warrant Description<br>Service Dates         | Invoice #  | Account/Formula Description |  | 1099 |
|---------------|------------------------------|-------------|----------|--|------------|-----------------------------|--|------|
|               |                              |             |          |  |            | Paid On Bhf #               | On Behalf of Name                      |      |
| 88284         | Aitkin Co Recorder           |             | 26.00    | Birth Certificate - General Ca<br>01/18/2024 | 01/18/2024 |                             | General Case Management                | N    |
| 8             | 05-430-710-3930-6020         |             | 26.00    | 1 Transactions                               |            |                             |  |      |
| 88284         | Aitkin Co Recorder           |             |          |  |            |                             |  |      |
| 10286         | Arrows Family Services       |             |          |  |            |                             |  |      |
| 7             | 05-430-710-3190-6020         | AP          | 918.00   | Supervised visitation - Court-<br>12/01/2023 | 12/31/2023 |                             | Court Related Services & Activities    | Y    |
| 10286         | Arrows Family Services       |             | 918.00   | 1 Transactions                               |            |                             |  |      |
| 11051         | Department of Human Services |             |          |  |            |                             |  |      |
| 47            | 05-430-710-3750-6057         | AP          | 359.83   | Q2 2023 - Northstar Kinship As<br>04/01/2023 | 06/30/2023 |                             | Northstar Kinship Assistance           | N    |
| 45            | 05-430-710-3780-6057         | AP          | 278.17   | Q2 2023 - Northstar Adoption A<br>04/01/2023 | 06/30/2023 |                             | Northstar Adoption Assistance          | N    |
| 9             | 05-430-720-3110-6069         | AP          | 366.00   | BSFE County Match Invoice #A30<br>12/01/2023 | 12/31/2023 |                             | Bsf Child Care                         | N    |
| 11051         | Department of Human Services |             | 1,004.00 | 3 Transactions                               |            |                             |  |      |
| 10342         | DHS-Anoka Metro Rtc          |             |          |  |            |                             |  |      |
| 35            | 05-430-745-3720-6081         |             | 500.00   | State-operated inpatient<br>11/01/2015       | 11/30/2015 |                             | State-Operated Inpatient - Rtc Or Cbhh | N    |
| 10342         | DHS-Anoka Metro Rtc          |             | 500.00   | 1 Transactions                               |            |                             |  |      |
| 10188         | DHS-Moose Lake RTC           |             |          |  |            |                             |  |      |
| 28            | 05-430-745-3721-6081         | AP          | 2,644.61 | State-operated inpatient<br>12/01/2023       | 12/31/2023 |                             | Commitment Costs - Poor Relief         | N    |
| 10188         | DHS-Moose Lake RTC           |             | 2,644.61 | 1 Transactions                               |            |                             |  |      |
| 9220          | Dhs-Msop                     |             |          |  |            |                             |  |      |
| 29            | 05-430-745-3721-6081         | AP          | 1,484.90 | State-operated inpatient<br>12/01/2023       | 12/31/2023 |                             | Commitment Costs - Poor Relief         | N    |
| 30            | 05-430-745-3721-6081         | AP          | 3,712.25 | State-operated inpatient<br>12/01/2023       | 12/31/2023 |                             | Commitment Costs - Poor Relief         | N    |
| 31            | 05-430-745-3721-6081         | AP          | 3,712.25 | State-operated inpatient<br>12/01/2023       | 12/31/2023 |                             | Commitment Costs - Poor Relief         | N    |
| 32            | 05-430-745-3721-6081         | AP          | 1,484.90 | State-operated inpatient<br>12/01/2023       | 12/31/2023 |                             | Commitment Costs - Poor Relief         | N    |

