



DEPARTMENT OF HUMAN SERVICES

OFFICE OF THE SECRETARY

Hillsview Properties Plaza, East Highway 34

c/o 500 East Capitol

Pierre, South Dakota 57501-5070

Phone: (605) 773-5990

FAX: (605) 773-5483 TTY: (605) 773-5990

dhs.sd.gov

David Schied
PO Box 321
Spearfish, SD 57783

February 16, 2022

Dear Mr. Schied,

Below are the Department of Human Service's responses to your records requests dated February 6, 2022. Our responses are given to the requests in the order they were submitted. The Department of Human Services (DHS) is only responding to requests for information from or regarding DHS.

1. (a) Does not pertain to DHS.

(b) Ms. Werner is employed by the Division of Long Term Service and Support, which is supervised by Yvette Thomas. All of DHS works together as a team as much as possible, and we cannot exactly determine what other information you are looking for with this request.

(c) This request is denied based on privilege, as allowed in SDCL 1-27-1.5 (4) and the correspondence and working papers exemptions of SDCL 1-27-1.5 (12).

(d) This request is denied as personnel records other than salaries and routine directory information are not subject to disclosure pursuant to SDCL 1-27-1.5 (7); and these records are confidential pursuant to ARSD 55:09:02:01.

(e) Two charts of DHS's leadership are included. The first is from 2021, and the second has been updated to be accurate as of February 2022. The Cabinet Secretary is appointed by the Governor.

(f) Does not pertain to DHS.

2. (a) DHS does not have business licensing or tax records.

(b) This request is granted in part and denied in part. Attached are summaries of all Title XIX and other payment made by DHS to Western Resources for Independent Living for fiscal years 2019 through current 2022. Copies of vouchers for non-Title XIX payments from fiscal years 2019-2022 are also included. Supporting documentation for Title XIX payments is denied due to the personal information included in these documents as allowed by SDCL 1-27-1.5 (2), 1-27-1.5 (16), 1-27-1.5 (22), and 1-27-1.5 (27). Also attached are the contract documents.

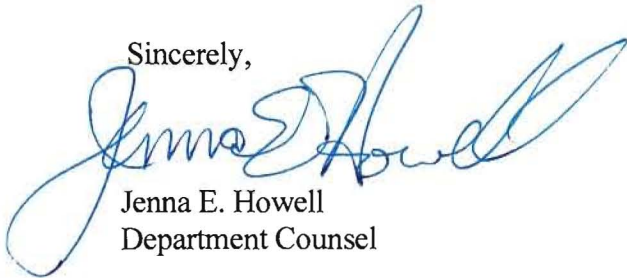
3. (a) DHS does not keep records of all legislation. The South Dakota Codified Laws are available online, with a search feature, at https://sdlegislature.gov/Statutes/Codified_Laws. Legislation is also available at <https://sdlegislature.gov/>. For legal advice, please contact a private attorney.

(b) DHS is not aware of any laws pertaining to “unconstitutional ‘Master-to-Servant’ commands”. DHS does not keep records of all laws, separate from what is provided by the Legislature. The South Dakota Codified Laws are available online, with a search feature, at https://sdlegislature.gov/Statutes/Codified_Laws. For legal advice, please contact a private attorney.

4. This request is denied as personnel records other than salaries and routine directory information are not subject to disclosure pursuant to SDCL 1-27-1.5 (7); and these records are confidential pursuant to ARSD 55:09:02:01. Law license records are not kept by DHS, however Jenna Howell’s South Dakota Bar ID# is 3754.

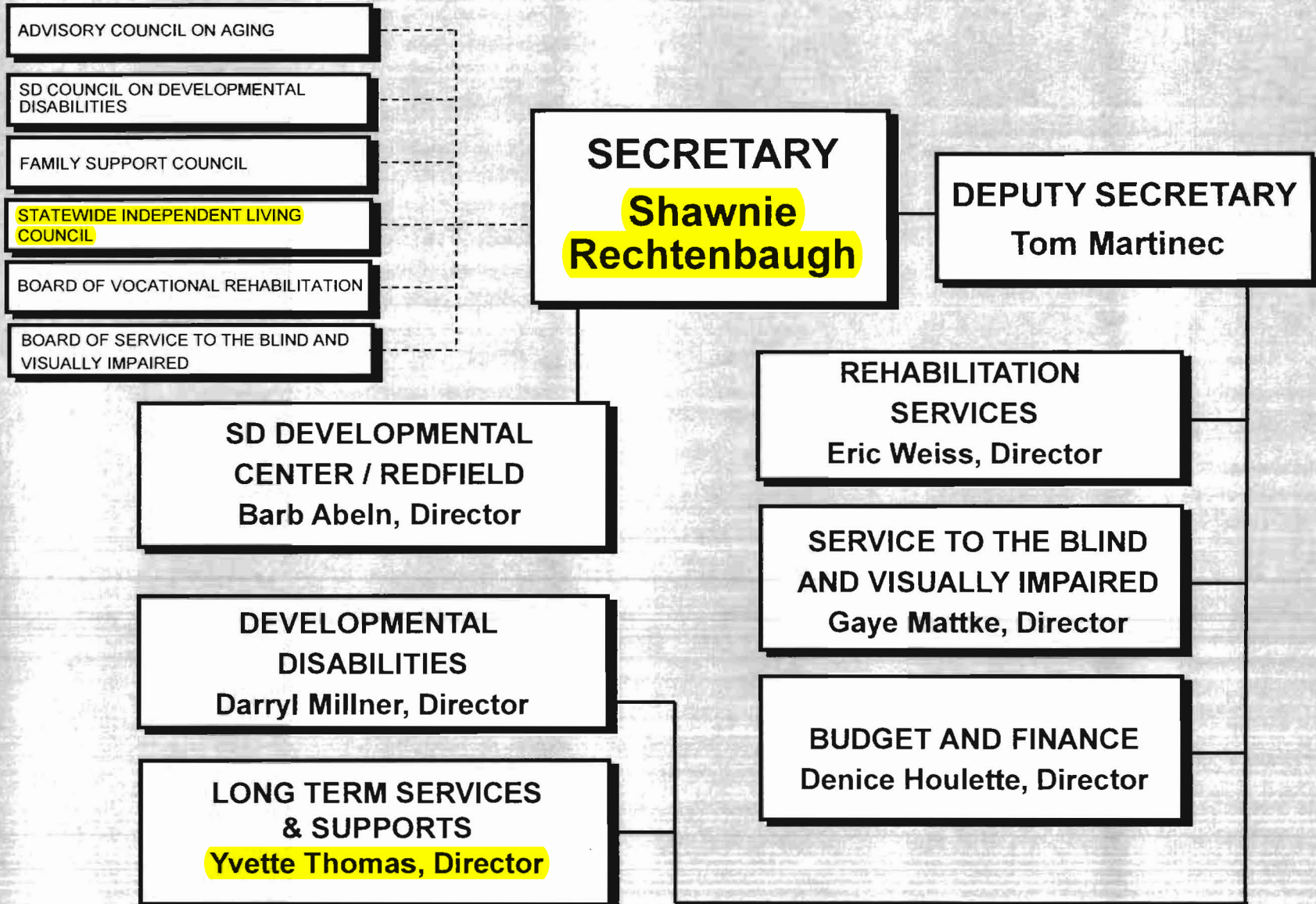
Notice is hereby given that you may have the right to a civil action or administrative review pursuant to SDCL 1-27-38.

Sincerely,



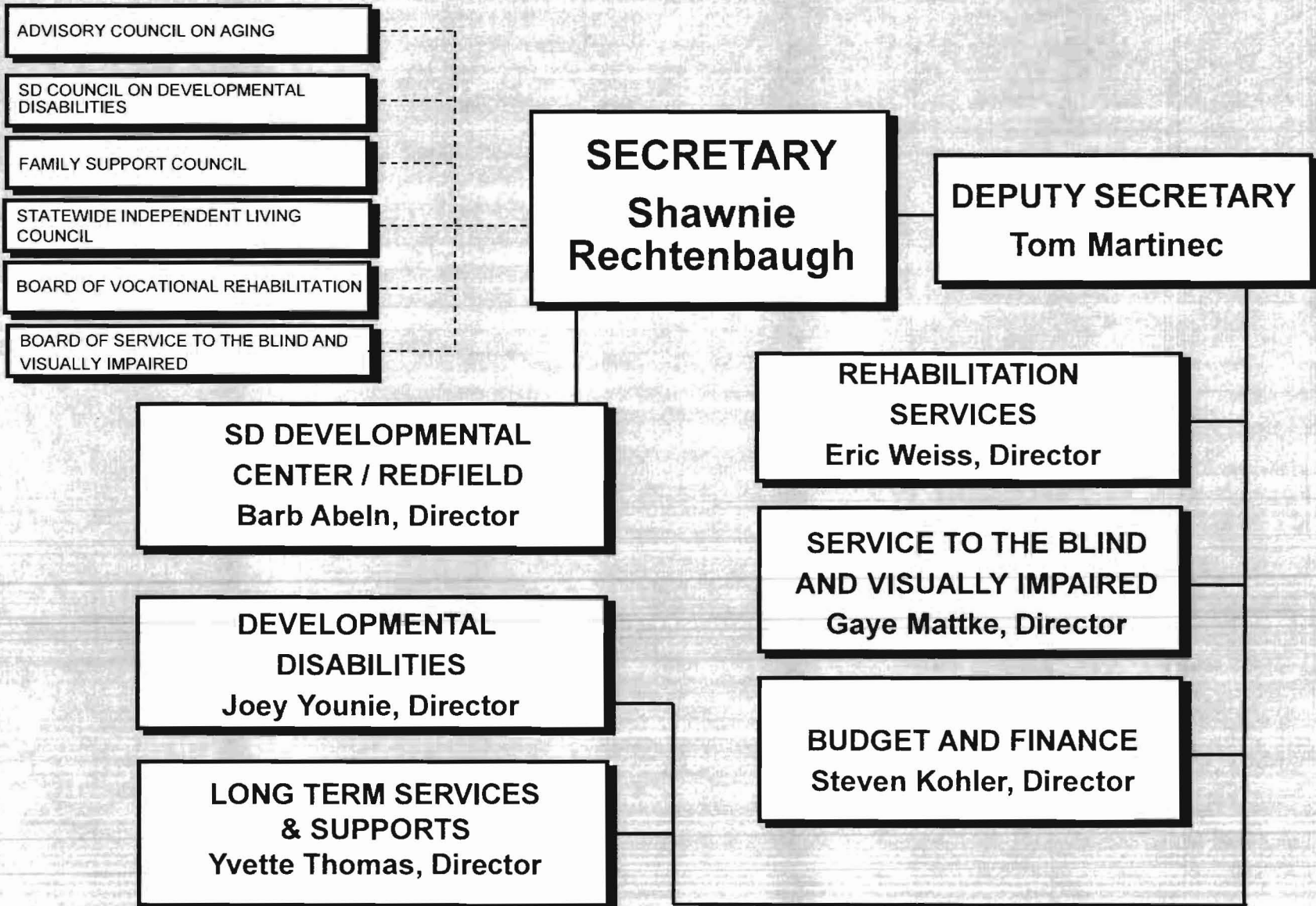
Jenna E. Howell
Department Counsel

Department of Human Services



2021

Department of Human Services



2022

Western Resources
DHS TXIX Payment History
SFY2019 - SFY2022 year to date

	ReferenceNumber	ClaimStatusDescription	ServicingProviderNo	BillingProviderNo	BillingProviderName	ProcedureCode	PaidAmount
SFY 2019	20183053013490	OriginalPaid	5190050	5190050	"WESTERN RESOURCES S5165		\$ 5,930.16
	20183053013390	OriginalPaid	5190050	5190050	"WESTERN RESOURCES T2039		\$ 340.00
	20183473000820	OriginalPaid	5190050	5190050	"WESTERN RESOURCES T2039		\$ 5,950.00
	20191623000450	OriginalPaid	5190050	5190050	"WESTERN RESOURCES T2039		\$ 190.00
	20183343000010	OriginalPaid	5190050	5190050	"WESTERN RESOURCES T2039		\$ 1,045.00
	20191433000200	OriginalPaid	5190050	5190050	"WESTERN RESOURCES S5165		\$ 104.00
	20183053013440	OriginalPaid	5190050	5190050	"WESTERN RESOURCES T2039		\$ 7,055.00
	20183343000040	OriginalPaid	5190050	5190050	"WESTERN RESOURCES T2039		\$ 9,635.00
	20183053013340	OriginalPaid	5190050	5190050	"WESTERN RESOURCES T2039		\$ 2,638.00
							\$ 32,887.16
SFY 2020	No Claims						
SFY 2021	20211240504070	OriginalPaid	5190050	5190050	"WESTERN RESOURCES A9900		\$ 943.00
	20211240504450	OriginalPaid	5190050	5190050	"WESTERN RESOURCES T2039		\$ 660.00
	20210223007880	OriginalPaid	5190050	5190050	"WESTERN RESOURCES S5165		\$ 3,250.00
							\$ 4,853.00
SFY 2022	20213630508470	OriginalPaid	5190050	5190050	"WESTERN RESOURCES S5165		\$ 1,160.83
	20212870506750	OriginalPaid	5190050	5190050	"WESTERN RESOURCES T2039		\$ 30,135.00
							\$ 31,295.83

VENDOR_NAME WESTERN RESOURCES FOR

Fiscal Year	Invoice Number	REMIT_MESSAGE	Sum of DOC_LINE_AMOUNT
FY2019	19SC195003-APR19	4195-607-003 19 SSA REIMBURSEMENT APRIL 2019	5,170.80
	19SC195003-AUG18	4195-607-003 19 PART B @ MATCH AUGUST 2018	21,734.04
	19SC195003-DEC18	4195-607-003 19 PART B @ MATCH DECEMBER 2018	6,121.56
	19SC195003-FEB19	4195-607-003 19 PART B @ MATCH FEBRUARY 2019	6,872.16
	19SC195003-JAN19	4195-607-003 19 PART B @ MATCH JANUARY 2019	8,706.96
	19SC195003-JUL18	4195-607-003 19 PART B @ MATCH JULY 2018	14,494.92
	19SC195003-JUN18	4195-607-003 19 PART B @ MATCH JUNE 2018	9,007.20
	19SC195003-MAR19	4195-607-003 19 PART B @ MATCH,SSA REIMBURSEMENT MARCH 2019	3,836.40
	19SC195003-MAY19	4195-607-003 19 SSA REIMBURSEMENT MAY 2019	12,042.96
	19SC195003-NOV18	4195-607-003 19 PART B @ MATCH NOVEMBER 2018	7,622.76
	19SC195003-OCT18	4195-607-003 19 PART B @ MATCH OCTOBER 2018	6,488.52
	19SC195003-SEP18	4195-607-003 19 PART B @ MATCH SEPTEMBER 2018	7,355.88
	590009	TAD SERVICES JUNE 2018	60.00
	590040	TAD PROGRAM FUNDS JULY 2018 7/31/18 INVOICE	120.00
	590054	INV 590054 TAD SERVICES AUG 2018	180.00
FY2019 Total			109,814.16
FY2020	20SC195037-APR20	4195-657-003 20 STATE FUNDS ONLY,PART B @ MATCH APRIL 2020	5,150.20
	20SC195037-AUG19	4195-657-003 20 PART B @ MATCH AUGUST 2019	21,354.74
	20SC195037-DEC19	4195-657-003 20 SSA REIMBURSEMENT DECEMBER 2019	12,163.44
	20SC195037-FEB20	4195-657-003 20 PART B @ MATCH FEBRUARY 2020	13,022.44
	20SC195037-JAN20	4195-657-003 20 PART B @ MATCH,SSA REIMBURSEMENT JAN 2020	16,475.62
	20SC195037-JUL19	4195-657-003 20 PART B MATCH JULY 2019	21,303.20
	20SC195037-JUN19	4195-657-003 20 PART B @ MATCH JUNE 2019	15,066.86
	20SC195037-MAR20	4195-657-003 20 PART B @ MATCH MARCH 2020	6,339.42
	20SC195037-NOV19	4195-657-003 20 SSA REIMBURSEMENT NOVEMBER 2019	14,362.48
	20SC195037-OCT19	4195-657-003 20 SSA REIMBURSEMENT OCTOBER 2019	19,207.24
	20SC195037-SEP19	4195-657-003 20 SSA REIMBURSEMENT SEPTEMBER 2019	15,427.64
FY2020 Total			159,873.28
FY2021	21SC195002-APR21	4195-657-002 21 PART B @ MATCH APRIL 2021	2,242.56
	21SC195002-DEC20	4195-657-002 21 PART B @ MATCH DECEMBER 2020	1,909.68
	21SC195002-FEB21	4195-657-002 21 PART B @ MATCH FEBRUARY 2021	315.36
	21SC195002-JAN21	4195-657-002 21 PART B @ MATCH JANUARY 2021	5,080.80
	21SC195002-JUL20	4195-657-002 21 SSA REIMBURSEMENT JULY 2020	8,479.68
	21SC195002-JUN20	4195-657-002 21 SSA REIMBURSEMENT JUNE 2020	7,673.76
	21SC195002-MAR21	4195-657-002 21 PART B @ MATCH MARCH 2021	7,130.64
	21SC195002-NOV20	4195-657-002 21 PART B @ MATCH NOVEMBER 2020	5,431.20
	21SC195002-OCT20	4195-657-002 21 PART B @ MATCH OCTOBER 2020	421.34
	I18110224	INV I18110224 PART B @ MATCH HMA FOR RECIP 5555 12/1/20	5,000.00
FY2021 Total			43,685.02
FY2022	22SC195002 AUG21	4195-657-002 22 SSA REIMBURSEMENT AUGUST 2021	13,634.40
	22SC195002-AUG21	4195-657-002 22 SSA REIMBURSEMENT AUGUST 2021	6,240.91
	22SC195002-DEC21	4195-657-002 22 DECEMBER 2021	2,188.68
	22SC195002-HDEC	4195-657-002 22 HMA PROGRAM DECEMBER 2021	5,821.18
	22SC195002-HMAD	4195-657-002 22 HMA PROGRAM JULY 2021	4,428.97
	22SC195002-HNOV	4195-657-002 22 HMA PROGRAM NOVEMBER 2021	3,330.72
	22SC195002-HSEP	4195-657-002 22 HMA PROGRAM SEPTEMBER 2021	4,076.77
	22SC195002-JUL21	4195-657-002 22 SSA REIMBURSEMENT JULY 2021	7,068.36
	22SC195002-JUN21	4195-657-002 22 PART B @ MATCH, SSA REIMBURSEMENT JUNE 2021	12,898.86
	22SC195002-NOV21	4195-657-022 22 STATE FUNDS ONLY,SSA REIMBURSEMENT NOV 2021	7,768.02
	22SC195002-OCT21	4195-657-002 22 STATE FUNDS ONLY OCTOBER 2021	4,538.82
	22SC195002-SEP21	4195-657-002 22 SSA REIMBURSEMENT SEPTEMBER 2021	10,943.40
FY2022 Total			82,939.09
Grand Total			396,311.55

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

07/09/2020 10:44:06

=====

INVOICE NUMBER : 21SC195002-JUN20 DATE: 07/07/2020 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 21SC195002 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-657-002_21_SSA_REIMBURSEMENT_JUNE_2020

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0003	7,673.76	013	3046	52065700Z	1950050764	
	1	EA	5302	4195-657-002_21	N N N N	
0004						
0005						
0006						

: _____
: _____ GROSS AMOUNT: 7,673.76

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT
XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 07/07/2020

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 21

SPO#: 21SC195002

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

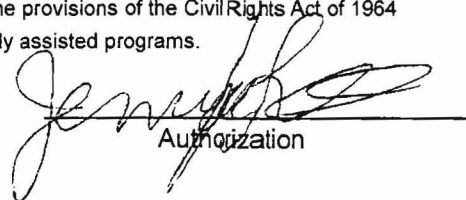
Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52060700Z	1950050	132	\$0.00	DR
3	2003	52060700Z	1950050	132	\$0.00	DR
4	3046	52065700Z	1950050	764	\$7,673.76	DR
5						
6						
7						
8						
9						
10						
					Total	\$7,673.76

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$8,751.98	\$0.00	\$8,751.98	State Funds Only	June-20	
\$78,767.86	\$0.00	\$78,767.86	Part B @ Match	June-20	
\$75,550.91	\$0.00	\$67,877.15	SSA Reimbursement	June-20	\$7,673.76
\$163,070.75		\$155,396.99			

Total **\$7,673.76**

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

07/07/2020
Date

Claimant

Authorization

Date

RECEIVED

JUL 07 2020

DHS
BUDGET & FINANCE

WRIL SFY 2021

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	874.00	874.00	874.00	874.00	874.00	874.00	874.00	874.00	874.00	874.00	874.00	874.00	10488.00
Units provided in month	1312.00												1312.00
Total units provided	1312.00	1312.00	1312.00	1312.00	1312.00	1312.00	1312.00	1312.00	1312.00	1312.00	1312.00	1312.00	
Number of units to pay	438.00	-874.00	-874.00	-874.00	-874.00	-874.00	-874.00	-874.00	-874.00	-874.00	-874.00	-874.00	-9176.00
(if negative pay 0)													
Amount to pay	\$7,673.76	-\$15,312.48	-\$15,312.48	-\$15,312.48	-\$15,312.48	-\$15,312.48	-\$15,312.48	-\$15,312.48	-\$15,312.48	-\$15,312.48	-\$15,312.48	-\$15,312.48	-\$160,763.52
Accumulative Pay	\$7,673.76	-\$7,638.72	-\$22,951.20	-\$38,263.68	-\$53,576.16	-\$68,888.64	-\$84,201.12	-\$99,513.60	-\$114,826.08	-\$130,138.56	-\$145,451.04	-\$160,763.52	
Contract Amount	\$13,589.23	\$27,178.46	\$40,767.69	\$54,356.92	\$67,946.15	\$81,535.38	\$95,124.60	\$108,713.83	\$122,303.06	\$135,892.29	\$149,481.52	\$163,070.75	\$163,070.75
Percent of Contract	56.47%	-28.11%	-56.30%	-70.39%	-78.85%	-84.49%	-88.52%	-91.54%	-93.89%	-95.77%	-97.30%	-98.59%	

Unit Rate \$17.52

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

08/04/2020 16:29:31

REQUEST: _____

=====

INVOICE NUMBER : 21SC195002-JUL20 DATE: 08/04/2020 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 21SC195002 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CC

REMIT MSG: 4195-657-002_21_SSA_REIMBURSEMENT_JULY_2020

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
------	----------------	-----	----	---------	--------	----------------

VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
-----	----------	------	------	--------	-------------	-------------------	-------------

0003	8,479.68	299	3046	52065700Z	1950050764		
------	----------	-----	------	-----------	------------	--	--

	1	EA	5302		4195-657-002_21	N N N N	
--	---	----	------	--	-----------------	---------	--

0004							
------	--	--	--	--	--	--	--

0005							
------	--	--	--	--	--	--	--

0006							
------	--	--	--	--	--	--	--

:		:	
:		GROSS AMOUNT:	8,479.68

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 08/04/2020

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 21

SPO#: 21SC195002

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52060700Z	1950050	132	\$0.00	DR
3	2003	52060700Z	1950050	132	\$0.00	DR
4	3046	52065700Z	1950050	764	\$8,479.68	DR
5						
6						
7						
8						
9						
10						
					Total	\$8,479.68

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$8,751.98	\$0.00	\$8,751.98	State Funds Only	July-19 20	
\$78,767.86	\$0.00	\$78,767.86	Part B @ Match	July-19	
\$75,550.91	\$7,673.76	\$59,397.47	SSA Reimbursement	July-19	\$8,479.68
\$163,070.75		\$146,917.31			

Total

\$8,479.68

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

08/04/2020

Date

Claimant

Authorization

Date

WRIL SFY 2021

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	874.00	874.00	874.00	874.00	874.00	874.00	874.00	874.00	874.00	874.00	874.00	874.00	10488.00
Units provided in month	1312.00	1358.00											2670.00
Total units provided	1312.00	2670.00	2670.00	2670.00	2670.00	2670.00	2670.00	2670.00	2670.00	2670.00	2670.00	2670.00	
Number of units to pay	438.00	484.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	922.00
(if negative pay 0)													
Amount to pay	\$7,673.76	\$8,479.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,153.44
Accumulative Pay	\$7,673.76	\$16,153.44	\$16,153.44	\$16,153.44	\$16,153.44	\$16,153.44	\$16,153.44	\$16,153.44	\$16,153.44	\$16,153.44	\$16,153.44	\$16,153.44	
Contract Amount	\$13,589.23	\$27,178.46	\$40,767.69	\$54,356.92	\$67,946.15	\$81,535.38	\$95,124.60	\$108,713.83	\$122,303.06	\$135,892.29	\$149,481.52	\$163,070.75	\$163,070.75
Percent of Contract	56.47%	59.43%	59.43%	59.43%	59.43%	59.43%	59.43%	59.43%	59.43%	59.43%	59.43%	59.43%	

Projected Payments **\$96,920.64**

Unit Rate \$17.52

Projected Contract Unpaid **\$66,150.11**

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

INVOICE WORKSHEET 1

IWS-1T

11/16/2020 15:22:24

REQUEST: _____

INVOICE NUMBER : 21SC195002-OCT20 DATE: 11/13/2020 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR :

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 21SC195002 APPROVAL NBR: MULTI PYMT: N

TERMS CC

REMIT MSG: 4195-657-002 21 PART B @ MATCH OCTOBER 2020

SIGNATURE APPR CD:

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
------	----------------	-----	----	---------	--------	----------------

VAT	QUANTITY	UNIT	ITEM NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC

0001 42.13 001 1000 52065700Z 1950050132

1 EA 5300 4195-657-002 21 N N N N

0002	379.21	001	2003	52065700Z	1950050132
------	--------	-----	------	-----------	------------

1 EA 5301 4195-657-002 21 N N N N

0004

0005

		:		
:	_____		_____	
:		GROSS AMOUNT:		421.34

GROSS AMOUNT: 421.34

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date _____

Authorization

Date _____

Authorization

Date _____

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 11/13/2020 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-657-002 21
 SPO#: 21SC195002

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillview Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52060700Z	1950050	132	\$42.13	DR
3	2003	52060700Z	1950050	132	\$379.21	DR
4	3046	52065700Z	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$421.34	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$8,751.98	\$0.00	\$8,751.98	State Funds Only	October-20	
\$78,767.86	\$9,863.76	\$68,482.76	Part B @ Match	October-20	\$421.34
\$75,550.91	\$18,448.56	\$57,102.35	SSA Reimbursement	October-20	
\$163,070.75		\$134,337.09			

Total \$421.34

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.



Authorization

11/13/2020
Date

Claimant

Authorization

Date

NOV 18 2020

WRIL SFY 2021

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	874.00	874.00	874.00	766.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	10164.00
Units provided in month	1312.00	1358.00	1005.00	1329.00	1246.00								6250.00
Total units provided	1312.00	2670.00	3675.00	5004.00	6250.00	6250.00	6250.00	6250.00	6250.00	6250.00	6250.00	6250.00	
Number of units to pay	438.00	484.00	131.00	563.00	399.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2015.00

(if negative pay 0)

Amount to pay	\$7,673.76	\$8,479.68	\$2,295.12	\$9,863.7	\$6,990.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35,302.80
Accumulative Pay	\$7,673.76	\$16,153.44	\$18,448.56	\$28,312.32	\$35,302.80	\$35,302.80	\$35,302.80	\$35,302.80	\$35,302.80	\$35,302.80	\$35,302.80	\$35,302.80	
Contract Amount	\$13,589.23	\$27,178.46	\$40,767.69	\$54,356.92	\$67,946.15	\$81,535.38	\$95,124.60	\$108,713.83	\$122,303.06	\$135,892.29	\$149,481.52	\$163,070.75	\$163,070.75
Percent of Contract	56.47%	59.43%	45.25%	52.09%	51.96%	51.96%	51.96%	51.96%	51.96%	51.96%	51.96%	51.96%	

Unit Rate \$17.52

Projected Payments \$84,726.72
Projected Contract Unpaid \$78,344.03

ONLY INVOICE AVAILABLE

Month	Amount	Balance
Start	\$18,728.02	\$18,728.02
August	\$2,295.12	\$16,432.90
September	9863.76	\$6,569.14
October	6990.48	(\$421.34)

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

12/04/2020 13:38:57

=====

INVOICE NUMBER : 21SC195002-NOV20 DATE: 12/04/2020 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 21SC195002 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-657-002_21_PART_B @ MATCH NOVEMBER 2020

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	543.12	001	1000	52065700Z	1950050132	
	1 EA	5300		4195-657-002_21	N N N N	
0002	4,888.08	001	2003	52065700Z	1950050132	
	1 EA	5301		4195-657-002_21	N N N N	
0004						
0005						

: _____ : _____
: _____ GROSS AMOUNT: 5,431.20

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

xxx

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 12/04/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 21

SPO#: 21SC195002

TO:

(Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

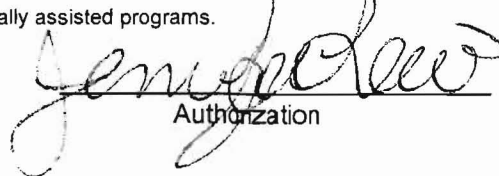
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52060700Z	1950050	132	\$543.12	DR
3	2003	52060700Z	1950050	132	\$4,888.08	DR
4	3046	52065700Z	1950050	764		DR
5						
6						
7						
8						
9						
10						
					Total	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$8,751.98	\$0.00	\$8,751.98	State Funds Only	November-19 20	
\$78,767.86	\$10,285.10	\$63,051.56	Part B @ Match	November-19	\$5,431.20
\$75,550.91	\$18,448.56	\$57,102.35	SSA Reimbursement	November-19	
\$163,070.75		\$128,905.89			
Total					\$5,431.20

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.



Authorization

12/04/2020
Date

Claimant

Authorization

Date

DEC 04 2020

WRIL SFY 2021

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	874.00	874.00	874.00	766.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	10164.00
Units provided in month	1312.00	1358.00	1005.00	1329.00	1246.00	1157.00							7407.00
Total units provided	1312.00	2670.00	3675.00	5004.00	6250.00	7407.00	7407.00	7407.00	7407.00	7407.00	7407.00	7407.00	
Number of units to pay	438.00	484.00	131.00	563.00	399.00	310.00	0.00	0.00	0.00	0.00	0.00	0.00	2325.00
(if negative pay 0)													
Amount to pay	\$7,673.76	\$8,479.68	\$2,295.12	\$9,863.76	\$6,890.48	\$5,431.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,734.00
Accumulative Pay	\$7,673.76	\$16,153.44	\$18,448.56	\$28,312.32	\$35,302.80	\$40,734.00	\$40,734.00	\$40,734.00	\$40,734.00	\$40,734.00	\$40,734.00	\$40,734.00	
Contract Amount	\$13,589.23	\$27,178.46	\$40,767.69	\$54,356.92	\$67,946.15	\$81,535.38	\$95,124.60	\$108,713.83	\$122,303.06	\$135,892.29	\$149,481.52	\$163,070.75	\$163,070.75
Percent of Contract	56.47%	59.43%	45.25%	52.09%	51.96%	49.96%	49.96%	49.96%	49.96%	49.96%	49.96%	49.96%	

Unit Rate \$17.52

Projected Payments \$81,468.00
Projected Contract Unpaid \$81,602.75

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

01/06/2021 15:07:01

REQUEST: _____

=====

INVOICE NUMBER : 21SC195002-DEC20 DATE: 01/06/2021 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 21SC195002 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CC

REMIT MSG: 4195-657-002_21_PART_B @ MATCH DECEMBER 2020 _____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
	VAT	QUANTITY	UNIT	ITEM NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001		190.97	001	1000 52065700Z	1950050132	
		1	EA	5300	4195-657-002_21	N N N N
0002		1,718.71	001	2003 52065700Z	1950050132	
		1	EA	5301	4195-657-002_21	N N N N
0004						
0005						

: _____
: _____

GROSS AMOUNT: 1,909.68

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 01/06/2021 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-657-002 21
 SPO#: 21SC195002

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsview Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52060700Z	1950050	132	\$190.97	DR
3	2003	52060700Z	1950050	132	\$1,718.71	DR
4	3046	52065700Z	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$1,909.68	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$8,751.98	\$0.00	\$8,751.98	State Funds Only	December-20	
\$78,767.86	\$15,716.30	\$61,141.88	Part B @ Match	December-20	\$1,909.68
\$75,550.91	\$18,448.56	\$57,102.35	SSA Reimbursement	December-20	
\$163,070.75		\$126,996.21			

Total \$1,909.68

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

 Authorization

01/06/2021
 Date

 Claimant

 Authorization

 Date

RECEIVED

JAN 06 2021

DHS
 BUDGET & FINANCE

WRIL SFY 2021

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	874.00	874.00	874.00	766.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	10164.00
Units provided in month	1312.00	1358.00	1005.00	1329.00	1246.00	1157.00	956.00						8363.00
Total units provided	1312.00	2670.00	3675.00	5004.00	6250.00	7407.00	8363.00	8363.00	8363.00	8363.00	8363.00	8363.00	
Number of units to pay	438.00	484.00	131.00	563.00	399.00	310.00	109.00	0.00	0.00	0.00	0.00	0.00	2434.00

(if negative pay 0)

Amount to pay	\$7,673.76	\$8,479.68	\$2,295.12	\$9,863.76	\$6,990.48	\$5,431.20	\$1,909.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,643.68
Accumulative Pay	\$7,673.76	\$16,153.44	\$18,448.56	\$28,312.32	\$35,302.80	\$40,734.00	\$42,643.68	\$42,643.68	\$42,643.68	\$42,643.68	\$42,643.68	\$42,643.68	
Contract Amount	\$13,589.23	\$27,178.46	\$40,767.69	\$54,356.92	\$67,946.15	\$81,535.38	\$95,124.60	\$108,713.83	\$122,303.06	\$135,892.29	\$149,481.52	\$163,070.75	\$163,070.75
Percent of Contract	56.47%	59.43%	45.25%	52.09%	51.96%	49.96%	44.83%	44.83%	44.83%	44.83%	44.83%	44.83%	

Unit Rate

\$17.52

Projected Payments **\$73,103.45**
Projected Contract Unpaid **\$89,967.30**

ONLY INVOICE AVAILABLE

VOUCHER Invoice

IWS-1T

02/16/2021 17:19:43

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	508.08	001	1000	52065700Z	1950050132	
	1 EA	5300		4195-657-002_21	N N N N	
0002	4,572.72	001	2003	52065700Z	1950050132	
	1 EA	5301		4195-657-002_21	N N N N	
0004						
0005						
	:				:	
	:			GROSS AMOUNT:		5,080.80

Date _____

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 02/16/2021

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 21

SPO#: 21SC195002

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52060700Z	1950050	132	\$508.08	DR
3	2003	52060700Z	1950050	132	\$4,572.72	DR
4	3046	52065700Z	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
				Total		

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$8,751.98	\$0.00	\$8,751.98	State Funds Only	January-21	
\$78,767.86	\$17,625.98	\$56,061.08	Part B @ Match	January-21	\$5,080.80
\$75,550.91	\$18,448.56	\$57,102.35	SSA Reimbursement	January-21	
\$163,070.75		\$121,915.41			

Total

\$5,080.80

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

02/16/2021
Date

Claimant

Authorization

Date

RECEIVED

FEB 16 2021

DHS
BUDGET & FINANCE

WRIL SFY 2021

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	874.00	874.00	874.00	766.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	10164.00
Units provided in month	1312.00	1358.00	1005.00	1329.00	1246.00	1157.00	956.00	1137.00					9500.00
Total units provided	1312.00	2670.00	3675.00	5004.00	6250.00	7407.00	8363.00	9500.00	9500.00	9500.00	9500.00	9500.00	
Number of units to pay	438.00	484.00	131.00	563.00	399.00	310.00	109.00	290.00	0.00	0.00	0.00	0.00	2724.00
(if negative pay 0)													
Amount to pay	\$7,673.76	\$8,479.68	\$2,295.12	\$9,863.76	\$6,990.48	\$5,431.20	\$1,909.68	\$5,080.80	\$0.00	\$0.00	\$0.00	\$0.00	\$47,724.48
Accumulative Pay	\$7,673.76	\$16,153.44	\$18,448.56	\$28,312.32	\$35,302.80	\$40,734.00	\$42,643.68	\$47,724.48	\$47,724.48	\$47,724.48	\$47,724.48	\$47,724.48	
Contract Amount	\$13,589.23	\$27,178.46	\$40,767.69	\$54,356.92	\$67,946.15	\$81,535.38	\$95,124.60	\$108,713.83	\$122,303.06	\$135,892.29	\$149,481.52	\$163,070.75	\$163,070.75
Percent of Contract	56.47%	59.43%	45.25%	52.09%	51.96%	49.96%	44.83%	43.90%	43.90%	43.90%	43.90%	43.90%	

Unit Rate \$17.52

Projected Payments \$71,586.72
Projected Contract Unpaid \$91,484.03

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

03/07/2021 11:36:09

REQUEST: _____

=====

INVOICE NUMBER : 21SC195002-FEB21 DATE: 03/05/2021 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 21SC195002 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CC

REMIT MSG: 4195-657-002_21_PART_B_@_MATCH_FEBRUARY_2021

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	31.54	001	1000	52065700Z	1950050132	
	1 EA	5300		4195-657-002_21	N N N N	
0002	283.82	001	2003	52065700Z	1950050132	
	1 EA	5301		4195-657-002_21	N N N N	
0004						
0005						

: _____ : _____

: _____ GROSS AMOUNT: _____ 315.36

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

XXX

SPO#: 21SC195002

Date _____

WRIL SFY 2021

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	874.00	874.00	874.00	766.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	10164.00
Units provided in month	1312.00	1358.00	1005.00	1329.00	1246.00	1157.00	956.00	1137.00	865.00				10365.00
Total units provided	1312.00	2670.00	3675.00	5004.00	6250.00	7407.00	8363.00	9500.00	10365.00	10365.00	10365.00	10365.00	
Number of units to pay	438.00	484.00	131.00	563.00	399.00	310.00	109.00	290.00	18.00	0.00	0.00	0.00	2742.00
(if negative pay 0)													
Amount to pay	\$7,673.76	\$8,479.68	\$2,295.12	\$9,863.76	\$6,990.48	\$5,431.20	\$1,909.68	\$5,080.80	\$315.36	\$0.00	\$0.00	\$0.00	\$48,039.84
Accumulative Pay	\$7,673.76	\$16,153.44	\$18,448.56	\$28,312.32	\$35,302.80	\$40,734.00	\$42,643.68	\$47,724.48	\$48,039.84	\$48,039.84	\$48,039.84	\$48,039.84	
Contract Amount	\$13,589.23	\$27,178.46	\$40,767.69	\$54,356.92	\$67,946.15	\$81,535.38	\$95,124.60	\$108,713.83	\$122,303.06	\$135,892.29	\$149,481.52	\$163,070.75	\$163,070.75
Percent of Contract	56.47%	59.43%	45.25%	52.09%	51.96%	49.96%	44.83%	43.90%	39.28%	39.28%	39.28%	39.28%	

Unit Rate \$17.52

Projected Payments \$64,053.12
Projected Contract Unpaid \$99,017.63

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

04/07/2021 15:25:38

=====

INVOICE NUMBER : 21SC195002-MAR21 DATE: 04/01/2021 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 21SC195002 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-657-002_21_PART_B_@_MATCH_MARCH_2021_____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
	VAT	QUANTITY	UNIT	ITEM NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001		713.06	001	1000 52065700Z	1950050132	
		1	EA	5300	4195-657-002_21	N N N N
0002		6,417.58	001	2003 52065700Z	1950050132	
		1	EA	5301	4195-657-002_21	N N N N
0004						
0005						

: _____
: _____ GROSS AMOUNT: 7,130.64

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson
Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 04/01/2021 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-657-002 21
 SPO#: 21SC195002

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52060700Z	1950050	132	\$713.06	DR
3	2003	52060700Z	1950050	132	\$6,417.58	DR
4	3046	52065700Z	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10					Total	\$7,130.64

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$8,751.98	\$0.00	\$8,751.98	State Funds Only	March-20	
\$78,767.86	\$23,022.14	\$48,615.08	Part B @ Match	March-20	\$7,130.64
\$75,550.91	\$18,448.56	\$57,102.35	SSA Reimbursement	March-20	
				RECEIVED	
				APR 06 2021	
				DHS	
				BUDGET & FINANCE	
\$163,070.75		\$114,469.41			

Total **\$7,130.64**

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

 Authorization

04/01/2021
 Date

Claimant

Authorization

Date

WRIL SFY 2021

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	874.00	874.00	874.00	766.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	10164.00
Units provided in month	1312.00	1358.00	1005.00	1329.00	1246.00	1157.00	956.00	1137.00	865.00	1254.00			11619.00
Total units provided	1312.00	2670.00	3675.00	5004.00	6250.00	7407.00	8363.00	9500.00	10365.00	11619.00	11619.00	11619.00	
Number of units to pay	438.00	484.00	131.00	563.00	399.00	310.00	109.00	290.00	18.00	407.00	0.00	0.00	3149.00
(if negative pay 0)													
Amount to pay	\$7,673.76	\$8,479.68	\$2,295.12	\$9,863.76	\$6,990.48	\$5,431.20	\$1,909.68	\$5,080.80	\$315.36	\$7,130.64	\$0.00	\$0.00	\$55,170.48
Accumulative Pay	\$7,673.76	\$16,153.44	\$18,448.56	\$28,312.32	\$35,302.80	\$40,734.00	\$42,643.68	\$47,724.48	\$48,039.84	\$55,170.48	\$55,170.48	\$55,170.48	
Contract Amount	\$13,589.23	\$27,178.46	\$40,767.69	\$54,356.92	\$67,946.15	\$81,535.38	\$95,124.60	\$108,713.83	\$122,303.06	\$135,892.29	\$149,481.52	\$163,070.75	\$163,070.75
Percent of Contract	56.47%	59.43%	45.25%	52.09%	51.96%	49.96%	44.83%	43.90%	39.28%	40.60%	40.60%	40.60%	

Unit Rate \$17.52

Projected Payments \$66,204.58
Projected Contract Unpaid \$96,866.17

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

05/10/2021 14:00:07

=====

INVOICE NUMBER : 21SC195002-APR21 DATE: 05/05/2021 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 21SC195002 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-657-002_21_PART_B_@_MATCH_APRIL_2021_____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM NUMBER		DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	224.26	001	1000	52065700Z	1950050132	
	1 EA	5300		4195-657-002_21	N N N N	
0002	2,018.30	001	2003	52065700Z	1950050132	
	1 EA	5301		4195-657-002_21	N N N N	
0004						
0005						

: _____ : _____
: _____ GROSS AMOUNT: 2,242.56

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 05/05/2021 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-657-002 21
 SPO#: 21SC195002

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52060700Z	1950050	132	\$224.26	DR
3	2003	52060700Z	1950050	132	\$2,018.30	DR
4	3046	52065700Z	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
				Total	\$2,242.56	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$8,751.98	\$0.00	\$8,751.98	State Funds Only	April-21	
\$78,767.86	\$30,152.78	\$48,615.08	Part B @ Match	April-21	\$2,242.56
\$75,550.91	\$18,448.56	\$57,102.35	SSA Reimbursement	April-21	
\$163,070.75		\$112,226.85			
Total					\$2,242.56

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

 Authorization

05/05/2021
 Date

 Claimant

 Authorization

 Date

WRIL SFY 2021

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	874.00	874.00	874.00	766.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	847.00	10164.00
Units provided in month	1312.00	1358.00	1005.00	1329.00	1246.00	1157.00	956.00	1137.00	865.00	1254.00	975.00		12594.00
Total units provided	1312.00	2670.00	3675.00	5004.00	6250.00	7407.00	8363.00	9500.00	10365.00	11619.00	12594.00	12594.00	
Number of units to pay	438.00	484.00	131.00	563.00	399.00	310.00	109.00	290.00	18.00	407.00	128.00	0.00	3277.00