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Health & Human Services

## Aitkin County



Audit List for Board

## COMMISSIONER'S VOUCHERS ENTRIES

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| <u>Vendor</u> | <u>Name</u>                             | <u>Rpt</u>  | <u>Warrant Description</u> | <u>Invoice #</u>                             | <u>Account/Formula Description</u> | <u>1099</u>                           |
|---------------|---|-------------|----------------------------|--|------------------------------------|---------------------------------------|
| <u>No.</u>    | <u>Account/Formula</u>                  | <u>Accr</u> | <u>Amount</u>              | <u>Service Dates</u>                         | <u>Paid On Behf #</u>              | <u>On Behalf of Name</u>              |
| 9220          | Dhs-Msop                                |             | 10,394.30                  | 4 Transactions                               |                                    |                                       |
| 89965         | DHS-ST PETER-SEE LIST                   |             |                            |  |                                    |                                       |
| 33            | 05-430-745-3721-6081                    | AP          | 11,578.50                  | State-operated inpatient<br>12/01/2023       | 12/31/2023                         | Commitment Costs - Poor Relief N      |
| 89965         | DHS-ST PETER-SEE LIST                   |             | 11,578.50                  | 1 Transactions                               |                                    |                                       |
| 91345         | Elvecrog/Roberta C                      |             |                            |  |                                    |                                       |
| 38            | 05-430-750-3950-6020                    | AP          | 70.00                      | Public guardianship<br>12/01/2023            | 12/31/2023                         | Public Guardianship DD Y              |
| 39            | 05-430-750-3950-6020                    | AP          | 35.00                      | Public guardianship<br>12/01/2023            | 12/31/2023                         | Public Guardianship DD Y              |
| 91345         | Elvecrog/Roberta C                      |             | 105.00                     | 2 Transactions                               |                                    |                                       |
| 11072         | Lutheran Social Service MN Guardianship |             |                            |  |                                    |                                       |
| 40            | 05-430-750-3950-6020                    | AP          | 212.75                     | Public Guardianship<br>12/01/2023            | 12/31/2023                         | Public Guardianship DD N              |
| 41            | 05-430-750-3950-6020                    | AP          | 437.00                     | Public Guardianship<br>12/01/2023            | 12/31/2023                         | Public Guardianship DD N              |
| 42            | 05-430-750-3950-6020                    | AP          | 161.00                     | Public Guardianship<br>12/01/2023            | 12/31/2023                         | Public Guardianship DD N              |
| 43            | 05-430-760-3950-6020                    | AP          | 310.50                     | Guardianship/Conservatorship<br>12/01/2023   | 12/31/2023                         | Guardianship/Conservatorship N        |
| 44            | 05-430-760-3950-6020                    | AP          | 195.50                     | Guardianship/Conservatorship<br>12/01/2023   | 12/31/2023                         | Guardianship/Conservatorship N        |
| 11072         | Lutheran Social Service MN Guardianship |             | 1,316.75                   | 5 Transactions                               |                                    |                                       |
| 3639          | Northland Counseling Ctr Inc            |             |                            |  |                                    |                                       |
| 10            | 05-430-730-3710-6020                    | AP          | 1,300.00                   | Detoxification (Category I)<br>12/03/2023    | 12/06/2023                         | Detoxification - Grand Rapids 6       |
| 26            | 05-430-740-3050-6020                    | AP          | 98.42                      | Child Outpatient Diagnostic As<br>10/10/2023 | 10/10/2023                         | Child Outpat Assess/Psyc. Testing N   |
| 27            | 05-430-740-3050-6020                    | AP          | 98.42                      | Child Outpatient Diagnostic As<br>12/12/2023 | 12/12/2023                         | Child Outpat Assess/Psyc. Testing N   |
| 11            | 05-430-745-3085-6020                    | AP          | 300.00                     | Adult Outpatient Diagnostic As<br>09/12/2023 | 09/12/2023                         | Adult Outpat Diagnostic Assess/Psyc N |
| 12            | 05-430-745-3085-6020                    | AP          | 115.13                     | Adult Outpatient Diagnostic As<br>09/12/2023 | 09/12/2023                         | Adult Outpat Diagnostic Assess/Psyc N |