(if negative pay 0)

Amount to pay	\$7,673.76	\$8,479.68	\$2,295.12	\$9,863.76	\$6,990.48	\$5,431.20	\$1,909.68	\$5,080.80	\$315.36	\$7,130.64	\$2,242.56	\$0.00	\$57,413.04
Accumulative Pay	\$7,673.76	\$16,153.44	\$18,448.56	\$28,312.32	\$35,302.80	\$40,734.00	\$42,643.68	\$47,724.48	\$48,039.84	\$55,170.48	\$57,413.04	\$57,413.04	
Contract Amount	\$13,589.23	\$27,178.46	\$40,767.69	\$54,356.92	\$67,946.15	\$81,535.38	\$95,124.60	\$108,713.83	\$122,303.06	\$135,892.29	\$149,481.52	\$163,070.75	\$163,070.75
Percent of Contract	56.47%	59.43%	45.25%	52.09%	51.96%	49.96%	44.83%	43.90%	39.28%	40.60%	38.41%	38.41%	

Unit Rate \$17.52

Projected Payments \$62,632.41
Projected Contract Unpaid \$100,438.34

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

03/12/2021 13:31:36

=====

INVOICE NUMBER : _____ I18110224 DATE: 12/01/2020 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : _____ 12041771 _____ RAPID CITY CM/DM : I

PO REFERENCE : _____ APPROVAL NBR: _____ MULTI PYMT: N

TERMS CC

REMIT MSG: _____ INV_I18110224_PART_B_@_MATCH_HMAD_FOR_RECIP_5555_12/1/20_____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	500.00	001	1000	52060700Z	1950050132	N N N N
0002	4,500.00	001	2003	52060700Z	1950050132	N N N N
0003						
0004						

: _____

: _____

GROSS AMOUNT: _____ 5,000.00

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson
Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 02/16/2021 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: SPO#:

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillview Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52060700Z	1950050	132	\$500.00	DR
3	2003	52060700Z	1950050	132	\$4,500.00	DR
4	3046	52065700Z	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10				Total	\$5,000.00	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$78,767.86	\$17,625.98	\$56,141.88	Part B @ Match	HMAAD for Recip 5555	\$5,000.00
\$78,767.86		\$56,141.88			
			Total	\$5,000.00	

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Jennifer Lewis

 Authorization Date 02/16/2021

Claimant

Authorization

Date

RECEIVED

FEB 16 2021

DHS
BUDGET & FINANCE



Western Resources for Independent Living
529 Kansas City St
Suite 209
Rapid City SD 57701

Invoice

Date

Invoice #

12/1/2020

I18110224

Bill To

Division of Rehabilitation Services
500 E. Capitol
Pierre, SD 57501-5070

Phone #

6057181930

Fax #

Web Site

(605) 718-1933

www.wrill.org

Due Upon Receipt

Description	Quantity	U/M	Rate	Amount
HMAD project for E. Swanson bathroom remodel			5,000.00	5,000.00
ONLY INVOICE AVAILABLE				
Total				\$5,000.00

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

08/09/2021 09:28:13

REQUEST: _____

=====

INVOICE NUMBER : _22SC195002-HMAD DATE: 08/05/2021 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : _12041771 _____ RAPID CITY CM/DM : I

PO REFERENCE : SRVC 22SC195002 _____ APPROVAL NBR: _____ MULTI PYMT: N

TERMS CO)

REMIT MSG: _____ 4195-657-002_22_HMAD_PROGRAM_JULY_2021_____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	4,428.97	299	3046	520657001	1950050764	
	1	EA	0		4195-657-002_22	N N N N
0003						
0004						
0005						

: _____ : _____

: _____ GROSS AMOUNT: _____ 4,428.97

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 08/05/2021

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 22

SPO#: 22SC195002

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52065700Z	1950050	132	\$0.00	DR
3	2003	52065700Z	1950050	132	\$0.00	DR
4	3046	520657001	1950050	764	\$4,428.97	DR
5						
6						
7						
8						
9						
10						
Total					\$4,428.97	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$0.00	\$12,500.00	State Funds Only	HMAD Provided July 21	
\$11,585.00	\$11,585.00	\$0.00	Part B @ Match	HMAD Provided July 21	
\$59,407.23	\$8,382.22	\$46,596.04	SSA Reimbursement	HMAD Provided July 21	\$4,428.97
\$83,492.23		\$59,096.04			
Total					\$4,428.97

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

08/05/2021

Date

Claimant

Authorization

Date

RECEIVED

AUG 05 2021



529 Kansas City St Ste 203
Rapid City, SD 57701
Ph: 605-718-1930
Fax: 605-718-1933
www.wrill.org

August 5, 2021

Department of Rehabilitation
Attention: Jennifer Lewis

RE: Payment Request for HMAD Program

Total Consumers served:

1. Client ID 8589	Amount:	\$597.99
2. Client ID 8668		\$597.99
3. Client ID 8841		\$623.00
4. Client ID 9171		\$623.00
5. Client ID 9181		\$117.99
6. Client ID 7012		\$623.00
7. Client ID 2705		\$623.00
8. Client ID 4930		<u>\$623.00</u>
Total =		\$4,428.97

If you have any questions, please give me a call at 605-718-1930.

Sincerely,

Codi Erickson
Finance Director

ONLY INVOICE AVAILABLE

Mission: We assist people of all ages and disabilities on their path to lifelong independence

Independent Living

Rapid City: 529 Kansas City St Ste 203
Spearfish: 430 Oriole Dr. Ste. C
Pierre: 633 E. Sioux Ave. Ste. 6



State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

07/23/2021 10:14:24

REQUEST: _____

=====

INVOICE NUMBER : 22SC195002-JUN21 DATE: 07/08/2021 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 22SC195002 APPROVAL NBR: _____ MULTI PYMT: N

TERMS COI

REMIT MSG: 4195-657-002_22_PART_B_@_MATCH,_SSA_REIMBURSEMENT_JUNE_2021_

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	1,158.50	213	1000	52065700Z	1950050132	
	1 EA	0		4195-657-002	N N N N	
0002	10,426.50	213	2003	52065700Z	1950050132	
	1 EA	0		4195-657-002	N N N N	
0003	1,313.86	213	3046	520657001	1950050764	
	1 EA	0		495-657-002	N N N N	
0005						

: _____
: _____ GROSS AMOUNT: 12,898.86

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 07/08/2021

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 22

SPO#: 22SC195002

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52065700Z	1950050	132	\$1,158.50	DR
3	2003	52065700Z	1950050	132	\$10,426.50	DR
4	3046	520657001	1950050	764	\$1,313.86	DR
5						
6						
7						
8						
9						
10						
Total					\$12,898.86	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$0.00	\$12,500.00	State Funds Only	June-21	
\$11,585.00	\$0.00	\$0.00	Part B @ Match	June-21	\$11,585.00
\$59,407.23	\$0.00	\$58,093.37	SSA Reimbursement	June-21	\$1,313.86
\$83,492.23		\$70,593.37			

Total

\$12,898.86

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

07/08/2021
Date

Claimant

Authorization

Date

RECEIVED

JUL 08 2021

BUDGET & FINANCE

WRIL SFY 2022

Month	June	July	Aug	Sept	Oct	Nov
Part C units to be provided first	621.00	621.00	621.00	621.00	621.00	621.00
Units provided in month	1340.00					
Total units provided	1340.00	1340.00	1340.00	1340.00	1340.00	1340.00
Number of units to pay	719.00	0.00	0.00	0.00	0.00	0.00

(if negative pay 0)

Amount to pay	\$12,898.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Accumulative Pay	\$12,898.86	\$12,898.86	\$12,898.86	\$12,898.86	\$12,898.86	\$12,898.86
Contract Amount	\$13,915.37	\$27,830.74	\$41,746.12	\$55,661.49	\$69,576.86	\$83,492.23
Percent of Contract	92.70%	92.70%	92.70%	92.70%	92.70%	92.70%

Projected Payments

Unit Rate \$17.94

Projected Contract Unpaid

ONLY INVOICE AVAILABLE

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 08/03/2021

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 22

SPO#: 22SC195002

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillview Plaza
%500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52065700Z	1950050	132	\$0.00	DR
3	2003	52065700Z	1950050	132	\$0.00	DR
4	3046	520657001	1950050	764	\$7,068.36	DR
5						
6						
7						
8						
9						
10						
					Total	\$7,068.36

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$0.00	\$12,500.00	State Funds Only	July-21	
\$11,585.00	\$11,585.00	\$0.00	Part B @ Match	July-21	
\$59,407.23	\$1,313.86	\$51,025.01	SSA Reimbursement	July-21	\$7,068.36
\$83,492.23		\$63,525.01			
					Total \$7,068.36

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

08/03/2021
Date

Claimant

Authorization

Date

RECEIVED

AUG 03 2021

STATE OF SOUTH DAKOTA
DEPARTMENT OF REVENUE

WRIL SFY 2022

Month	June	July	Aug	Sept	Oct	Nov
Part C units to be provided first	621.00	1033.00	827.00	827.00	827.00	827.00
Units provided in month	1340.00	1427.00				
Total units provided	1340.00	2767.00	2767.00	2767.00	2767.00	2767.00
Number of units to pay	719.00	394.00	0.00	0.00	0.00	0.00

(if negative pay 0)

Amount to pay	\$12,898.86	\$7,068.36	\$0.00	\$0.00	\$0.00	\$0.00
Accumulative Pay	\$12,898.86	\$19,967.22	\$19,967.22	\$19,967.22	\$19,967.22	\$19,967.22
Srv Contract Amount	\$8,650.52	\$17,301.03	\$25,951.55	\$34,602.06	\$43,252.58	\$51,903.09
Percent of Contract	149.11%	115.41%	115.41%	115.41%	115.41%	115.41%

Projected Payments

Unit Rate \$17.94

Projected Contract Unpaid

ONLY INVOICE AVAILABLE

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 08/03/2021

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 22

SPO#: 22SC195002

TO:

(Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)
Department of Human Services
East Highway 34
Hillview Plaza
%500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52065700Z	1950050	132	\$0.00	DR
3	2003	52065700Z	1950050	132	\$0.00	DR
4	3046	520657001	1950050	764	\$7,068.36	DR
5						
6						
7						
8						
9						
10						
Total					\$7,068.36	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$0.00	\$12,500.00	State Funds Only	July-21	
\$11,585.00	\$11,585.00	\$0.00	Part B @ Match	July-21	
\$59,407.23	\$1,313.86	\$51,025.01	SSA Reimbursement	July-21	\$7,068.36
\$83,492.23		\$63,525.01			

Total

\$7,068.36

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

08/03/2021
Date

Claimant

Authorization

Date

RECEIVED

AUG 03 2021

OFFICE OF FINANCE

Total
4962.00
2767.00
1113.00

\$19,967.22
\$51,903.09

\$51,903.09
\$0.00

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

09/01/2021 15:09:07

REQUEST: _____

=====

INVOICE NUMBER : 22SC195002-AUG21 DATE: 08/31/2021 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 22SC195002 APPROVAL NBR: _____ MULTI PYMT: N

TERMS COI

REMIT MSG: 4195-657-002_22_SSA_REIMBURSEMENT_AUGUST_2021_____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM NUMBER	DESCRIPTION		PRORATE (T F A D)	USE 99 I'RC
0001	6,240.91	001	3046	520657001	1950050764	
	1 EA	0	4195-657-002_22		N N N N	
0003						
0004						
0005						

: _____

: _____ GROSS AMOUNT: 6,240.91

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 08/31/2021 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-657-002 22
 SPO#: 22SC195002

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52065700Z	1950050	132	\$0.00	DR
3	2003	52065700Z	1950050	132	\$0.00	DR
4	3046	520657001	1950050	764	\$6,240.91	DR
5						
6						
7						
8						
9						
10						
Total					\$6,240.91	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$0.00	\$12,500.00	State Funds Only	HMAD Provided August 2021	
\$11,585.00	\$11,585.00	\$0.00	Part B @ Match	HMAD Provided August 2021	
\$59,407.23	\$12,811.19	\$40,355.13	SSA Reimbursement	HMAD Provided August 2021	\$6,240.91
\$83,492.23		\$52,855.13			

Total \$6,240.91

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Jennifer Davis
 Authorization 08/31/2021
 Date

Claimant

Authorization

Date

RECEIVED

SEP 01 2021

BUDGET & FINANCE



529 Kansas City St Ste 203
Rapid City, SD 57701
Ph: 605-718-1930
Fax: 605-718-1933
www.wrill.org

August 30, 2021

Department of Rehabilitation
Attention: Jennifer Lewis

RE: Payment Request for HMAD Program

Total Consumers served:	Amount:
1. Client ID 9120	\$1,050.00
2. Client ID 8926	\$1,440.00
3. Client ID 91	\$21.99
4. Client ID 8857	\$777.97
5. Client ID 9224	\$169.95
6. Client ID 9224	\$772.98
7. Client ID 9232	\$1,500.00
8. Client ID 8936	<u>\$508.02</u>
	Total = \$6,240.91

If you have any questions, please give me a call at 605-718-1930.

Sincerely,

Codi Erickson
Finance Director

ONLY INVOICE AVAILABLE

Mission: We assist people of all ages and disabilities on their path to lifelong independence



Rapid City: 529 Kansas City St Ste 203
Spearfish: 430 Oriole Dr. Ste. C
Pierre: 633 E. Sioux Ave. Ste. 6

Independent Living



State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

09/02/2021 17:30:27

REQUEST: _____

=====

INVOICE NUMBER : 22SC195002_AUG21 DATE: 09/02/2021 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 22SC195002 APPROVAL NBR: _____ MULTI PYMT: N

TERMS COI

REMIT MSG: 4195-657-002_22_SSA_REIMBURSEMENT_AUGUST_2021

SIGNATURE APPR CD: _____

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 I'RC

0001 13,634.40 001 3046 520657001 1950050764

1 EA 0 4195-657-002_22 N N N N

0003

0004

0005

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 09/02/2021

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 22

SPO#: 22SC195002

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	52060700Z	1950050		\$0.00	DR
2	1000	52065700Z	1950050	132	\$0.00	DR
3	2003	52065700Z	1950050	132	\$0.00	DR
4	3046	520657001	1950050	764	\$13,634.40	DR
5						
6						
7						
8						
9						
10						
Total					\$13,634.40	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$0.00	\$12,500.00	State Funds Only	August-21	
\$11,585.00	\$11,585.00	\$0.00	Part B @ Match	August-21	
\$59,407.23	\$19,052.10	\$26,720.73	SSA Reimbursement	August-21	\$13,634.40
\$83,492.23		\$39,220.73			

Total

\$13,634.40

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

09/02/2021
Date

Claimant

Authorization

Date

RECEIVED

SEP 02 2021

BUDGET & FINANCE

WRIL SFY 2022

Month	June	July	Aug	Sept	Oct	Nov	Total
Part C units to be provided first	621.00	1033.00	827.00	827.00	827.00	827.00	4962.00
Units provided in month	1340.00	1427.00	1587.00				4354.00
Total units provided	1340.00	2767.00	4354.00	4354.00	4354.00	4354.00	
Number of units to pay	719.00	394.00	760.00	0.00	0.00	0.00	1873.00

(if negative pay 0)

Amount to pay	\$12,898.86	\$7,068.36	\$13,634.40	\$0.00	\$0.00	\$0.00	\$33,601.62
Accumulative Pay	\$12,898.86	\$19,967.22	\$33,601.62	\$33,601.62	\$33,601.62	\$33,601.62	
Srv Contract Amount	\$8,650.52	\$17,301.03	\$25,951.55	\$34,602.06	\$43,252.58	\$51,903.09	\$51,903.09
Percent of Contract	149.11%	115.41%	129.48%	129.48%	129.48%	129.48%	

Unit Rate	\$17.94	Projected Payments					\$51,903.09
		Projected Contract Unpaid					\$0.00

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____ 10/07/2021 16:07:11
REQUEST: _____

=====

INVOICE NUMBER : 22SC195002-SEP21 DATE: 10/04/2021 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 22SC195002 APPROVAL NBR: _____ MULTI PYMT: N
TERMS COI
REMIT MSG: 4195-657-002_22_SSA_REIMBURSEMENT_SEPTMBER_2021

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	10,943.40	001	3046	520657001	1950050764	
	1 EA	0		4195-657-002_22	N N N N	
0003						
0004						
0005						

: _____ : _____
: _____ GROSS AMOUNT: 10,943.40

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 10/04/2021

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 22

SPO#: 22SC195002

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607001	1950050		\$0.00	DR
2	1000	520657001	1950050	132	\$0.00	DR
3	2003	520657001	1950050	132	\$0.00	DR
4	3046	520657001	1950050	764	\$10,943.40	DR
5						
6						
7						
8						
9						
10						
Total					\$10,943.40	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$0.00	\$12,500.00	State Funds Only	September-21	
\$11,585.00	\$11,585.00	\$0.00	Part B @ Match	September-21	
\$59,407.23	\$32,686.50	\$15,777.33	SSA Reimbursement	September-21	\$10,943.40
\$83,492.23		\$28,277.33			

Total \$10,943.40

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

Jennifer Lewis
10/04/2021
Date

Claimant

Authorization

Date

RECEIVED

OCT 05 2021

WRIL SFY 2022

Month	June	July	Aug	Sept	Oct	Nov
Part C units to be provided first	621.00	1033.00	827.00	827.00	827.00	827.00
Units provided in month	1340.00	1427.00	1587.00	1437.00		
Total units provided	1340.00	2767.00	4354.00	5791.00	5791.00	5791.00
Number of units to pay	719.00	394.00	760.00	610.00	0.00	0.00

(if negative pay 0)

Amount to pay	\$12,898.86	\$7,068.36	\$13,634.40	\$10,943.40	\$0.00	\$0.00
Accumulative Pay	\$12,898.86	\$19,967.22	\$33,601.62	\$44,545.02	\$44,545.02	\$44,545.02
Srv Contract Amount	\$8,650.52	\$17,301.03	\$25,951.55	\$34,602.06	\$43,252.58	\$51,903.09
Percent of Contract	149.11%	115.41%	129.48%	128.74%	128.74%	128.74%

Projected Payments

Unit Rate \$17.94

Projected Contract Unpaid

ONLY INVOICE AVAILABLE

Total
4962.00
5791.00
2483.00

\$44,545.02
\$51,903.09

\$51,903.09

\$0.00

11

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

10/26/2021 10:29:13

REQUEST: _____

=====

INVOICE NUMBER : 22SC195002-HSEP DATE: 10/13/2021 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 22SC195002 APPROVAL NBR: _____ MULTI PYMT: N

TERMS COI

REMIT MSG: 4195-657-002_22_HMAD_PROGRAM_SEPTMBER_2021

SIGNATURE APPR CD: _____

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 I'RC

0002 4,076.77 001 1000 520657000 1950050

1 EA 0 4195-657-002_22 N N N N

0003

0004

0005

: _____
: _____ GROSS AMOUNT: 4,076.77

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

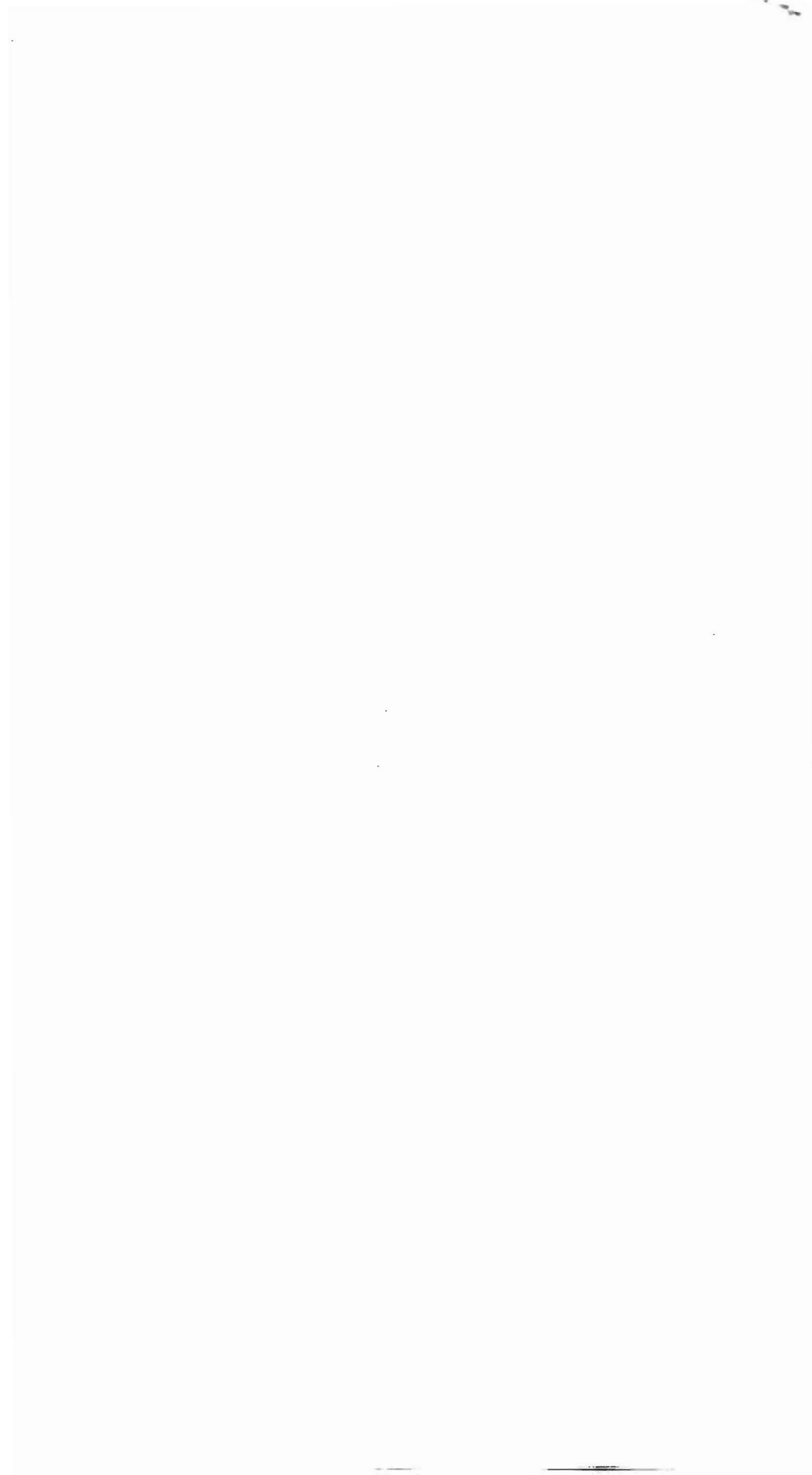
Amelia Anderson
Claimant

Date

Jenny Johnson 10/26/21
Authorization Date

Authorization

Date



STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 10/13/2021 VENDOR #: 12041771
 AREA: 74 ID NUMBER: 22SC195002-HSEP CONTRACT #: 4195-657-002 22
 SPO#: 22SC195002

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607001	1950050		\$4,076.77	DR
2	1000	520657001	1950050	132	\$0.00	DR
3	2003	520657001	1950050	132	\$0.00	DR
4	3046	520657001	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$4,076.77	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$0.00	\$8,423.23	State Funds Only	September-21	\$4,076.77
\$11,585.00	\$11,585.00	\$0.00	Part B @ Match	September-21	
\$59,407.23	\$32,686.50	\$26,720.73	SSA Reimbursement	September-21	
\$83,492.23		\$35,143.96			
Total					\$4,076.77

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

10/13/2021
Date

Claimant

Authorization

Date



529 Kansas City St Ste 203
Rapid City, SD 57701
Ph: 605-718-1930
Fax: 605-718-1933
www.wrill.org

October 12, 2021

Department of Rehabilitation
Attention: Jennifer Lewis

RE: Payment Request for HMAD Program

Total Consumers served:	Amount:
1. Client ID 6844	\$1,896.54
2. Client ID 9247	\$525.92
3. Client ID 9246	\$525.92
4. Client ID 8693	\$391.91
5. Client ID 9232	\$396.49
6. Client ID 9120	<u>\$339.99</u>
Total =	\$4,076.77

If you have any questions, please give me a call at 605-718-1930.

Sincerely,

Codi Erickson
Finance Director

ONLY INVOICE AVAILABLE

Mission: We assist people of all ages and disabilities on their path to lifelong independence

Independent Living

Rapid City: 529 Kansas City St Ste 203
Spearfish: 430 Oriole Dr. Ste. C
Pierre: 633 E. Sioux Ave. Ste. 6



Capital Area United Way



United Way of the Black Hills

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

11/08/2021 14:33:52

REQUEST: _____

=====

INVOICE NUMBER : 22SC195002-OCT21 DATE: 11/05/2021 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 22SC195002 APPROVAL NBR: _____ MULTI PYMT: N

TERMS COI

REMIT MSG: 4195-657-002_22_STATE_FUNDS_ONLY_OCTOBER_2021_____

SIGNATURE APPR CD: _____

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 I'RC

0002 4,538.82 001 1000 520657000 1950050

1 EA 0 4195-657-002_22 N N N N

0003

0004

0005

0005

0005

: _____
: _____ GROSS AMOUNT: 4,538.82

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:
AREA: 74

DOCUMENT:
ID NUMBER:

DATE: 11/05/2021

VENDOR #: 12041771
CONTRACT #: 4195-657-002 22
SPO#: 22SC195002

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607001	1950050		\$4,538.82	DR
2	1000	520657001	1950050	132	\$0.00	DR
3	2003	520657001	1950050	132	\$0.00	DR
4	3046	520657001	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$4,538.82	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$4,076.77	\$3,884.41	State Funds Only	October-21	\$4,538.82
\$11,585.00	\$11,585.00	\$0.00	Part B @ Match	October-21	
\$59,407.23	\$32,686.50	\$26,720.73	SSA Reimbursement	October-21	
\$83,492.23		\$30,605.14			
Total					\$4,538.82

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Jennifer Davis
Authorization

11/05/2021
Date

Claimant

Authorization

Date

NOV 08 2021

WRIL SFY 2022

Month	June	July	Aug	Sept	Oct	Nov
Part C units to be provided first	621.00	1033.00	827.00	827.00	827.00	827.00
Units provided in month	1340.00	1427.00	1587.00	1437.00	1080.00	
Total units provided	1340.00	2767.00	4354.00	5791.00	6871.00	6871.00
Number of units to pay	719.00	394.00	760.00	610.00	253.00	0.00

(if negative pay 0)

Amount to pay	\$12,898.86	\$7,068.36	\$13,634.40	\$10,943.40	\$4,538.82	\$0.00
Accumulative Pay	\$12,898.86	\$19,967.22	\$33,601.62	\$44,545.02	\$49,083.84	\$49,083.84
Srv Contract Amount	\$8,650.52	\$17,301.03	\$25,951.55	\$34,602.06	\$43,252.58	\$51,903.09
Percent of Contract	149.11%	115.41%	129.48%	128.74%	113.48%	113.48%

Projected Payments

Unit Rate	\$17.94
-----------	---------

Projected Contract Unpaid

ONLY INVOICE AVAILABLE

Total
4962.00
6871.00
2736.00

\$49,083.84
\$51,903.09

\$51,903.09

\$0.00

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

12/01/2021 15:22:01

REQUEST: _____

=====

INVOICE NUMBER : 22SC195002-HNOV DATE: 11/19/2021 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 22SC195002 APPROVAL NBR: _____ MULTI PYMT: N

TERMS COI

REMIT MSG: 4195-657-002_22_HMAD_PROGRAM_NOVEMBER_2021_____

SIGNATURE APPR CD: _____

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 I'RC

0002 3,330.72 001 1000 520657000 1950050

1 EA 0 4195-657-002_22 N N N N

0004

0005

0006

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Melia Anderson

Claimant

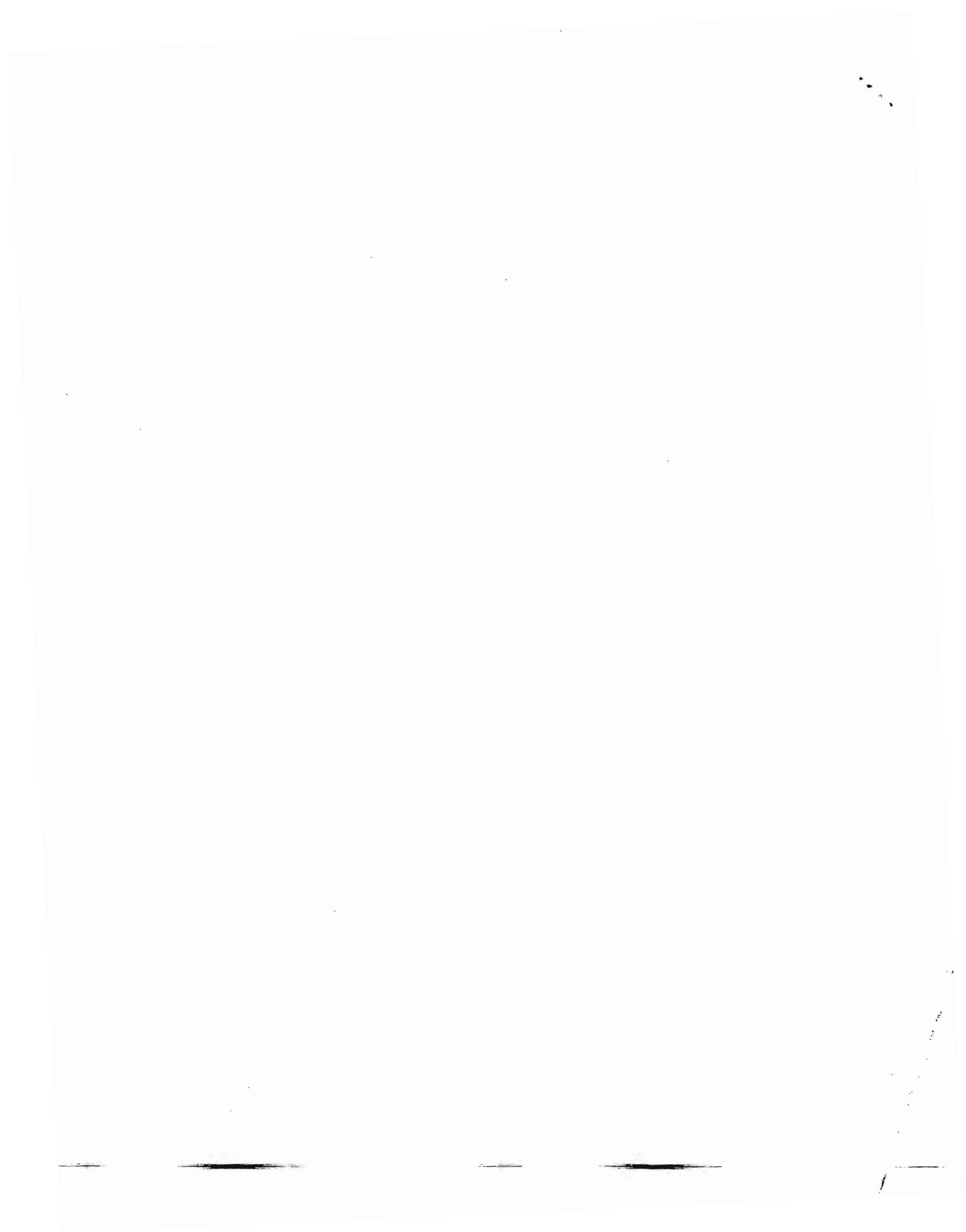
Date

Authorization

Date

Authorization

Date



STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 11/19/2021 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-657-002 22
 SPO#: 22SC195002

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillview Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607001	1950050		\$3,330.72	DR
2	1000	520657001	1950050	132	\$0.00	DR
3	2003	520657001	1950050	132	\$0.00	DR
4	3046	520657001	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$3,330.72	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$8,615.59	\$553.69	State Funds Only	November 2021 HMAD	\$3,330.72
\$11,585.00	\$11,585.00	\$0.00	Part B @ Match	November 2021 HMAD	
\$59,407.23	\$32,686.50	\$26,720.73	SSA Reimbursement	November 2021 HMAD	
\$83,492.23		\$27,274.42			
Total					\$3,330.72

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

11/19/2021
Date

RECEIVED

Claimant

NOV 19 2021

Authorization

Date



529 Kansas City St Ste 203
Rapid City, SD 57701
Ph: 605-718-1930
Fax: 605-718-1933
www.wrill.org

November 12, 2021

Department of Rehabilitation
Attention: Jennifer Lewis

RE: Payment Request for HMAD Program

Total Consumers served:	Amount:
1. Client ID 9292	\$87.95
2. Client ID 6844	\$587.99
3. Client ID 9243	\$464.99
4. Client ID 9288	\$627.99
5. Client ID 5379	\$531.83
6. Client ID 9119	<u>\$1,029.97</u>
Total =	\$3,330.72

If you have any questions, please give me a call at 605-718-1930.

Sincerely,

Codi Erickson
Interim Executive Director

ONLY INVOICE AVAILABLE

Mission: We assist people of all ages and disabilities on their path to lifelong independence

Independent Living

Rapid City: 529 Kansas City St Ste 203
Spearfish: 430 Oriole Dr. Ste. C
Pierre: 633 E. Sioux Ave. Ste. 6



State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

12/10/2021 08:59:55

=====

INVOICE NUMBER : 22SC195002-NOV21 DATE: 12/07/2021 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 22SC195002 APPROVAL NBR: _____ MULTI PYMT: N
TERMS COI
REMIT MSG: 4195-657-022_22_STATE_FUNDS_ONLY,SSA_REIMBURSEMENT_NOV_2021_

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
0002	553.69	001	1000	520657000	1950050	
	1 EA	0		4195-657-002_22	N N N N	
0003	7,214.33	001	3046	520657002	1950050764	
	1 EA	0		4195-657-002_22	N N N N	
0004						
0005						

: _____
: _____ GROSS AMOUNT: 7,768.02

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 12/07/2021 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-657-002 22
 SPO#: 22SC195002

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsview Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607001	1950050		\$553.69	DR
2	1000	520657001	1950050	132	\$0.00	DR
3	2003	520657001	1950050	132	\$0.00	DR
4	3046	520657001	1950050	764	\$7,214.33	DR
5						
6						
7						
8						
9						
10						
Total					\$7,768.02	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$12,500.00	\$11,946.31	\$0.00	State Funds Only	November-21	\$553.69
\$11,585.00	\$11,585.00	\$0.00	Part B @ Match	November-21	
\$59,407.23	\$32,686.50	\$19,506.40	SSA Reimbursement	November-21	\$7,214.33
\$83,492.23		\$19,506.40			
Total					\$7,768.02

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Jannifer Lewis
 Authorization

12/07/2021
 Date

Claimant

Authorization

Date

WRIL SFY 2022

Month	June	July	Aug	Sept	Oct	Nov	Total
Part C units to be provided first	621.00	1033.00	827.00	827.00	827.00	827.00	4962.00
Units provided in month	1340.00	1427.00	1587.00	1437.00	1080.00	1260.00	8131.00
Total units provided	1340.00	2767.00	4354.00	5791.00	6871.00	8131.00	
Number of units to pay	719.00	394.00	760.00	610.00	253.00	433.00	3169.00

(if negative pay 0)

Amount to pay	\$12,898.86	\$7,068.36	\$13,634.40	\$10,943.40	\$4,538.82	\$7,768.02	\$56,851.86
Accumulative Pay	\$12,898.86	\$19,967.22	\$33,601.62	\$44,545.02	\$49,083.84	\$56,851.86	
Srv Contract Amount	\$8,650.52	\$17,301.03	\$25,951.55	\$34,602.06	\$43,252.58	\$51,903.09	\$51,903.09
Percent of Contract	149.11%	115.41%	129.48%	128.74%	113.48%	109.53%	

Unit Rate

\$17.94

Projected Payments **\$51,903.09**
 Projected Contract Unpaid **\$0.00**

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

01/06/2022 10:24:01

=====

INVOICE NUMBER : 22SC195002-HDEC DATE: 01/05/2022 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 22SC195002 APPROVAL NBR: _____ MULTI PYMT: N
TERMS COI
REMIT MSG: 4195-657-002_22_HMAD_PROGRAM_DECEMBER_2021

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0002	3,664.26	001	3046	520657002	1950050764	
	1 EA	0		4195-657-002_22	N N N N	
0003	208.63	001	1000	520657001	1950050132	
	1 EA	0		4195-657-002_22	N N N N	
0004	1,877.68	001	2003	520657001	1950050132	
	1 EA	0		4195-657-002_22	N N N N	
0005	70.61	001	1000	520657000	1950050	
	1 EA	0		4195-657-002_22	N N N N	
	:			:		
	:			GROSS AMOUNT:		5,821.18

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECIEPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 01/05/2022

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 22

SPO#: 22SC195002 - HDEC

<p>TO: (Payee, Billed Agency) Western Resources for Independent Living 405 E. Omaha St., Suite D Rapid City, SD 57701</p>	<p>FROM: (Department, Billing Agency) Department of Human Services East Highway 34 Hillsview Plaza % 500 E. Capitol Pierre, SD 57501-5070</p>
---	---

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607001	1950050		\$70.61	DR
2	1000	520657001	1950050	132	\$208.63	DR
3	2003	520657001	1950050	132	\$1,877.68	DR
4	3046	520657001	1950050	764	\$3,664.26	DR
5						
6						
7						
8						
9						
10						
Total					\$5,821.18	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$25,000.00	\$11,946.31	\$12,983.08	State Funds Only	December-21	\$70.61
\$23,170.00	\$11,585.00	\$9,498.69	Part B @ Match	December-21	\$2,086.31
\$118,814.45	\$32,686.50	\$82,463.69	SSA Reimbursement	December-21	\$3,664.26
			HIMAD		
\$166,984.45		\$104,945.46			
Total					\$5,821.18

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

01/05/2022
Date

Claimant

Authorization

Date



529 Kansas City St Ste 203
Rapid City, SD 57701
Ph: 605-718-1930
Fax: 605-718-1933
www.wrill.org

December 30, 2021

Department of Rehabilitation
Attention: Jennifer Lewis

RE: Payment Request for HMAD Program

Total Consumers served:	Amount:
1. Client ID 3935	\$898.00
2. Client ID 9399	\$1,189.97
3. Client ID 8978	\$136.97
4. Client ID 9375	\$557.62
5. Client ID 9243	\$975.00
6. Client ID 9308	\$534.62
7. Client ID 9116	<u>\$1,529.00</u>
Total = \$5,821.18	

If you have any questions, please give me a call at 605-718-1930.

Sincerely,

Codi Erickson
Executive Director

ONLY INVOICE AVAILABLE

Mission: We assist people of all ages and disabilities on their path to lifelong independence

Independent Living

Rapid City: 529 Kansas City St Ste 203
Spearfish: 430 Oriole Dr. Ste. C
Pierre: 633 E. Sioux Ave. Ste. 6



State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

01/06/2022 09:35:23

REQUEST: _____

=====

INVOICE NUMBER : 22SC195002-DEC21 DATE: 01/04/2022 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 22SC195002 APPROVAL NBR: _____ MULTI PYMT: N

TERMS COI

REMIT MSG: 4195-657-002_22_DECEMBER_2021

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0002	1,377.71	001	3046	520657002	1950050764	
	1 EA	0		4195-657-002_22	N N N N	
0003	78.44	001	1000	520657001	1950050132	
	1 EA	0		4195-657-002_22	N N N N	
0004	705.98	001	2003	520657001	1950050132	
	1 EA	0		4195-657-002_22	N N N N	
0005	26.55	001	1000	520657000	1950050	
	1 EA	0		4195-657-002_22	N N N N	
	:				:	
	:				GROSS AMOUNT:	2,188.68

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 01/04/2022

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-002 22

SPO#: 22SC195002

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607001	1950050		\$26.55	DR
2	1000	520657001	1950050	132	\$78.44	DR
3	2003	520657001	1950050	132	\$705.98	DR
4	3046	520657001	1950050	764	\$1,377.71	DR
5						
6						
7						
8						
9						
10				Total	\$2,188.68	

Description / Justification	
1	1. The first row of the table is highlighted in yellow.
2	2. The second row of the table is highlighted in yellow.
3	3. The third row of the table is highlighted in yellow.
4	4. The fourth row of the table is highlighted in yellow.
5	5. The fifth row of the table is highlighted in yellow.
6	6. The sixth row of the table is highlighted in yellow.
7	7. The seventh row of the table is highlighted in yellow.
8	8. The eighth row of the table is highlighted in yellow.
9	9. The ninth row of the table is highlighted in yellow.
10	10. The tenth row of the table is highlighted in yellow.
11	11. The eleventh row of the table is highlighted in yellow.
12	12. The twelfth row of the table is highlighted in yellow.
13	13. The thirteenth row of the table is highlighted in yellow.
14	14. The fourteenth row of the table is highlighted in yellow.
15	15. The fifteenth row of the table is highlighted in yellow.
16	16. The sixteenth row of the table is highlighted in yellow.
17	17. The seventeenth row of the table is highlighted in yellow.
18	18. The eighteenth row of the table is highlighted in yellow.
19	19. The nineteenth row of the table is highlighted in yellow.
20	20. The twentieth row of the table is highlighted in yellow.
21	21. The twenty-first row of the table is highlighted in yellow.
22	22. The twenty-second row of the table is highlighted in yellow.
23	23. The twenty-third row of the table is highlighted in yellow.
24	24. The twenty-fourth row of the table is highlighted in yellow.
25	25. The twenty-fifth row of the table is highlighted in yellow.
26	26. The twenty-sixth row of the table is highlighted in yellow.
27	27. The twenty-seventh row of the table is highlighted in yellow.
28	28. The twenty-eighth row of the table is highlighted in yellow.
29	29. The twenty-ninth row of the table is highlighted in yellow.
30	30. The thirtieth row of the table is highlighted in yellow.
31	31. The thirty-first row of the table is highlighted in yellow.
32	32. The thirty-second row of the table is highlighted in yellow.
33	33. The thirty-third row of the table is highlighted in yellow.
34	34. The thirty-fourth row of the table is highlighted in yellow.
35	35. The thirty-fifth row of the table is highlighted in yellow.
36	36. The thirty-sixth row of the table is highlighted in yellow.
37	37. The thirty-seventh row of the table is highlighted in yellow.
38	38. The thirty-eighth row of the table is highlighted in yellow.
39	39. The thirty-ninth row of the table is highlighted in yellow.
40	40. The fortieth row of the table is highlighted in yellow.
41	41. The forty-first row of the table is highlighted in yellow.
42	42. The forty-second row of the table is highlighted in yellow.
43	43. The forty-third row of the table is highlighted in yellow.
44	44. The forty-fourth row of the table is highlighted in yellow.
45	45. The forty-fifth row of the table is highlighted in yellow.
46	46. The forty-sixth row of the table is highlighted in yellow.
47	47. The forty-seventh row of the table is highlighted in yellow.
48	48. The forty-eighth row of the table is highlighted in yellow.
49	49. The forty-ninth row of the table is highlighted in yellow.
50	50. The fiftieth row of the table is highlighted in yellow.
51	51. The fifty-first row of the table is highlighted in yellow.
52	52. The fifty-second row of the table is highlighted in yellow.
53	53. The fifty-third row of the table is highlighted in yellow.
54	54. The fifty-fourth row of the table is highlighted in yellow.
55	55. The fifty-fifth row of the table is highlighted in yellow.
56	56. The fifty-sixth row of the table is highlighted in yellow.
57	57. The fifty-seventh row of the table is highlighted in yellow.
58	58. The fifty-eighth row of the table is highlighted in yellow.
59	59. The fifty-ninth row of the table is highlighted in yellow.
60	60. The sixtieth row of the table is highlighted in yellow.
61	61. The sixty-first row of the table is highlighted in yellow.
62	62. The sixty-second row of the table is highlighted in yellow.
63	63. The sixty-third row of the table is highlighted in yellow.
64	64. The sixty-fourth row of the table is highlighted in yellow.
65	65. The sixty-fifth row of the table is highlighted in yellow.
66	66. The sixty-sixth row of the table is highlighted in yellow.
67	67. The sixty-seventh row of the table is highlighted in yellow.
68	68. The sixty-eighth row of the table is highlighted in yellow.
69	69. The sixty-ninth row of the table is highlighted in yellow.
70	70. The seventieth row of the table is highlighted in yellow.
71	71. The seventy-first row of the table is highlighted in yellow.
72	72. The seventy-second row of the table is highlighted in yellow.
73	73. The seventy-third row of the table is highlighted in yellow.
74	74. The seventy-fourth row of the table is highlighted in yellow.
75	75. The seventy-fifth row of the table is highlighted in yellow.
76	76. The seventy-sixth row of the table is highlighted in yellow.
77	77. The seventy-seventh row of the table is highlighted in yellow.
78	78. The seventy-eighth row of the table is highlighted in yellow.
79	79. The seventy-ninth row of the table is highlighted in yellow.
80	80. The eightieth row of the table is highlighted in yellow.
81	81. The eighty-first row of the table is highlighted in yellow.
82	82. The eighty-second row of the table is highlighted in yellow.
83	83. The eighty-third row of the table is highlighted in yellow.
84	84. The eighty-fourth row of the table is highlighted in yellow.
85	85. The eighty-fifth row of the table is highlighted in yellow.
86	86. The eighty-sixth row of the table is highlighted in yellow.
87	87. The eighty-seventh row of the table is highlighted in yellow.
88	88. The eighty-eighth row of the table is highlighted in yellow.
89	89. The eighty-ninth row of the table is highlighted in yellow.
90	90. The ninetieth row of the table is highlighted in yellow.
91	91. The ninety-first row of the table is highlighted in yellow.
92	92. The ninety-second row of the table is highlighted in yellow.
93	93. The ninety-third row of the table is highlighted in yellow.
94	94. The ninety-fourth row of the table is highlighted in yellow.
95	95. The ninety-fifth row of the table is highlighted in yellow.
96	96. The ninety-sixth row of the table is highlighted in yellow.
97	97. The ninety-seventh row of the table is highlighted in yellow.
98	98. The ninety-eighth row of the table is highlighted in yellow.
99	99. The ninety-ninth row of the table is highlighted in yellow.
100	100. The hundredth row of the table is highlighted in yellow.