# Aitkin County

## Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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| <u>Vendor<br/>No.</u> | <u>Name<br/>Account/Formula</u>           | <u>Rpt<br/>Accr</u> | <u>Warrant Description<br/>Amount</u> | <u>Service Dates</u>                                    | <u>Invoice #</u> | <u>Account/Formula Description<br/>Paid On Behalf #</u> | <u>1099<br/>On Behalf of Name</u> |
|-----------------------|---|---------------------|---------------------------------------|---|------------------|---|-----------------------------------|
| 13                    | 05-430-745-3085-6020                      | AP                  | 300.00                                | Adult Outpatient Diagnostic As<br>09/12/2023 09/12/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 14                    | 05-430-745-3085-6020                      | AP                  | 102.84                                | Adult Outpatient Diagnostic As<br>09/12/2023 09/12/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 15                    | 05-430-745-3085-6020                      | AP                  | 150.00                                | Adult Outpatient Diagnostic As<br>10/10/2023 10/10/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 16                    | 05-430-745-3085-6020                      | AP                  | 98.42                                 | Adult Outpatient Diagnostic As<br>10/10/2023 10/10/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 17                    | 05-430-745-3085-6020                      | AP                  | 300.00                                | Adult Outpatient Diagnostic As<br>10/10/2023 10/10/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 18                    | 05-430-745-3085-6020                      | AP                  | 150.00                                | Adult Outpatient Diagnostic As<br>11/14/2023 11/14/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 19                    | 05-430-745-3085-6020                      | AP                  | 300.00                                | Adult Outpatient Diagnostic As<br>11/14/2023 11/14/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 20                    | 05-430-745-3085-6020                      | AP                  | 300.00                                | Adult Outpatient Diagnostic As<br>11/14/2023 11/14/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 21                    | 05-430-745-3085-6020                      | AP                  | 300.00                                | Adult Outpatient Diagnostic As<br>12/12/2023 12/12/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 22                    | 05-430-745-3085-6020                      | AP                  | 300.00                                | Adult Outpatient Diagnostic As<br>12/12/2023 12/12/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 23                    | 05-430-745-3085-6020                      | AP                  | 300.00                                | Adult Outpatient Diagnostic As<br>12/12/2023 12/12/2023 |                  | Adult Outpat Diagnostic Assess/Psyc                     | N                                 |
| 3639                  | <b>Northland Counseling Ctr Inc</b>       |                     | <b>4,513.23</b>                       | <b>16 Transactions</b>                                  |                  |   |                                   |
| 90748                 | <b>Oakridge Homes Sils, Inc.</b>          |                     |                                       |   |                  |   |                                   |
| 36                    | 05-430-750-3340-6073                      | AP                  | 896.08                                | Semi-Independent Living Servic<br>12/07/2023 12/28/2023 |                  | Semi-Independent Living Serv (Sils)                     | N                                 |
| 37                    | 05-430-750-3340-6073                      | AP                  | 321.42                                | Semi-Independent Living Servic<br>12/01/2023 12/13/2023 |                  | Semi-Independent Living Serv (Sils)                     | N                                 |
| 90748                 | <b>Oakridge Homes Sils, Inc.</b>          |                     | <b>1,217.50</b>                       | <b>2 Transactions</b>                                   |                  |   |                                   |
| 9489                  | <b>Redwood Toxicology Laboratory, Inc</b> |                     |                                       |   |                  |   |                                   |
| 2                     | 05-430-710-3190-6020                      | AP                  | 10.00                                 | Account # 022622 Drug testing<br>12/13/2023 12/13/2023  |                  | Court Related Services & Activities                     | 6                                 |
| 3                     | 05-430-710-3190-6020                      | AP                  | 40.55                                 | Account # 022622 Drug testing<br>12/14/2023 12/14/2023  |                  | Court Related Services & Activities                     | 6                                 |
| 4                     | 05-430-710-3190-6020                      | AP                  | 31.28                                 | Account # 022622 Drug testing<br>12/19/2023 12/19/2023  |                  | Court Related Services & Activities                     | 6                                 |

# Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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| <u>Vendor</u> | <u>Name</u>                                     | <u>Rpt</u>  | <u>Warrant Description</u> | <u>Invoice #</u>  | <u>Account/Formula Description</u> | <u>1099</u>                           |
|---------------|---|-------------|----------------------------|---|------------------------------------|---------------------------------------|
| <u>No.</u>    | <u>Account/Formula</u>                          | <u>Accr</u> | <u>Amount</u>              | <u>Service Dates</u>                                    | <u>Paid On Bhf #</u>               | <u>On Behalf of Name</u>              |
| 5             | 05-430-710-3190-6020                            | AP          | 8.45                       | Account # 022622 Drug Testing<br>12/08/2023 12/08/2023  |                                    | Court Related Services & Activities 6 |
| 6             | 05-430-710-3190-6020                            | AP          | 31.28                      | Acct# 022622 Drug Testing<br>12/11/2023 12/11/2023      |                                    | Court Related Services & Activities 6 |
|               | <b>9489 Redwood Toxicology Laboratory, Inc</b>  |             | <b>121.56</b>              | <b>5 Transactions</b>                                   |                                    |                                       |
|               | <b>9360 Redwood Toxicology Laboratory, Inc.</b> |             |                            |   |                                    |                                       |
| 1             | 05-430-710-3040-6020                            |             | 106.90                     | Account#022622<br>01/05/2024 01/05/2024                 |                                    | Child Protect Assess/Investigation 6  |
|               | <b>9360 Redwood Toxicology Laboratory, Inc.</b> |             | <b>106.90</b>              | <b>1 Transactions</b>                                   |                                    |                                       |
|               | <b>14390 TANGE, MSW/PHILIP B</b>                |             |                            |   |                                    |                                       |
| 34            | 05-430-740-3900-6020                            | AP          | 270.00                     | Clinical supervision-Child Rul<br>12/07/2023 12/21/2023 |                                    | Child Rule 79 Case Mgmt 6             |
| 24            | 05-430-745-3090-6050                            | AP          | 517.50                     | Pre-Petition Screening/Hearing<br>12/28/2023 12/31/2023 |                                    | Pre-Petition Screening/Hearing 6      |
| 25            | 05-430-745-3910-6020                            | AP          | 292.50                     | Clinical supervision-Adult Rul<br>12/14/2023 12/28/2023 |                                    | Adult Rule 79 Case Mgmt 6             |
|               | <b>14390 TANGE, MSW/PHILIP B</b>                |             | <b>1,080.00</b>            | <b>3 Transactions</b>                                   |                                    |                                       |
|               | <b>13084 WELLNESS IN THE WOODS</b>              |             |                            |   |                                    |                                       |
| 46            | 05-430-700-4800-6803                            | AP          | 687.94                     | Peer Support - Consumer Suppor<br>12/01/2023 12/31/2023 |                                    | Mh Init - Consumer Support (434) N    |
|               | <b>13084 WELLNESS IN THE WOODS</b>              |             | <b>687.94</b>              | <b>1 Transactions</b>                                   |                                    |                                       |
|               | <b>Final Total .....</b>                        |             | <b>36,214.29</b>           | <b>15 Vendors</b>                                       | <b>47 Transactions</b>             |                                       |

| <b>Recap by Fund</b> | <b>Fund</b> | <b>AMOUNT</b> | <b>Name</b>                                |
|----------------------|-------------|---------------|--|
|                      | 5           | 36,214.29     | Health & Human Services                    |
| All Funds            |             | 36,214.29     | Total Approved by, .....<br>.....<br>..... |