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$25,000.00	\$11,946.31	\$13,027.14	State Funds Only	December-21	\$26.55
\$23,170.00	\$11,585.00	\$10,800.58	Part B @ Match	December-21	\$784.42
\$118,814.45	\$32,686.50	\$84,750.24	SSA Reimbursement	December-21	\$1,377.71
\$166,984.45		\$108,577.96			
Total				\$2,188.68	

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

01/04/2022
Date

Claimant

Authorization

Date _____

Please rush - see below

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

07/22/2019 16:04:00

=====

INVOICE NUMBER : 20SC195037-JUN19 DATE: 07/03/2019 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 20SC195037 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-657-003_20_PART_B_@_MATCH_JUNE_2019

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	1,506.69	213	1000	520657009	1950050132	
	1 EA	5300		4195-657-003_20	N N N N	
0002	13,560.17	213	2003	520657009	1950050132	
	1 EA	5301		4195-657-003_20	N N N N	
0005						
0006						

: _____
: _____ GROSS AMOUNT: 15,066.86

*Please rush this voucher as this vendor is a non-profit organization that needs these grant funds to pay their bills, keep their doors open, etc. Thank you!

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date

Jenny Johnson 7/22/19

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 07/03/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-003 20

SPO#: 205C195037

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

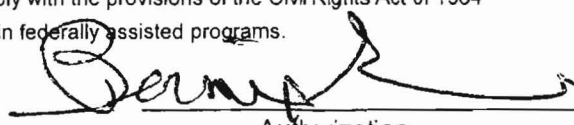
Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
4	1000	520617000	1950050		\$0.00	DR
1	1000	520617009	1950050	132	\$1,506.69	DR
2	2003	520617009	1950050	132	\$13,560.17	DR
3	3046	520617009	1950050	764	\$0.00	DR
5						
6						
7		acct s/b 520657				
8						
9						
10						
					Total	\$15,066.86

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$4,479.48	State Funds Only	June-18	
\$83,040.36	\$0.00	\$67,973.50	Part B @ Match	June-19	\$15,066.86
\$72,353.44	\$0.00	\$72,353.44	SSA Reimbursement	June-18	
\$159,873.28					

Total \$15,066.86

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.



Authorization

07/03/2019
Date

Claimant

Authorization

Date

Feb	March	April	May	Total
827.00	827.00	827.00	827.00	9924.00
				8131.00
9080.00	9080.00	9080.00	9080.00	9080.00
0.00	0.00	0.00	0.00	3169.00

\$0.00	\$0.00	\$0.00	\$0.00	\$56,851.86
\$59,040.54	\$59,040.54	\$59,040.54	\$59,040.54	\$115,892.40
\$77,841.14	\$86,490.15	\$95,139.17	\$103,788.18	\$103,788.18
97.52%	97.52%	97.52%	97.52%	111.66%

\$103,788.18

\$0.00

WRIL SFY 2022

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Part C units to be provided first	621.00	1033.00	827.00	827.00	827.00	827.00	827.00	827.00
Units provided in month	1340.00	1427.00	1587.00	1437.00	1080.00	1260.00	949.00	
Total units provided	1340.00	2767.00	4354.00	5791.00	6871.00	8131.00	9080.00	9080.00
Number of units to pay	719.00	394.00	760.00	610.00	253.00	433.00	122.00	0.00

(if negative pay 0)

Amount to pay	\$12,898.86	\$7,068.36	\$13,634.40	\$10,943.40	\$4,538.82	\$7,768.02		\$0.00
Accumulative Pay	\$12,898.86	\$19,967.22	\$33,601.62	\$44,545.02	\$49,083.84	\$56,851.86	\$59,040.54	\$59,040.54
Srv Contract Amount	\$8,649.02	\$17,298.03	\$25,947.05	\$34,596.06	\$43,245.08	\$51,894.09	\$60,543.11	\$69,192.12
Percent of Contract	149.14%	115.43%	129.50%	128.76%	113.50%	109.55%	97.52%	97.52%

Projected Payments

Unit Rate \$17.94

Projected Contract Unpaid

ONLY INVOICE AVAILABLE

Western Resources for Independent Living
Report Period: June 1 2019 to June 30 2019

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals	
lw	66.25	2.00	13.25									21.00										4.75	1.50	108.75	
ls	22.00	22.25	10.75	0.00								8.25									12.50		12.50	8.25	93.25
kt			7.50																					7.50	
tm	37.50	12.00	14.75									10.75									1.50		7.15	17.50	100.75
chp	34.00	1.00	6.25	1.50								0.00										8.50	8.50	60.50	
mw	0.25		6.25																					6.50	
Totals	160.00	37.25	58.75	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00	0.00	0.00	0.00	0.00	0.00	0.00	3.75	14.00	6.00	32.75	29.25	377.25	

Unit Rate \$17.18

	Hours	Payment	Total Payment
Total Core	257.50	\$17,695.40	\$19,945.98
Total HMAD/AT	14.00	\$962.08	\$962.08
Total Other	43.75	\$3,006.50	\$3,006.50
Total TAD	29.25	\$2,010.06	\$2,010.06
Travel	32.75	\$2,250.58	
	377.25		\$25,924.62

ONLY INVOICE AVAILABLE

State of South Dakota

INVOICE WORKSHEET 1

10/03/2019 11:18:26

SIGNATURE APPR CD:

GROSS AMOUNT: 15,427.64

Date _____

Authorization

Date _____

Date _____

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT
XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 10/02/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-003 20

SPO#: 20SC195037

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520657000	1950050		\$0.00	DR
2	1000	520657009	1950050	132	\$0.00	DR
3	2003	520657000	1950050	132	\$0.00	DR
4	3046	520657009	1950050	764	\$15,427.64	DR
5						
6						
7						
8						
9						
10					Total	\$15,427.64

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$4,479.48	State Funds Only	September-19	
\$83,040.36	\$57,724.80	\$25,315.56	Part B @ Match	September-19	
\$72,353.44	\$0.00	\$56,925.80	SSA Reimbursement	September-19	\$15,427.64
\$159,873.28					

RECEIVED

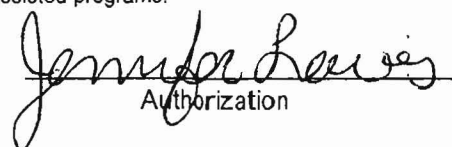
OCT 02 2019

DHS
BUDGET & FINANCE

Total

\$15,427.64

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

10/02/2019
Date

Claimant

Authorization

Date

Western Resources for Independent Living
Report Period: September 1 2019 to September 30 2019

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
jrb			0.25																					0.25
hw	65.50	0.25	10.00							0.25		12.75												96.25
ls	0.25	12.75	26.25									41.25												118.50
kt			5.00																					5.00
tm	27.75	8.50	13.50									16.00												88.25
chp	29.25	0.00	3.75	0.75								3.00							13.50					67.50
mw			6.75																					6.75
Totals	122.75	21.50	65.50	0.75	0.00	0.00	0.00	0.00	0.00	0.25	0.00	73.00	0.00	0.00	0.00	0.00	0.00	0.00	13.50	12.00	0.00	50.25	23.00	382.50

Unit Rate \$17.18

	Hours	Payment	Total Payment
Total Core	210.50	\$14,465.56	\$17,918.74
Total HMAD/AT	12.00	\$824.64	\$824.64
Total Other	86.75	\$5,961.46	\$5,961.46
Total TAD	23.00	\$1,580.56	\$1,580.56
Travel	50.25	\$3,453.18	
	382.50		\$26,285.40

ONLY INVOICE AVAILABLE

WRIL SFY 2020

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Part C units to be provided first	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	79
Units provided in month	1509.00	1872.00	1875.00	1530.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63
Total units provided	1509.00	3381.00	5256.00	6786.00	6786.00	6786.00	6786.00	6786.00	6786.00	6786.00	6786.00	6786.00	
Number of units to pay	877.00	1240.00	1243.00	898.00	-632.00	-632.00	-632.00	-632.00	-632.00	-632.00	-632.00	-632.00	
(if negative pay 0)													
Amount to pay	\$15,066.86	\$21,303.20	\$21,354.74	\$15,427.64	-\$10,857.76	-\$10,857.76	-\$10,857.76	-\$10,857.76	-\$10,857.76	\$10,857.76	-\$10,857.76	-\$10,857.76	-\$13,709.64
Accumulative Pay	\$15,066.86	\$36,370.06	\$57,724.80	\$73,152.44	\$62,294.68	\$51,436.92	\$40,579.16	\$29,721.40	\$18,863.64	\$8,005.88	-\$2,851.88	-\$13,709.64	
Contract Amount	\$13,322.77	\$26,645.55	\$39,968.32	\$53,291.09	\$66,613.87	\$79,936.64	\$93,259.41	\$106,582.19	\$119,904.96	\$133,227.73	\$146,550.51	\$159,873.28	\$159,873.28
Percent of Contract	113.09%	136.50%	144.43%	137.27%	93.52%	64.35%	43.51%	27.89%	15.73%	6.01%	-1.95%	-8.58%	

Unit Rate	\$17.18
-----------	---------

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

09/09/2019 11:17:48

REQUEST: _____

INVOICE NUMBER : 20SC195037-AUG19 DATE: 09/04/2019 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 20SC195037 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CC

REMIT MSG: 4195-657-003_20_PART_B_@_MATCH_AUGUST_2019

SIGNATURE APPR CD: _____

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 I'RC

0001 2,135.47 001 1000 520657009 1950050132

1 EA 5300 4195-657-003_20 N N N N

0002 19,219.27 001 2003 520657009 1950050132

1 EA 5301 4195-657-003_20 N N N N

0005

0006

: _____ : _____
: _____ GROSS AMOUNT: 21,354.74

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 09/04/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-003 20

SPO#: 20SC195037

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520657000	1950050		\$0.00	DR
2	1000	520657009	1950050	132	\$2,135.47	DR
3	2003	520657000	1950050	132	\$19,219.27	DR
4	3046	520657009	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
					Total	\$21,354.74

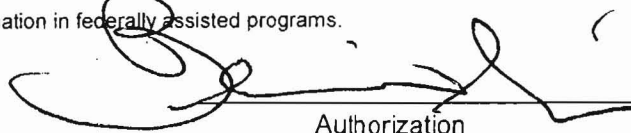
Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$4,479.48	State Funds Only	August-19	
\$83,040.36	\$36,370.06	\$25,315.56	Part B @ Match	August-19	\$21,354.74
\$72,353.44	\$0.00	\$72,353.44	SSA Reimbursement	August-19	
\$159,873.28					

Total

\$21,354.74

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


 Authorization

09/04/2019
 Date

Claimant

Authorization

Date

Western Resources for Independent Living
Report Period: August 1 2019 to August 31 2019

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Detail	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
jrb	0.25		0.25																					0.50
lw	67.50	0.25	16.50									19.00										4.75	5.50	114.50
ls	2.50	13.00	12.25									15.75									7.50	11.75	27.00	89.75
kt			7.00																					7.00
lm	56.25	11.25	18.00									24.00						0.75				14.00	15.75	140.50
chp	47.50	0.75	4.50	4.50								9.75							12.75			14.50	13.00	107.25
mw	0.25		8.50									0.50												9.25
Totals	174.25	25.25	67.00	4.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69.00	0.00	0.00	0.00	0.00	0.00	0.75	12.75	7.50	0.00	45.50	62.25	468.75

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	271.00	\$18,081.12	\$21,116.88
Total HMAD/AT	7.50	\$500.40	\$500.40
Total Other	82.50	\$5,504.40	\$5,504.40
Total TAD	62.25	\$4,153.32	\$4,153.32
Travel	45.50	\$3,035.78	
	468.75		\$31,275.00

Pay \$21,354.74

ONLY INVOICE AVAILABLE



State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

08/13/2019 13:04:29

REQUEST: _____

=====

INVOICE NUMBER : 20SC195037-JUL19 DATE: 08/01/2019 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : _12041771_ RAPID CITY CM/DM : I

PO REFERENCE : SRVC 20SC195037 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: 001 PYMT DUE DATE: _____ DO NOT USE : _____

REMIT MSG: _ 4195-657-003_20_PART_B_MATCH_JULY_2019_

SIGNATURE APPR CD: _____

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 I'RC

0001 _2,130.32 299 1000 520657009_ 1950050132_

_ 1 EA_ 5300_ 4195-657-003_20_ N N N N_

0002 _19,172.88 299 2003 520657009_ 1950050132_

_ 1 EA_ 5301_ 4195-657-003_20_ N N N N_

0005 _____

0006 _____

: _____ : _____
: _____ GROSS AMOUNT: _____ 21,303.20

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct

Claimant

Date

 8/15/19

Authorization

Date

Authorization

Date

resubmitted as a rush / only invoice
available 8/21/19 - so this first one
will be available back to the vendor

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECIEPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: **08/01/2019** VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-607-003 20
 SPO#: 20SC195037

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

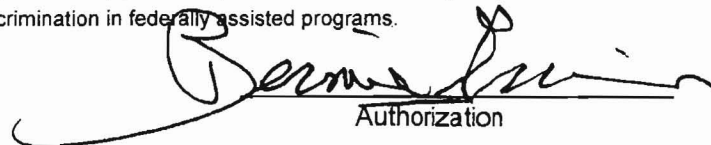
Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520657000	1950050		\$0.00	DR
2	1000	520657009	1950050	132	\$2,130.32	DR
3	2003	520657009	1950050	132	\$19,172.88	DR
4	3046	520657009	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$21,303.20	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$4,479.48	State Funds Only	July-19	
\$83,040.36	\$15,066.86	\$46,670.30	Part B @ Match	July-19	\$21,303.20
\$72,353.44	\$0.00	\$72,353.44	SSA Reimbursement	July-19	
\$159,873.28					

Total \$21,303.20

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.



Authorization

08/01/2019
Date

Claimant

RECEIVED

Authorization

Date

AUG 01 2019

Western Resources for Independent Living
Report Period: July 1 2019 to July 31 2019

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
lw	68.25	0.50	16.00							0.50		16.25										4.35	3.60	109.25
ls	3.75	8.75	17.75									20.50									9.50	23.50	35.50	119.25
kt			7.25																					7.25
tm	33.00	7.75	28.50									23.75									0.75	13.50	15.00	123.25
chp	66.00		5.50	3.50								0.00							10.50			7.50	5.00	98.00
mw			9.75									1.00											0.25	11.00
Totals	171.00	17.00	84.75	3.50	0.00	0.00	0.00	0.00	0.00	0.50	0.00	61.50	0.00	0.00	0.00	0.00	0.00	0.00	10.50	10.25	0.90	48.75	60.25	468.00

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	276.25	\$18,431.40	\$21,684.00
Total HMAD/AT	10.25	\$683.88	\$683.88
Total Other	72.50	\$4,837.20	\$4,837.20
Total TAD	80.25	\$4,019.88	\$4,019.88
Travel	48.75	\$3,252.60	
	468.00		\$31,224.96

ONLY INVOICE AVAILABLE

State of South Dakota

INVOICE WORKSHEET 1

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

INVOICE NUMBER : 20SC195037-OCT19 DATE: 11/01/2019 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 20SC195037 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-657-003 20 SSA REIMBURSEMENT OCTOBER 2019

SIGNATURE APPR CD: _____

GROSS AMOUNT: 19,207.24

Amelia Anderson
Claimant



 Authorization Date

Date _____

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 11/01/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-003 20

SPO#: 20SC195037

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

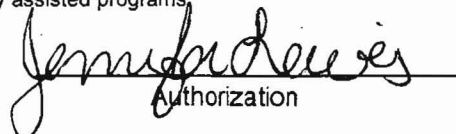
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520657000	1950050		\$0.00	DR
2	1000	520657009	1950050	132	\$0.00	DR
3	2003	520657000	1950050	132	\$0.00	DR
4	3046	520657009	1950050	764	\$19,207.24	DR
5						
6						
7						
8						
9						
10						
					Total	\$19,207.24

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$4,479.48	State Funds Only	October-19	
\$83,040.36	\$57,724.80	\$25,315.56	Part B @ Match	October-19	
\$72,353.44	\$15,427.64	\$37,718.56	SSA Reimbursement	October-19	\$19,207.24
\$159,873.28					
					Total
					\$19,207.24

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

11/01/2019
Date

Claimant

Authorization

Date

RECEIVED

NOV 01 2019

DHS
BUDGET & FINANCE

WRIL SFY 2020

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	7584.00
Units provided in month	1509.00	1872.00	1875.00	1530.00	1750.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8536.00
Total units provided	1509.00	3381.00	5256.00	6786.00	8536.00	8536.00	8536.00	8536.00	8536.00	8536.00	8536.00	8536.00	
Number of units to pay	877.00	1240.00	1243.00	898.00	1118.00	-632.00	-632.00	-632.00	-632.00	-632.00	-632.00	-632.00	952.00
(if negative pay 0)													
Amount to pay	\$15,066.86	\$21,303.20	\$21,354.74	\$15,427.64	\$19,207.24	\$10,857.76	\$10,857.76	\$10,857.76	\$10,857.76	\$10,857.76	\$10,857.76	\$10,857.76	\$16,355.36
Accumulative Pay	\$15,066.86	\$36,370.06	\$57,724.80	\$73,152.44	\$92,359.68	\$81,501.92	\$70,644.16	\$59,786.40	\$48,928.64	\$38,070.88	\$27,213.12	\$16,355.36	
Contract Amount	\$13,322.77	\$26,645.55	\$39,968.32	\$53,291.09	\$66,613.87	\$79,936.64	\$93,259.41	\$106,582.19	\$119,904.96	\$133,227.73	\$146,550.51	\$159,873.28	\$159,873.28
Percent of Contract	113.09%	136.50%	144.43%	137.27%	138.65%	101.96%	75.75%	56.09%	40.81%	28.58%	18.57%	10.23%	

Unit Rate \$17.18

Western Resources for Independent Living
Report Period: October 1 2019 to October 31 2019

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
jrb			0.25																					0.25
lw	50.00	0.25	13.50									12.00										2.25	0.00	94.00
ls	10.00	6.00	20.25									40.75								7.50		22.00	25.75	132.25
kt			7.50																					7.50
tm	48.75	7.50	15.75									17.50						0.50		2.50		11.25	13.00	119.75
chp	27.00	6.00	4.50	0.50								4.75							15.25			12.00	0.00	76.00
mw			7.75																					7.75
Totals	145.75	19.75	69.50	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	0.00	0.50	15.25	10.00	0.00	50.50	55.75	437.50

Unit Rate \$17.18

	Hours	Payment	Total Payment
Total Core	235.50	\$16,183.56	\$19,653.92
Total HMAD/AT	10.00	\$687.20	\$687.20
Total Other	90.75	\$6,236.34	\$6,236.34
Total TAD	50.75	\$3,487.54	\$3,487.54
Travel	50.50	\$3,470.36	
	437.50		\$30,065.00

Part C funds 1st

ONLY INVOICE AVAILABLE

VOUCHER Invoice

IWS-1T

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0003	12,163.44	001	3046	520657009	1950050764	
	1 EA	5302		4195-657-003_20	N N N N	
0005						
0006						
0007						
	:				:	
	:					
				GROSS AMOUNT:		12,163.44

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Date _____

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECIEPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 01/06/2020

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-003 20

SPO#: 20SC195037

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

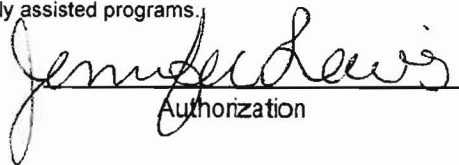
Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520657000	1950050		\$0.00	DR
2	1000	520657009	1950050	132	\$0.00	DR
3	2003	520657000	1950050	132	\$0.00	DR
4	3046	52065700Z	1950050	764	\$12,163.44	DR
5						
6						
7						
8						
9						
10						
Total					\$12,163.44	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$4,479.48	State Funds Only	December-19	
\$83,040.38	\$57,724.80	\$25,315.56	Part B @ Match	December-19	
\$72,353.44	\$48,997.36	\$11,192.64	SSA Reimbursement	December-19	\$12,163.44
\$159,873.28					

Total \$12,163.44

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

01/06/2020
Date

Claimant

Authorization

Date

RECEIVED

JAN 06 2020

DRS
BUDGET & FINANCE

WRIL SFY 2020

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	7584.00
Units provided in month	1509.00	1872.00	1875.00	1530.00	1750.00	1468.00	1340.00	0.00	0.00	0.00	0.00	0.00	11344.00
Total units provided	1509.00	3381.00	5256.00	6786.00	8536.00	10004.00	11344.00	11344.00	11344.00	11344.00	11344.00	11344.00	
Number of units to pay	877.00	1240.00	1243.00	898.00	1118.00	836.00	708.00	-632.00	-632.00	-632.00	-632.00	-632.00	3760.00
(if negative pay 0)													
Amount to pay	\$15,066.86	\$21,303.20	\$21,354.74	\$15,427.64	\$19,207.24	\$14,362.48	\$12,163.44	\$10,857.76	\$10,857.76	\$10,857.76	\$10,857.76	\$10,857.76	\$64,596.80
Accumulative Pay	\$15,066.86	\$36,370.06	\$57,724.80	\$73,152.44	\$92,359.68	\$106,722.16	\$118,885.60	\$108,027.84	\$97,170.08	\$86,312.32	\$75,454.56	\$64,596.80	
Contract Amount	\$13,322.77	\$26,645.55	\$39,968.32	\$53,291.09	\$66,613.87	\$79,936.64	\$93,259.41	\$106,582.19	\$119,904.96	\$133,227.73	\$146,550.51	\$159,873.28	\$159,873.28
Percent of Contract	113.09%	136.50%	144.43%	137.27%	138.65%	133.51%	127.48%	101.36%	81.04%	64.79%	51.49%	40.41%	

Unit Rate \$17.18

ONLY INVOICE AVAILABLE

Western Resources for Independent Living

Report Period: December 1 2019 to December 31 2019

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
jrb			0.25																					0.25
lw	72.25	0.75	12.75							0.25		3.00												100.75
xt			2.75																					2.75
tm	46.50	5.50	18.00									9.00								0.25		11.50	28.25	118.00
chp	26.25	15.00	3.75									14.75							13.75				7.75	94.25
mw	2.25		5.00									5.25											5.50	19.00
Totals	147.25	21.25	43.50	0.00	0.00	0.00	0.00	0.00	0.00	0.25	0.00	32.00	0.00	0.00	0.00	0.00	0.00	0.00	13.75	0.25	0.00	33.00	45.75	335.00

Unit Rate \$17.18

	Hours	Payment	Total Payment
Total Core	212.00	\$14,568.64	\$16,836.40
Total HMAD/AT	0.25	\$17.18	\$17.18
Total Other	46.00	\$3,161.12	\$3,161.12
Total TAD	43.75	\$3,006.50	\$3,006.50
Travel	33.00	\$2,287.76	
	335.00		\$23,021.20

State of South Dakota

VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____ 12/05/2019 13:16:13
REQUEST: _____

=====

INVOICE NUMBER : 20SC195037-NOV19 DATE: 12/04/2019 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 20SC195037 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CC

REMIT MSG: 4195-657-003_20_SSA_REIMBURSEMENT_NOVEMBER_2019

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0003	14,362.48	001	3046	520657009	1950050764	
	1 EA	5302		4195-657-003_20	N N N N	
0005						
0006						
0007						

: _____
: _____ GROSS AMOUNT: 14,362.48

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date



Authorization Date_____
Authorization_____
Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 12/04/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-003 20

SPO#: 20SC195037

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

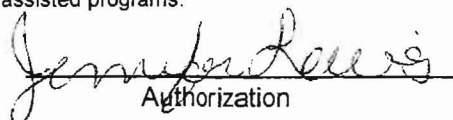
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520657000	1950050		\$0.00	DR
2	1000	520657009	1950050	132	\$0.00	DR
3	2003	520657000	1950050	132	\$0.00	DR
4	3046	52065700Z	1950050	764	\$14,362.48	DR
5						
6						
7						
8						
9						
10						
					Total	\$14,362.48

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$4,479.48	State Funds Only	November-19	
\$83,040.36	\$57,724.80	\$25,315.56	Part B @ Match	November-19	
\$72,353.44	\$34,634.88	\$23,356.08	SSA Reimbursement	November-19	\$14,362.48
\$159,873.28					
Total					\$14,362.48

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

12/04/2019
Date

Claimant

Authorization

Date

RECEIVED

DEC 04 2019

DHS

WRIL SFY 2020

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	7584.00
Units provided in month	1509.00	1872.00	1875.00	1530.00	1750.00	1468.00	0.00	0.00	0.00	0.00	0.00	0.00	10004.00
Total units provided	1509.00	3381.00	5256.00	6786.00	8536.00	10004.00	10004.00	10004.00	10004.00	10004.00	10004.00	10004.00	
Number of units to pay	877.00	1240.00	1243.00	898.00	1118.00	836.00	-632.00	-632.00	-632.00	-632.00	-632.00	-632.00	2420.00
(if negative pay 0)													
Amount to pay	\$15,066.86	\$21,303.20	\$21,354.74	\$15,427.64	\$19,207.24	\$14,362.48	-\$10,857.76	-\$10,857.76	-\$10,857.76	-\$10,857.76	-\$10,857.76	-\$10,857.76	\$41,575.60
Accumulative Pay	\$15,066.86	\$36,370.06	\$57,724.80	\$73,152.44	\$92,359.68	\$106,722.16	\$95,864.40	\$85,006.64	\$74,148.88	\$63,291.12	\$52,433.36	\$41,575.60	
Contract Amount	\$13,322.77	\$26,645.55	\$39,968.32	\$53,291.09	\$66,613.87	\$79,936.64	\$93,259.41	\$106,582.19	\$119,904.96	\$133,227.73	\$146,550.51	\$159,873.28	\$159,873.28
Percent of Contract	113.09%	136.50%	144.43%	137.27%	138.65%	133.51%	102.79%	79.76%	61.84%	47.51%	35.78%	26.01%	

Unit Rate \$17.18

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

02/05/2020 09:51:30

=====

INVOICE NUMBER : 20SC195037-JAN20 DATE: 02/04/2020 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 20SC195037 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC

REMIT MSG: 4195-657-003_20_PART_B_@_MATCH,SSA_REIMBURSEMENT_JAN_2020_____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	528.30	001	1000	520657009	1950050132	
	1 EA	5300		4195-657-003_20	N N N N	
0002	4,754.68	001	2003	520657009	1950050132	
	1 EA	5301		4195-657-003_20	N N N N	
0003	11,192.64	001	3046	520657009	1950050764	
	1 EA	5302		4195-657-003_20	N N N N	
0005						

: _____
: _____

GROSS AMOUNT: 16,475.62

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date



Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 02/04/2020

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-003 20

SPO#: 20SC195037

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

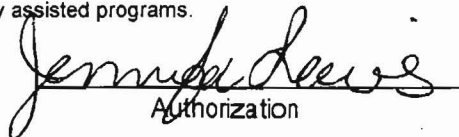
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520657000	1950050		\$0.00	DR
2	1000	520657009	1950050	132	\$528.30	DR
3	2003	520657000	1950050	132	\$4,754.68	DR
4	3046	52065700Z	1950050	764	\$11,192.64	DR
5						
6						
7						
8						
9						
10						
				Total		

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$4,479.48	State Funds Only	January-20	
\$83,040.36	\$57,724.80	\$20,032.58	Part B @ Match	January-20	\$5,282.98
\$72,353.44	\$61,160.80	\$0.00	SSA Reimbursement	January-20	\$11,192.64
\$159,873.28					
Total					\$16,475.62

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

02/04/2020
Date

Claimant

Authorization

Date

RECEIVED

FEB 04 2020

DHS
BUDGET & FINANCE

WRIL SFY 2020

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	7584.00
Units provided in month	1509.00	1872.00	1875.00	1530.00	1750.00	1468.00	1340.00	1591.00	0.00	0.00	0.00	0.00	12935.00
Total units provided	1509.00	3381.00	5256.00	6786.00	8536.00	10004.00	11344.00	12935.00	12935.00	12935.00	12935.00	12935.00	
Number of units to pay	877.00	1240.00	1243.00	898.00	1118.00	836.00	708.00	959.00	-632.00	-632.00	-632.00	-632.00	5351.00
(if negative pay 0)													
Amount to pay	\$15,066.86	\$21,303.20	\$21,354.74	\$15,427.64	\$19,207.24	\$14,362.48	\$12,163.44	\$16,475.62	-\$10,857.76	-\$10,857.76	-\$10,857.76	-\$10,857.76	\$91,930.18
Accumulative Pay	\$15,066.86	\$36,370.06	\$57,724.80	\$73,152.44	\$92,359.68	\$106,722.16	\$118,885.60	\$135,361.22	\$124,503.46	\$113,645.70	\$102,787.94	\$91,930.18	
Contract Amount	\$13,322.77	\$26,645.55	\$39,968.32	\$53,291.09	\$66,613.87	\$79,936.64	\$93,259.41	\$106,582.19	\$119,904.96	\$133,227.73	\$146,550.51	\$159,873.28	\$159,873.28
Percent of Contract	113.09%	136.50%	144.43%	137.27%	138.65%	133.51%	127.48%	127.00%	103.84%	85.30%	70.14%	57.50%	

Unit Rate \$17.18

ONLY INVOICE AVAILABLE



State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____ 03/05/2020 08:53:43
REQUEST: _____

=====

INVOICE NUMBER : 20SC195037-FEB20 DATE: 03/04/2020 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 20SC195037 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-657-003_20_PART_B_@_MATCH_FEBRUARY_2020

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	1,302.24	001	1000	520657009	1950050132	
	1 EA	5300		4195-657-003_20	N N N N	
0002	11,720.20	001	2003	520657009	1950050132	
	1 EA	5301		4195-657-003_20	N N N N	
0004						
0005						

GROSS AMOUNT: 13,022.44

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson
Claimant

Date

Jenny Johnson 3/6/20
Authorization Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 03/04/2020

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-003 20

SPO#: 20SC195037

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520657000	1950050		\$0.00	DR
2	1000	520657009	1950050	132	\$1,302.24	DR
3	2003	520657000	1950050	132	\$11,720.20	DR
4	3046	52065700Z	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
					Total	\$13,022.44

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$4,479.48	State Funds Only	February-20	
\$83,040.36	\$63,007.78	\$7,010.14	Part B @ Match	February-20	\$13,022.44
\$72,353.44	\$72,353.44	\$0.00	SSA Reimbursement	February-20	
\$159,873.28					

Total \$13,022.44

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

03/04/2020
Date

Claimant

Authorization

Date

RECEIVED

MAR 04 2020

DHS
BUDGET & FINANCE

WRIL SFY 2020

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	7584.00
Units provided in month	1509.00	1872.00	1875.00	1530.00	1750.00	1468.00	1340.00	1591.00	1390.00	0.00	0.00	0.00	14325.00
Total units provided	1509.00	3381.00	5256.00	6786.00	8536.00	10004.00	11344.00	12935.00	14325.00	14325.00	14325.00	14325.00	
Number of units to pay	877.00	1240.00	1243.00	898.00	1118.00	836.00	708.00	959.00	758.00	-632.00	-632.00	-632.00	6741.00
(if negative pay 0)													
Amount to pay	\$15,066.86	\$21,303.20	\$21,354.74	\$15,427.64	\$19,207.24	\$14,362.48	\$12,163.44	\$16,475.62	\$13,022.44	-\$10,857.76	-\$10,857.76	-\$10,857.76	\$115,810.38
Accumulative Pay	\$15,066.86	\$36,370.06	\$57,724.80	\$73,152.44	\$92,359.68	\$106,722.16	\$118,885.60	\$135,361.22	\$148,383.66	\$137,525.90	\$126,668.14	\$115,810.38	
Contract Amount	\$13,322.77	\$26,645.55	\$39,968.32	\$53,291.09	\$66,613.87	\$79,936.64	\$93,259.41	\$106,582.19	\$119,904.96	\$133,227.73	\$146,550.51	\$159,873.28	\$159,873.28
Percent of Contract	113.09%	136.50%	144.43%	137.27%	138.65%	133.51%	127.48%	127.00%	123.75%	103.23%	86.43%	72.44%	

Unit Rate \$17.18

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

INVOICE WORKSHEET 1

IWS-1T

04/03/2020 11:09:53

INVOICE NUMBER : 20SC195037-MAR20 DATE: 04/02/2020 MODEL: _
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR :
VENDOR NUMBER : _12041771 _ RAPID CITY CM/DM : I
PO REFERENCE : SRVC 20SC195037 _ APPROVAL NBR: _ MULTI PYMT: N
TERMS CC
REMIT MSG: _ 4195-657-003 20 PART B @ MATCH MARCH 2020 _

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	633.94	001	1000	520657009	1950050132	
	1 EA	5300		4195-657-003	20 N N N N	
0002	5,705.48	001	2003	520657009	1950050132	
	1 EA	5301		4195-657-003	20 N N N N	
0004						
0005						
	:				:	
	:			GROSS AMOUNT:		6,339.42

Amelia Anderson

Date _____

Date _____

Date _____

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 04/02/2020

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-657-003 20

SPO#: 20SC195037

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520657000	1950050		\$0.00	DR
2	1000	520657009	1950050	132	\$633.94	DR
3	2003	520657000	1950050	132	\$5,705.48	DR
4	3046	52065700Z	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
					Total	\$6,339.42

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$4,479.48	State Funds Only	March-20	
\$83,040.36	\$76,030.22	\$670.72	Part B @ Match	March-20	\$6,339.42
\$72,353.44	\$72,353.44	\$0.00	SSA Reimbursement	March-20	
\$159,873.28					

Total

\$6,339.42

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Jennifer Lewis

04/02/2020
Date

Claimant

Authorization

Date

RECEIVED

ONLY INVOICE AVAILABLE

APR 03 2020

SUBJECT: INVOICE

WRIL SFY 2020

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	7584.00
Units provided in month	1509.00	1872.00	1875.00	1530.00	1750.00	1468.00	1340.00	1591.00	1390.00	1001.00	0.00	0.00	15326.00
Total units provided	1509.00	3381.00	5256.00	6786.00	8536.00	10004.00	11344.00	12935.00	14325.00	15326.00	15326.00	15326.00	
Number of units to pay	877.00	1240.00	1243.00	898.00	1118.00	836.00	708.00	959.00	758.00	369.00	632.00	632.00	7742.00
(if negative pay 0)													
Amount to pay	\$15,066.86	\$21,303.20	\$21,354.74	\$15,427.64	\$19,207.24	\$14,362.48	\$12,163.44	\$16,475.62	\$13,022.44	\$6,339.42	\$10,857.76	\$10,857.76	\$133,007.56
Accumulative Pay	\$15,066.86	\$36,370.06	\$57,724.80	\$73,152.44	\$92,359.68	\$106,722.16	\$118,885.60	\$135,361.22	\$148,383.66	\$154,723.08	\$143,865.32	\$133,007.56	
Contract Amount	\$13,322.77	\$26,645.55	\$39,968.32	\$53,291.09	\$66,613.87	\$79,936.64	\$93,259.41	\$106,582.19	\$119,904.96	\$133,227.73	\$146,550.51	\$159,873.28	\$159,873.28
Percent of Contract	113.09%	136.50%	144.43%	137.27%	138.65%	133.51%	127.48%	127.00%	123.75%	116.13%	98.17%	83.20%	

Unit Rate \$17.18

ONLY INVOICE AVAILABLE

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

05/07/2020 14:51:45

=====

INVOICE NUMBER : 20SC195037-APR20 DATE: 05/06/2020 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 20SC195037 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-657-003_20_STATE_FUNDS_ONLY,PART_B_@_MATCH_APRIL_2020_

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
	VAT	QUANTITY	UNIT	ITEM NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001		67.08	001	1000 520657009	1950050132	
		1 EA	5300	4195-657-003_20	N N N N	
0002		603.64	001	2003 520657009	1950050132	
		1 EA	5301	4195-657-003_20	N N N N	
0003		4,479.48	001	1000 520657000	1950050	
		1 EA	CONTRACTS	4195-657-003_20	N N N N	
0004						

: _____ : _____
: _____ GROSS AMOUNT: 5,150.20

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Amelia Anderson

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: **05/06/2020** VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-657-003 20
 SPO#: 20SC195037

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

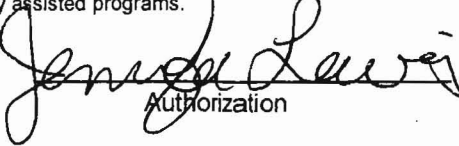
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520657000	1950050		\$4,479.48	DR
2	1000	520657009	1950050	132	\$67.07	DR
3	2003	520657000	1950050	132	\$603.65	DR
4	3046	52065700Z	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
					Total	\$5,150.20

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$4,479.48	\$0.00	\$0.00	State Funds Only	April-19	\$4,479.48
\$83,040.36	\$82,369.64	\$0.00	Part B @ Match	April-19	\$870.72
\$72,353.44	\$72,353.44	\$0.00	SSA Reimbursement	April-19	
\$159,873.28					
Total					\$5,150.20

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


 Authorization

05/06/2020
 Date

Claimant

Authorization

Date

WRIL SFY 2020

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Part C units to be provided first	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	632.00	7584.00
Units provided in month	1509.00	1872.00	1875.00	1530.00	1750.00	1468.00	1340.00	1591.00	1390.00	1001.00	1160.00	0.00	16486.00
Total units provided	1509.00	3381.00	5256.00	6786.00	8536.00	10004.00	11344.00	12935.00	14325.00	15326.00	16486.00	16486.00	
Number of units to pay	877.00	1240.00	1243.00	898.00	1118.00	836.00	708.00	959.00	758.00	369.00	528.00	-632.00	8902.00
(if negative pay 0)													
Amount to pay	\$15,066.86	\$21,303.20	\$21,354.74	\$15,427.64	\$19,207.24	\$14,362.48	\$12,163.44	\$16,475.62	\$13,022.44	\$6,339.42	\$9,071.04	\$10,857.76	\$152,936.36
Accumulative Pay	\$15,066.86	\$36,370.06	\$57,724.80	\$73,152.44	\$92,359.68	\$106,722.16	\$118,885.60	\$135,361.22	\$148,383.66	\$154,723.08	\$163,794.12	\$152,936.36	
Contract Amount	\$13,322.77	\$26,645.55	\$39,968.32	\$53,291.09	\$66,613.87	\$79,936.64	\$93,259.41	\$106,582.19	\$119,904.96	\$133,227.73	\$146,550.51	\$159,873.28	\$159,873.28
Percent of Contract	113.09%	136.50%	144.43%	137.27%	138.65%	133.51%	127.48%	127.00%	123.75%	116.13%	111.77%	95.66%	

Unit Rate

\$17.18

Contract expended \$5150.20 is final payment

ONLY INVOICE AVAILABLE

Please
Rush

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

03/12/2019 15:28:16

=====

INVOICE NUMBER : 19SC195003-FEB19 DATE: 03/04/2019 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-607-003_19_PART_B_@_MATCH_FEBRUARY_2019

SIGNATURE APPR CD: _____

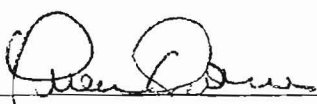
LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM NUMBER		DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	687.22	001	1000	520607008	1950050132	
	1 EA	5300		4195-607-003_19	N N N N	
0002	6,184.94	001	2003	520607008	1950050132	
	1 EA	5301		4195-607-003_19	N N N N	
0004						
0005						

: _____ : _____
: _____ GROSS AMOUNT: 6,872.16

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date



Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 03/04/2019 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-607-003 19
 SPO#: 19SC195003

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

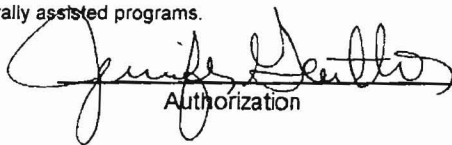
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$687.22	DR
3	2003	520607007	1950050	132	\$6,184.94	DR
4	3046	520607008	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$6,872.16	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	February-19	
\$91,136.94	\$81,531.84	\$2,732.94	Part B @ Match	February-19	\$6,872.16
\$64,079.84	\$0.00	\$64,079.84	SSA Reimbursement	February-19	
\$155,216.78					
Total					\$6,872.16

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


 Authorization

03/04/2019
 Date

Claimant

Authorization

Date

RECEIVED

MAR 12 2019

STATE OF SOUTH DAKOTA

ONLY INVOICE AVAILABLE

Western Resources for Independent Living
Report Period: February 1 2019 to February 28 2019

	Advoc.	IL Skills	ISR	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Para. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT		Totals
jrb			0.50									10.25											0.50
hw	58.25	0.25	17.00									29.25											90.00
ls	1.25	4.25	20.25																				25.75
kt			12.75																				12.75
lm	44.50	4.75	21.00									12.00											82.25
chp	8.75	1.25	10.00	1.50								1.00											21.50
Totals	110.75	10.50	51.50	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.50	0.00		319.25

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	204.25	\$13,627.56	\$15,062.04
Total HMAD/AT	5.50	\$366.96	\$366.96
Total Other	52.50	\$3,502.80	\$3,502.80
	319.25		\$21,300.36

x4

$$1277 - 865 \text{ Part C} = 412 \times 16.68$$

$$= \$6872.16$$

ONLY INVOICE AVAILABLE

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

07/23/2018 10:46:49

=====

INVOICE NUMBER : 19SC195003-JUN18 DATE: 07/09/2018 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-607-003_19_PART_B_@_MATCH_JUNE_2018

SIGNATURE APPR CD: _____


LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	900.72	213	1000	520607008	1950050132	
	1 EA	5300		4195-607-003_19	N N N N	
0002	8,106.48	213	2003	520607008	1950050132	
	1 EA	5301		4195-607-003_19	N N N N	
0004						
0005						

: _____ : _____
: _____ GROSS AMOUNT: 9,007.20

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date



Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 07/09/2018 VENDOR #: 12041771
 AREA: 74 ID NUMBER: 19SC195003 JUN 18 CONTRACT #: 4195-607-003 19 ✓
 SPO#: 19SC195003 ✓

TO: (Payee, Billed Agency) Western Resources for Independent Living 405 E. Omaha St., Suite D Rapid City, SD 57701	FROM: (Department, Billing Agency) Department of Human Services East Highway 34 Hillsview Plaza % 500 E. Capitol Pierre, SD 57501-5070
---	---

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607001 8	1950050	132	\$900.72	DR
3	2003	520607001 8	1950050	132	\$8,106.48	DR
4	3046	520607001 9	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10					Total	\$9,007.20

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	June-18	
\$91,136.94	\$0.00	\$82,129.74	Part B @ Match	June-18	\$9,007.20
\$64,079.84	\$0.00	\$64,079.84	SSA Reimbursement	June-18	
\$155,216.78					

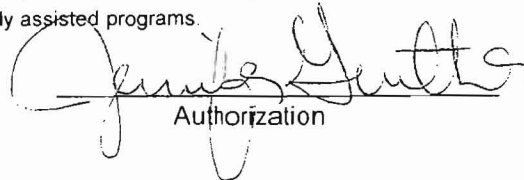
RECEIVED

JUL 09 2018

CHS
BUDGET & FINANCE

Total **\$9,007.20**

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


 Authorization

07/09/2018
Date

Claimant

Authorization

Date

Western Resources for Independent Living
Report Period: June 1 2018 to June 30 2018

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
lw	66.50	2.00	12.75							0.75		1.75										8.00	8.25	95.25
ls	0.50	7.50	13.50									23.25										24.00	7.75	87.00
tk	35.50	20.25	9.00	4.00								8.75							11.50	9.75		10.75	21.00	120.75
kt			6.50																					6.50
dh			14.75																					14.75
tm	13.75	1.00	10.00									20.00								0.25		5.75	13.25	65.00
Totals	115.25	30.75	66.50	4.00	0.00	0.00	0.00	0.00	0.00	0.75	0.00	53.75	0.00	0.00	0.00	0.00	0.00	0.00	11.50	10.00	0.00	49.50	48.25	390.25

Unit Rate \$16.35

\$16.68

	Hours	Payment	Total Payment
Total Core	216.50	\$14,159.10	\$17,396.40
Total HMAD/AT	10.00	\$654.00	\$654.00
Total Other	66.00	\$4,316.40	\$4,316.40
Total TAD	48.25	\$3,155.55	\$3,155.55
Travel	49.50	\$3,237.30	

390.25

\$25,522.35

X4

81561 units.
- 1021 Part C

ONLY INVOICE AVAILABLE

$$540 \times 16.68 = 9007.20$$

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

08/06/2018 15:29:39

=====

INVOICE NUMBER : 19SC195003-JUL18 DATE: 08/03/2018 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-607-003_19_PART_B @_MATCH_JULY_2018

SIGNATURE APPR CD: _____


LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
	VAT	QUANTITY	UNIT	ITEM NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	1,449.49	299	1000	520607008	1950050132	
	1	EA	5300		4195-607-003_19	N N N N
0002	13,045.43	299	2003	520607008	1950050132	
	1	EA	5301		4195-607-003_19	N N N N
0004						
0005						

: _____ : _____
: _____ GROSS AMOUNT: 14,494.92

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date



Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 08/03/2018 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-607-003 19
 SPO#: 19SC195003

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

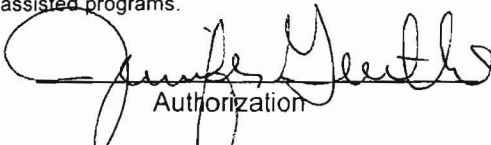
Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$1,449.49	DR
3	2003	520607007	1950050	132	\$13,045.43	DR
4	3046	520607008	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10					Total	\$14,494.92

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	July-18	
\$91,136.94	\$9,007.20	\$67,634.82	Part B @ Match	July-18	\$14,494.92
\$64,079.84	\$0.00	\$64,079.84	SSA Reimbursement	July-18	
\$155,216.78					

Total \$14,494.92

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


 Authorization

08/03/2018
 Date

Claimant

Authorization

Date

Western Resources for Independent Living
Report Period: July 1 2018 to July 31 2018

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
jrb			0.50																					0.50
lw	59.00	8.00	9.25									11.00											9.50	102.75
is	4.50	2.75	21.00							3.00		57.75											20.75	151.00
tk	44.50	13.25	7.00	9.25								8.50							13.00	9.00			13.75	123.75
kt			5.50																				5.50	5.50
dh			16.00																				16.00	16.00
tm	25.25	4.75	10.50									13.50											13.75	74.00
Totals	133.25	28.75	68.75	9.25	0.00	0.00	0.00	0.00	0.00	3.00	0.00	90.75	0.00	0.00	0.00	0.00	0.00	0.00	13.00	9.00	0.00	88.00	87.75	472.50

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	240.00	\$16,012.80	\$19,949.28
Total HMAD/AT	9.00	\$600.48	\$600.48
Total Other	106.75	\$7,122.36	\$7,122.36
Total TAD	57.75	\$3,853.08	\$3,853.08
Travel	59.00	\$3,936.48	
	472.50		\$31,525.20

X 4

1890

- 1021 Part C units

869 x 16.68

= \$14,494.92

ONLY INVOICE AVAILABLE

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

09/04/2018 16:43:03

=====

INVOICE NUMBER : 19SC195003-AUG18 DATE: 09/04/2018 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-607-003_19_PART_B_@_MATCH_AUGUST_2018

SIGNATURE APPR CD: _____

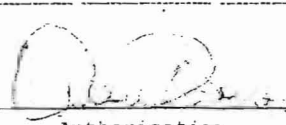
LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
	VAT	QUANTITY	UNIT	ITEM NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	2,173.40	001	1000	520607008	1950050132	
	1 EA	5300		4195-607-003_19	N N N N	
0002	19,560.64	001	2003	520607008	1950050132	
	1 EA	5301		4195-607-003_19	N N N N	
0004						
0005						

: _____ : _____
: _____ GROSS AMOUNT: 21,734.04

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date



Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 09/04/2018 VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: 4195-607-003 19
 SPO#: 19SC195003

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

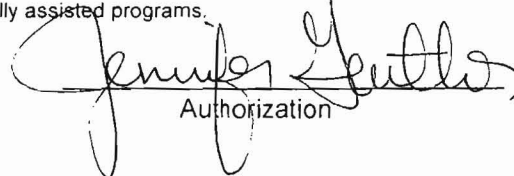
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$2,173.40	DR
3	2003	520607007	1950050	132	\$19,560.64	DR
4	3046	520607008	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$21,734.04	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	August-18	
\$91,136.94	\$23,502.12	\$45,900.78	Part B @ Match	August-18	\$21,734.04
\$64,079.84	\$0.00	\$64,079.84	SSA Reimbursement	August-18	
\$155,216.78					
Total					\$21,734.04

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


 Authorization

09/04/2018
 Date

Claimant

Authorization

Date

2018

FINANCE

Western Resources for Independent Living
Report Period: August 1 2018 to August 31 2018

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
jrb			0.50																					0.50
lw	91.00	9.00	11.25							0.25		7.25										0.50	2.75	127.00
ls	9.00	6.25	22.25									47.75								17.75		21.50	16.00	142.50
tk	24.00	16.75	10.00	5.75						0.50		35.75							6.75	1.75		17.25	21.50	142.00
kt			2.75																					2.75
dh		0.50	16.75																					17.25
tm	48.25	7.50	25.75									24.50								3.25		18.25	21.50	149.00
Totals	172.25	44.00	89.25	5.75	0.00	0.00	0.00	0.00	0.00	0.75	0.00	115.25	0.00	0.00	0.00	0.00	0.00	0.00	6.75	22.75	0.00	42.00	61.75	581.00

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	311.25	\$20,766.60	\$24,936.60
Total HMAD/AT	22.75	\$1,517.88	\$1,517.88
Total Other	122.75	\$8,189.88	\$8,189.88
Total TAD	61.75	\$4,119.96	\$4,119.96
Travel	62.50	\$4,170.00	
	581.00		\$38,764.32

$$\begin{array}{r}
 2324 \\
 - 1021 \text{ Par A C units} \\
 \hline
 1303 \times \$16.68 = \$21,734.04
 \end{array}$$

NOT AVAILABLE

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

10/11/2018 09:43:34

REQUEST: _____

=====

INVOICE NUMBER : 19SC195003-SEP18 DATE: 10/05/2018 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CC

REMIT MSG: 4195-607-003_19_PART_B @ MATCH SEPTEMBER 2018

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
	VAT	QUANTITY	UNIT	ITEM NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001		735.59		001 1000 520607008		1950050132
		1	EA	5300	4195-607-003_19	N N N N
0002		6,620.29		001 2003 520607008		1950050132
		1	EA	5301	4195-607-003_19	N N N N
0004						
0005						

: _____

: _____

GROSS AMOUNT: 7,355.88

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date



Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 10/05/2018

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-607-003 19

SPO#: 19SC195003

TO:

(Payee, Billed Agency)

Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)

Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$735.59	DR
3	2003	520607007	1950050	132	\$6,620.29	DR
4	3046	520607008	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
					Total	\$7,355.88

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	September-18	
\$91,136.94	\$45,236.16	\$38,544.90	Part B @ Match	September-18	\$7,355.88
\$64,079.84	\$0.00	\$64,079.84	SSA Reimbursement	September-18	
\$155,216.78					
Total					\$7,355.88

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.

Authorization

10/05/2018

Date

Claimant

Authorization

Date

Western Resources for Independent Living
Report Period: September 1 2018 to September 30 2018

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
jrb			0.25																					0.25
lw	69.25	6.75	8.75									5.25										8.25	8.75	104.00
ls	30.75	7.75	11.00									15.50								15.25		22.75	12.25	115.25
tk	13.00	42.00	2.50									12.25							5.00			7.50	8.00	88.25
kt			3.50																				3.50	
dh			7.00																				7.00	
tm	21.00	2.50	6.75									4.75								0.50		3.50	8.00	47.00
Totals	134.00	59.00	39.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37.75	0.00	0.00	0.00	0.00	0.00	0.00	5.00	15.75	0.00	39.00	35.00	365.25

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	232.75	\$15,529.08	\$18,131.16
Total HMAD/AT	15.75	\$1,050.84	\$1,050.84
Total Other	42.75	\$2,852.28	\$2,852.28
Total TAD	35.00	\$2,335.20	\$2,335.20
Travel	39.00	\$2,602.08	
	365.25		\$24,369.48

14
 146 units
 - 1020
 441 x 16.68 =
 \$7355.88

ONLY INVOICE AVAILABLE

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

11/06/2018 09:13:25

=====

INVOICE NUMBER : 19SC195003-OCT18 DATE: 11/05/2018 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-607-003_19_PART_B_@_MATCH_OCTOBER_2018

SIGNATURE APPR CD: _____

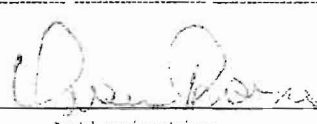
LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
	VAT	QUANTITY	UNIT	ITEM NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001		648.85	001	1000 520607008		1950050132
		1 EA	5300		4195-607-003_19	N N N N
0002		5,839.67	001	2003 520607008		1950050132
		1 EA	5301		4195-607-003_19	N N N N
0004						
0005						

: _____ : _____
: _____ GROSS AMOUNT: 6,488.52

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date



Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 11/05/2018

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-607-003 19

SPO#: 19SC195003

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

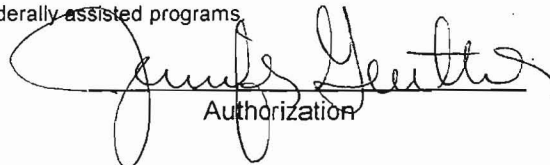
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$648.85	DR
3	2003	520607007	1950050	132	\$5,839.67	DR
4	3046	520607008	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$6,488.52	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	October-18	
\$91,136.94	\$52,592.04	\$32,056.38	Part B @ Match	October-18	\$6,488.52
\$64,079.84	\$0.00	\$64,079.84	SSA Reimbursement	October-18	
\$155,216.78					
Total					\$6,488.52

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

11/05/2018
Date

Claimant

Authorization

Date

Western Resources for Independent Living
Report Period: October 1 2018 to October 31 2018

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
jrb			0.50																			0.25	2.25	3.00
lw	67.75	5.00	11.75									1.75							0.50			3.25	21.50	111.50
ls	6.75	6.50	6.75									23.75								8.25		20.25	27.50	99.75
tk	0.25	1.75																						2.00
kt			3.60																					3.60
dh	0.25		11.75																					12.00
rm	30.25	5.00	11.25	0.00								9.00							1.00	1.00		6.50	17.75	81.75
Totals	105.25	18.25	45.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34.50	0.00	0.00	0.00	0.00	0.00	0.00	1.50	9.25	0.00	30.25	69.00	313.50

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	169.00	\$11,275.68	\$13,293.96
Total HMAD/AT	9.25	\$617.16	\$617.16
Total Other	36.00	\$2,401.92	\$2,401.92
Total TAD	69.00	\$4,603.68	\$4,603.68
Travel	30.25	\$2,018.28	

313.50

\$20,916.72

X 4

1254
- 865 Part C units 1st

389 x 16.68

= 6488.52

01/11/2019 10:00 AM

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

01/04/2019 09:55:46

=====

INVOICE NUMBER : 19SC195003-DEC18 DATE: 01/03/2019 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-607-003_19_PART_B_@_MATCH_DECEMBER_2018_

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	612.16	001	1000	520607008	1950050132	
	1 EA	5300		4195-607-003_19	N N N N	
0002	5,509.40	001	2003	520607008	1950050132	
	1 EA	5301		4195-607-003_19	N N N N	
0004						
0005						

: _____ : _____
: _____ GROSS AMOUNT: 6,121.56

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date

Jenny Johnson

Authorization

1/4/19

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECIEPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 01/03/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-607-003 19

SPO#: 19SC195003

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

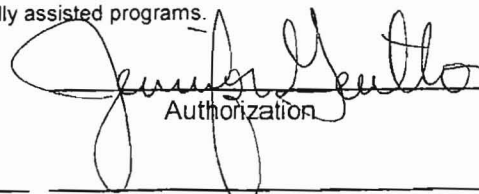
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$612.16	DR
3	2003	520607007	1950050	132	\$5,509.40	DR
4	3046	520607008	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$6,121.56	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	December-18	
\$91,136.94	\$66,703.32	\$18,312.06	Part B @ Match	December-18	\$6,121.56
\$64,079.84	\$0.00	\$64,079.84	SSA Reimbursement	December-18	
\$155,216.78					
Total					\$6,121.56

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

01/03/2019
Date

Claimant

Authorization

Date

JAN 03 2019

Western Resources for Independent Living
Report Period: December 1 2018 to December 31 2018

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
lw	54.50	1.00	6.50									4.75							0.50			5.00	4.00	76.25
ls	2.50	5.75	15.25									38.50								1.75		24.50	17.25	105.50
kt			7.00																					7.00
dh			10.00									10.50								1.25		8.75	17.50	10.00
trm	39.00	6.00	19.50																			0.50		102.50
chp	3.50	2.00	0.75																					6.75
Totals	99.50	14.75	59.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53.75	0.00	0.00	0.00	0.00	0.00	0.00	0.50	3.00	0.00	38.75	38.75	308.00

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	173.25	\$11,559.24	\$14,144.64
Total HMAD/AT	3.00	\$200.16	\$200.16
Total Other	54.25	\$3,619.56	\$3,619.56
Total TAD	38.75	\$2,585.40	\$2,585.40
Travel	38.75	\$2,585.40	
	308.00		\$20,549.76

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

12/05/2018 15:44:33

REQUEST: _____

=====

INVOICE NUMBER : 19SC195003-NOV18 DATE: 12/03/2018 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CC

REMIT MSG: 4195-607-003_19_PART_B @ MATCH NOVEMBER 2018

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	762.28	001	1000	520607008	1950050132	
	1 EA	5300		4195-607-003_19	N N N N	
0002	6,860.48	001	2003	520607008	1950050132	
	1 EA	5301		4195-607-003_19	N N N N	
0004						
0005						

: _____ : _____

: _____ GROSS AMOUNT : 7,622.76

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: **12/03/2018** VENDOR #: 12041771
 AREA: 74 ID NUMBER: CONTRACT #: **4195-607-003 19**
 SPO#: **19SC195003**

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E. Omaha St., Suite D
 Rapid City, SD 57701

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

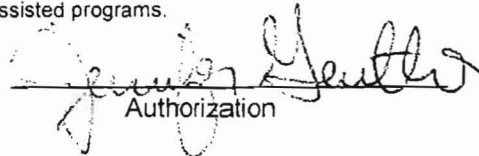
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$762.28	DR
3	2003	520607007	1950050	132	\$6,860.48	DR
4	3046	520607008	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
Total					\$7,622.76	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	November-18	
\$91,136.94	\$59,080.56	\$24,433.62	Part B @ Match	November-18	\$7,622.76
\$64,079.84	\$0.00	\$64,079.84	SSA Reimbursement	November-18	
\$155,216.78					
Total					\$7,622.76

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


 Authorization 12/03/2018
Date

Claimant

Authorization

Date

RECEIVED

DEC 04 2018

DEC 04 2018

Western Resources for Independent Living
Report Period: November 1 2018 to November 30 2018

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals	
jrb			0.50																						
hw	67.25	1.50	13.50									0.75							0.25	0.50			12.50	7.25	19.75
ls	3.50	13.25	15.00									28.00											3.50	3.50	90.75
kt			3.25																				19.00	17.25	115.25
dh			13.75																						3.25
lm	48.50	4.25	12.25									11.50								0.75			6.50	4.00	13.75
Totals	119.25	19.00	58.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.25	0.00	0.00	0.00	0.00	0.00	0.00	0.25	20.50	0.00	41.00	32.00	330.50	

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	196.50	\$13,110.48	\$15,846.00
Total HMAD/AT	20.50	\$1,367.76	\$1,367.76
Total Other	40.50	\$2,702.16	\$2,702.16
Total TAD	32.00	\$2,135.04	\$2,135.04
Travel	41.00	\$2,735.52	
	330.50		\$22,050.96

x4
 1322 units
 - 865 Part C units
 457 x 16.68 = \$7622.76

ONLY INVOICE AVAILABLE

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

02/05/2019 11:26:16

=====

INVOICE NUMBER : 19SC195003-JAN19 DATE: 02/04/2019 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC

REMIT MSG: 4195-607-003_19_PART_B @ MATCH JANUARY 2019
SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	870.70	001	1000	520607008	1950050132	
	1	EA	5300		4195-607-003_19	N N N N
0002	7,836.26	001	2003	520607008	1950050132	
	1	EA	5301		4195-607-003_19	N N N N
0004						
0005						

: _____ : _____
: _____ GROSS AMOUNT: 8,706.96

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date

Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECIEPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 02/04/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-607-003 19

SPO#: 19SC195003

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$870.70	DR
3	2003	520607007	1950050	132	\$7,836.26	DR
4	3046	520607008	1950050	764	\$0.00	DR
5						
6						
7						
8						
9						
10						
					Total	\$8,706.96

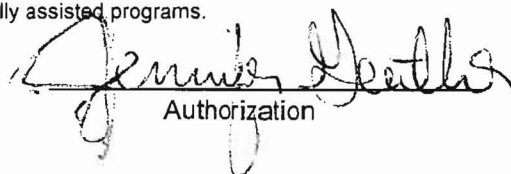
Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	January-19	
\$91,136.94	\$72,824.88	\$9,605.10	Part B @ Match	January-19	\$8,706.96
\$64,079.84	\$0.00	\$64,079.84	SSA Reimbursement	January-19	
\$155,216.78					

Total

\$8,706.96

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

02/04/2019
Date

Claimant

Authorization

Date

RECEIVED

FEB 04 2019

Western Resources for Independent Living
Report Period: January 1 2019 to January 31 2019

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
lw	68.25		15.75									0.75										4.25	3.75	92.75
ls	9.25	9.75	19.25									36.50								9.25		21.50	28.00	133.50
kt			11.75																			0.00		11.75
dh			17.50																			0.00		17.50
tm	28.50	6.25	12.00									16.25								0.75		8.00	7.00	76.75
chp	9.75		1.25																			3.50		14.50
Totals	115.75	16.00	77.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00	31.75	42.25	346.75

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	209.25	\$13,961.16	\$16,079.52
Total HMAD/AT	10.00	\$667.20	\$667.20
Total Other	53.50	\$3,569.52	\$3,569.52
Total TAD	42.25	\$2,818.92	\$2,818.92
Travel	31.75	\$2,118.36	
	346.75		\$23,135.16

x4
 1387 units
 - 865 Part C units

$$522 \times 16.68 = \$8706.96$$

ONLY INVOICE AVAILABLE

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

06/05/2019 09:51:59

=====

INVOICE NUMBER : 19SC195003-MAY19 DATE: 06/03/2019 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-607-003_19_SSA_REIMBURSEMENT_MAY_2019

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM NUMBER		DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	12,042.96	001	3046	520607009	1950050764	
	1 EA	5302		4195-607-003_19	N N N N	
0002						
0003						
0004						

: _____
: _____ GROSS AMOUNT: 12,042.96

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date

Authorization

Date

Authorization

Date

Western Resources for Independent Living
Report Period: May 1 2019 to May 31 2019

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
jrb			1.50																					7.50
lw	73.50	4.25	15.75									8.50										0.50	5.50	114.75
ls	7.50	10.75	17.25	0.00								7.25									10.25	5.75	7.50	95.50
kt			4.50																			24.75	17.75	4.50
tm	47.75	13.25	15.75									2.00									0.25	5.00	8.75	92.75
chp	52.75		4.00	0.50								0.00							3.75			7.50	5.50	74.00
mw	0.25	0.25	6.75																			0.50	0.50	7.75
Totals	181.75	28.50	55.50	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17.75	0.00	0.00	0.00	0.00	0.00	0.00	3.75	10.50	0.00	43.50	45.00	396.75

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	276.25	\$18,431.40	\$21,333.72
Total HMAD/AT	10.50	\$700.56	\$700.56
Total Other	21.50	\$1,434.48	\$1,434.48
Total TAD	45.00	\$3,002.40	\$3,002.40
Travel	43.50	\$2,902.32	
	396.75		\$26,471.16

ONLY INVOICE AVAILABLE

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

04/02/2019 08:55:19

=====

INVOICE NUMBER : 19SC195003-MAR19 DATE: 04/01/2019 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I
PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: 4195-607-003_19_PART_B_@_MATCH,SSA_REIMBURSEMENT_MARCH_2019_

SIGNATURE APPR CD: _____


LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	273.28	001	1000	520607008	1950050132	
	1 EA	5300		4195-607-003_19	N N N N	
0002	2,459.66	001	2003	520607008	1950050132	
	1 EA	5301		4195-607-003_19	N N N N	
0003	1,103.46	001	3046	520607009	1950050764	
	1 EA	5302		4195-607-003_19	N N N N	
0004						

: _____
: _____ GROSS AMOUNT: 3,836.40

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date



Authorization

Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 04/01/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-607-003 19

SPO#: 19SC195003

TO:

(Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM:

(Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$273.29	DR
3	2003	520607007	1950050	132	\$2,459.65	DR
4	3046	520607008	1950050	764	\$1,103.46	DR
5						
6						
7						
8						
9						
10						
					Total	\$3,836.40

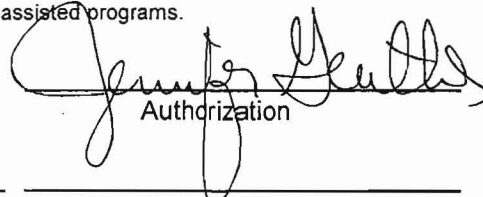
Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	March-19	
\$91,136.94	\$88,404.00	\$0.00	Part B @ Match	March-19	\$2,732.94
\$64,079.84	\$0.00	\$62,976.38	SSA Reimbursement	March-19	\$1,103.46
\$155,216.78					

Total

\$3,836.40

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

04/01/2019
Date

Claimant

Authorization

Date

RECEIVED

APR 02 2019

DHS
BUDGET & FINANCE

Western Resources for Independent Living
Report Period: March 1 2019 to March 31 2019

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Dater	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals	
jrb			1.25																					1.25	
hw	67.25	2.00	11.25																					88.75	
is	2.00	1.50	6.50									7.50								6.00			0.50	0.25	53.75
kt			6.00									13.50											17.5	14.50	6.00
tm	37.00	9.25	9.75																						94.75
chp	19.75		2.75	2.50								7.25								3.25			9.25	19.00	29.25
Totals	126.00	12.75	37.50	2.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.25	0.00	22.50	35.00		273.75

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	178.75	\$11,926.20	\$13,427.40
Total HMAD/AT	9.25	\$617.16	\$617.16
Total Other	28.25	\$1,884.84	\$1,884.84
Total TAD	35.00	\$2,335.20	\$2,335.20
Travel	22.50	\$1,601.20	\$1,501.20
	273.75		\$19,765.80

$$\begin{array}{r}
 \times 4 \\
 \hline
 1095 \\
 - 865 \text{ Part C} \\
 \hline
 230 \times 16.68 \\
 = 3836.40
 \end{array}$$

ONLY INVOICE AVAILABLE

State of South Dakota
VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

05/08/2019 10:02:25

REQUEST: _____

=====

INVOICE NUMBER : 19SC195003-APR19 DATE: 05/06/2019 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : 12041771 RAPID CITY CM/DM : I

PO REFERENCE : SRVC 19SC195003 APPROVAL NBR: _____ MULTI PYMT: N

TERMS CC

REMIT MSG: 4195-607-003_19_SSA_REIMBURSEMENT_APRIL_2019

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	5,170.80	001	3046	520607009	1950050764	
	1 EA	5302		4195-607-003_19	N N N N	
0002						
0003						
0004						

: _____

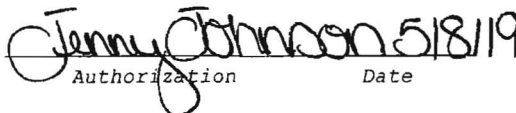
: _____

GROSS AMOUNT: 5,170.80

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date

 5/8/19

Authorization

Date

Authorization

Date

Western Resources for Independent Living
Report Period: April 1 2019 to April 30 2019

	Advoc.	IL Skills	I&R	Peer	NH Trans	NH Deter	Youth PS	Child	Comm.	Empl.	Family	Housing	Mobility	Pers. Asst.	Prevent	Recreat.	Rehab	Transport.	Youth	HMAD	AT	Travel	TAD	Totals
lw	70.50		7.00									6.75										7.25	2.25	94.00
ls	2.50	9.75	14.00	0.00								10.00								12.00		14.00	14.25	75.50
kt			7.25																					7.25
tm	16.00	12.25	8.50									7.00								3.25		9.50	8.50	68.00
chp	39.00		2.75	0.75								0.50										1.00		45.00
mw			2.75																					2.75
Totals	128.00	22.00	42.25	0.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.25	0.00	27.50	24.50	284.50

Unit Rate \$16.68

	Hours	Payment	Total Payment
Total Core	193.00	\$12,876.96	\$14,711.76
Total HMAD/AT	15.25	\$1,017.48	\$1,017.48
Total Other	24.25	\$1,617.96	\$1,617.96
Total TAD	24.50	\$1,634.64	\$1,634.64
Travel	27.50	\$1,634.60	
	284.50		\$18,981.84

x 4
 1138 units
 - 865 Part C
 + 37 outreach

 310 x 16.68 = \$5170.80

ONLY INVOICE AVAILABLE

666192

2018 SEP 20 PM 4:36

RECEIVED
STATE AUDITOR

State of South Dakota

VOUCHER
Invoice

BT
9/25

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____

09/19/2018 13:57:29

REQUEST: _____

=====

INVOICE NUMBER : _____ 590054 DATE: 09/13/2018 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : _____ 12041771 _____ RAPID CITY _____ CM/DM : I

PO REFERENCE : _____ APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: 001 PYMT DUE DATE: _____ DO NOT USE : _____

REMIT MSG: _____ INV_590054_TAD_SERVICES_AUG_2018 _____

SIGNATURE APPR CD: _____

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER

VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 I'RC

0001 _____ 180.00 001 3091 520607009 _____ 195101154501 _____

_____ N N N N _____

0002 _____

0003 _____

0004 _____

_____ GROSS AMOUNT: _____ 180.00 ✓

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date

Jenny Johnson 9/20/18

Authorization Date

Authorization

Date

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 09/13/2018 VENDOR #: 12041771
AREA: 74 ID NUMBER: CONTRACT #: 0
SPO#: 0

(Payee, Billed Agency)
TO: Western Resources for Independent Living
405 E Omaha St STE A
Rapid City, SD 57701-0382

(Department, Billing Agency)
FROM: Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

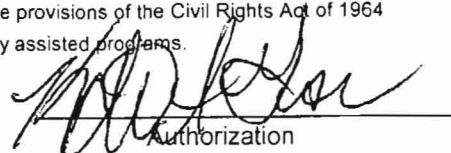
FUNDING INFORMATION

Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607009	1951011	54501		
2	2003	520607009	1951011	54501		
3	3091	520607009	1951011	54501	\$180.00	
4						
5						
6						
7						
8						
9						
10						
				Total	\$180.00	

Description / Justification

TAD Services					

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

9/13/18
Date

Claimant

Authorization

Date

RECEIVED

SEP 17 2018

From: Western Resources for Independent Living
529 Kansas City St Ste 203
Rapid City, SD 57701

To: Katie Gran
Division of Rehabilitation Services
3800 E. Hwy 34, c/o 500 E Capitol
Pierre, SD 57501

Invoice Date: #####

Statement for TAD Program Funds

Consumer	County	Date of Service	Dialer #	Emergency Dialer Yes/No	Large Print Phone Yes/No	Device Name	Cost
Cory lurz	jackson	8/1/18	na	no	no	cell phone monitor	\$60.00
Pat kozlik	jackson	8/1/18	803	yes	no	Geemarc Ampli600	\$0.00
Lois petty john	jackson	8/1/18	802	yes	no	Geemarc Ampli600	\$0.00
Luann denke	pennington	8/16/18	852	yes	no	Geemarc Ampli600	\$0.00
James om	pennington	8/16/18	844	yes	no	Geemarc Ampli600	\$0.00
Richard updike	pennington	8/9/18	835	yes	no	Geemarc Ampli600	\$0.00
Sharon patterson	pennington	8/17/18	853	yes	no	Geemarc Ampli600	\$0.00
Lu heier	perkins	8/24/18	854	yes	no	Geemarc Ampli600	\$0.00
Nadine henschel	bennett	8/22/18	845	yes	no	Geemarc Ampli600	\$0.00
Myrna halls	fall river	8/27/18	860	yes	no	Geemarc Ampli600	\$0.00
Mildred adams	hughes	8/29/18	768	yes	no	Geemarc Ampli600	\$0.00
Karen tovuseud	dewey	8/30/18	na	no	no	cell phone monitor	\$60.00
Esther cook	dewey	8/30/18	na	no	no	cell phone monitor	\$60.00
				yes	no	Geemarc Ampli600	\$0.00
				yes	no	Geemarc Ampli600	\$0.00
				no	no	cell phone monitor	\$0.00
				no	no	cell phone monitor	\$0.00
Total Equipment							\$180.00
Other TAD expenses							

ONLY INVOICE AVAILABLE

2018 JUL 16 AM 11:58

State of South Dakota

VOUCHER Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____ 07/12/2018 16:55:32
REQUEST:

INVOICE NUMBER : _____ 590009 DATE: 06/29/2018 MODEL: _____
VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____
VENDOR NUMBER : __12041771__ RAPID CITY CM/DM : I
PO REFERENCE : _____ APPROVAL NBR: _____ MULTI PYMT: N
TERMS CC
REMIT MSG: TAD SERVICES JUNE 2018

SIGNATURE APPR CD:

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D)	USE 99 I'RC
0001	60.00	001	3091	520607009	1951013559	
						N N N N
0002						
0003						
0004						
	:				:	
	:					
					GROSS AMOUNT:	60.00

VL723

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date _____

Authorization

Date _____

Authorization

Date _____

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

AGENCY ENTRY INFORMATION

APPLICATION: DOCUMENT: DATE: 07/03/2018 VENDOR #: 12041771
 AREA: 74 ID NUMBER: 590009 CONTRACT #: SPO#:

TO: (Payee, Billed Agency)
 Western Resources for Independent Living
 405 E Omaha St STE A
 Rapid City, SD 57701-0382

FROM: (Department, Billing Agency)
 Department of Human Services
 East Highway 34
 Hillsvie Plaza
 % 500 E. Capitol
 Pierre, SD 57501-5070

FUNDING INFORMATION

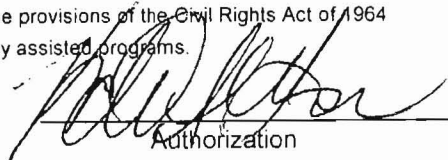
Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607009	1951013	559		
2	2003	520607009	1951013	559		
3	3091	520607009	1951013	559	\$60.00	
4						
5						
6						
7						
8						
9						
10						
Total					\$60.00	

Description / Justification

06/29/2018

TAD Services					

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


 Authorization

7/19/18
 Date

Claimant

Authorization

Date

RECEIVED

JUL 11 2018

DHS
 BUDGET & FINANCE

From: Western Resources for Independent Living
529 Kansas city st ste 203
Rapid City, SD 57701

To: Katie Gran
Division of Rehabilitation Services
3800 E. Hwy 34, c/o 500 E Capitol
Pierre, SD 57501

Invoice Date: 6/29/2018

Statement for TAD Program Funds

Consumer	County	Date of Service	Dialer #	Emergency Dialer Yes/No	Large Print Phone Yes/No	Device Name	Cost
Duane Van Rooyen	Haakon	6/7/18	766	yes	no	Geomarc Ampli600	\$0.00
Maxine Franek	Buffalo	6/14/18	767	yes	no	Geomarc Ampli600	\$0.00
Mary Jane Nelsoon	Lawrence	6/11/18	819	yes	no	Geomarc Ampli600	\$0.00
Joan Ziemann	Lawrence	6/7/18	818	yes	no	Geomarc Ampli600	\$0.00
Albert Bleg Perkins	Perkins	6/1/18	828	yes	no	Geomarc Ampli600	\$0.00
Edith Paulson	Pennington	6/20/18	833	yes	no	Geomarc Ampli600	\$0.00
Delja Hoffman	Pennington	6/20/18	841	yes	no	Geomarc Ampli600	\$0.00
Gerald Borresen	Pennington	6/22/18	842	yes	no	Geomarc Ampli600	\$0.00
Marie Flying	Hughes	6/26/18	na	no	no	cell phone monitor	\$60.00
Sheryl Roth	Pennington	6/25/18	843	yes	no	Geomarc Ampli600	\$0.00
						Geomarc Ampli600	\$0.00
						cell phone monitor	\$0.00
						Geomarc Ampli600	\$0.00
						Geomarc Ampli600	\$0.00
						cell phone monitor	\$0.00
						Geomarc Ampli600	\$0.00
						cell phone monitor	\$0.00
Total Equipmen							\$60.00
Other TAD expenses							

633237

2018 AUG -9 AM 11:33

RECEIVED
STATE AUDITOR

State of South Dakota

VOUCHER
Invoice

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____
REQUEST: _____

08/08/2018 13:27:37

=====

INVOICE NUMBER : _____ 590040 DATE: 07/31/2018 MODEL: _____

VENDOR SHORT NM: WESTERNRESOURCE WESTERN RESOURCES FOR CURR : _____

VENDOR NUMBER : _____ 12041771 _____ RAPID CITY CM/DM : I

PO REFERENCE : _____ APPROVAL NBR: _____ MULTI PYMT: N

TERMS CC

REMIT MSG: _____ TAD_PROGRAM_FUNDS_JULY_2018_7/31/18_INVOICE _____

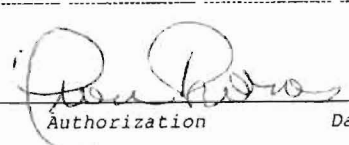
SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO NUMBER
VAT	QUANTITY	UNIT	ITEM	NUMBER	DESCRIPTION	PRORATE (T F A D) USE 99 I'RC
0001	120.00	001	3091	520607009	195101154501	
					N N N N	
0002						
0003						
0004						

: _____ : _____

: _____ GROSS AMOUNT: _____ 120.00

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant_____
Date

Authorization_____
Date_____
Authorization_____
Date

From:

Western Resources for Independent Living
529 Kansas City St. Ste 203
Rapid City, SD 57701

To:

Katie Gran
Division of Rehabilitation Services
3800 E. Hwy 34, c/o 500 E Capitol
Pierre, SD 57501

Invoice Date: 7/31/2018

Statement for TAD Program Funds

Consumer Name	County	Date of Service	Dialer #	Emergency Dialer Yes/No	Large Print Phone Yes/No	Device Name	Cost
Marge Flynn	Pennington	07/16/18	846	Yes	No	Geemarc Ampli600	\$0.00
Donna Brock	Pennington	07/13/18	847	Yes	No	Geemarc Ampli600	\$0.00
Deloris Huber	Perkins	07/09/18	832	Yes	No	Geemarc Ampli600	\$0.00
Keith Williams	Lawrence	07/09/18	820	Yes	No	Geemarc Ampli600	\$0.00
Jewel Rogers	Pennington	07/18/18	849	Yes	No	Geemarc Ampli600	\$0.00
Carol Kessel	Lawrence	07/17/18	836	Yes	No	Geemarc Ampli600	\$0.00
Ruth Vosler	Lawrence	07/18/18	837	Yes	No	Geemarc Ampli600	\$0.00
Ceicilia Keller	Lawrence	07/17/18	848	Yes	No	Geemarc Ampli600	\$0.00
Darlene Hoon	Lawrence	07/23/18	850	Yes	No	Geemarc Ampli600	\$0.00
Mary Fleming	Pennington	07/25/18	851	Yes	No	Geemarc Ampli600	\$0.00
Kitty Curry	Hughes	07/25/18	804	Yes	No	Geemarc Ampli600	\$0.00
Lila Bohr	Hughes	07/26/18	NA	NO	No	Cell Phone Monitor	\$60.00
Rosella Alexander	Tripp	07/02/18	801	Yes	No	Geemarc Ampli600	\$0.00
Velda Pitlick	Hughes	07/09/18	800	Yes	No	Geemarc Ampli600	\$0.00
Diann Dietzman	Lawrence	07/31/18	838	Yes	No	Geemarc Ampli600	\$0.00
Norma Musick	Hughes	07/31/18	NA	NO	No	Cell Phone Monitor	\$60.00
Total Equipment							\$120.00
Other TAD expenses							
Total TAD Amount Due:							\$120.00

From:

Western Resources for Independent Living
 529 Kansas City St. Ste 203
 Rapid City, SD 57701

To:

Katie Gran
 Division of Rehabilitation Services
 3800 E. Hwy 34, c/o 500 E Capitol
 Pierre, SD 57501

Invoice Date: 7/31/2018

Statement for TAD Program Funds

Consumer Name	County	Date of Service	Dialer #	Emergency Dialer Yes/No	Large Print Phone Yes/No	Device Name	Cost
Marge Flynn	Pennington	07/16/18	846	Yes	No	Geemarc Ampli600	\$0.00
Donna Brock	Pennington	07/13/18	847	Yes	No	Geemarc Ampli600	\$0.00
Deloris Huber	Perkins	07/09/18	832	Yes	No	Geemarc Ampli600	\$0.00
Keith Williams	Lawrence	07/09/18	820	Yes	No	Geemarc Ampli600	\$0.00
Jewel Rogers	Pennington	07/18/18	849	Yes	No	Geemarc Ampli600	\$0.00
Carol Kessel	Lawrence	07/17/18	836	Yes	No	Geemarc Ampli600	\$0.00
Ruth Vosler	Lawrence	07/18/18	837	Yes	No	Geemarc Ampli600	\$0.00
Ceicilia Keller	Lawrence	07/17/18	848	Yes	No	Geemarc Ampli600	\$0.00
Darlene Hoon	Lawrence	07/23/18	850	Yes	No	Geemarc Ampli600	\$0.00
Mary Fleining	Pennington	07/25/18	851	Yes	No	Geemarc Ampli600	\$0.00
Kitty Curry	Hughes	07/25/18	804	Yes	No	Geemarc Ampli600	\$0.00
Lila Bohr	Hughes	07/26/18	NA	NO	No	Cell Phone Monitor	\$60.00
Rosella Alexander	Tripp	07/02/18	801	Yes	No	Geemarc Ampli600	\$0.00
Velda Pitlick	Hughes	07/09/18	800	Yes	No	Geemarc Ampli600	\$0.00
Diann Dietzman	Lawrence	07/31/18	838	Yes	No	Geemarc Ampli600	\$0.00
Norma Musick	Hughes	07/31/18	NA	NO	No	Cell Phone Monitor	\$60.00
Total Equipment							\$120.00
Other TAD expenses							
Total TAD Amount Due:							\$120.00

ONLY INVOICE AVAILABLE

Agreement # **4195-607-003 19**

Service PO # **19SC195003**

**STATE OF SOUTH DAKOTA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES**

**Purchase of Services Subrecipient Agreement
Between**

Western Resources for Independent
Living
529 Kansas City St. Ste. 203
Rapid City, SD 57701
Referred to as Provider

State of South Dakota
Department of Human Services
Division of Rehabilitation Services
Hillsview Plaza, East Highway 34
c/o 500 East Capitol
Pierre SD 57501-5070
Referred to as State

1. This is an agreement for an award of Federal and/or State financial assistance to a subrecipient. While performing services hereunder, Provider is an independent contractor and not an officer, agent, or employee of the State of South Dakota. See Exhibit A for additional subrecipient information.

2. DESCRIPTIONS, METHODS AND LOCATIONS OF SERVICES:

This agreement is made for the purpose of providing independent living services. Refer to Attachment 1 for provider responsibilities, Attachment 2 for individual services being provided, Attachment 3 for Client Satisfaction Survey, and Attachment 4 for CIL Quarterly Report. IL services coverage areas include: Butte, Custer, Fall River, Harding, Haakon, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, and Tripp counties. In addition, reservations covered include; Lower Brule, Rosebud, and Pine Ridge.

3. PERIOD OF PERFORMANCE:

This agreement shall be effective as of June 1, 2018 and shall end on May 31, 2019, unless sooner terminated pursuant to the terms hereof.

4. BASIS OF AGREEMENT AMOUNTS:

The rate and amount for services purchased have been determined on the following basis:

The service unit rate is \$16.68 per unit (15 minutes).

The total amount of this agreement will not exceed \$155,216.78.

5. METHOD AND SOURCE OF PROVIDER PAYMENT:

Provider agrees to submit an initial bill for services within 30 days following the end of the **month** in which services were provided. If the provider cannot submit a bill within the 30-day timeframe, a written request for an extension of time must be provided to the State. If a bill has not been received by the State, the State reserves the right to refuse payment. Final billing for agreements ending May 31, 2019 must be received by the State by June 7, 2019.

An exception to this is when a provider is waiting for program/funding eligibility determination and billing cannot be made within 30 days. Valid adjustments and/or voiding of claims can continue to occur past the 30-day timeframe.

6. TECHNICAL ASSISTANCE:

The State agrees to provide technical assistance regarding Department of Human Services' rules, regulations and policies to the Provider and to assist in the correction of problem areas identified by the State's monitoring activities.

7. LICENSING AND STANDARD COMPLIANCE:

The Provider agrees to comply in full with all licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance in which the service and/or care is provided for the duration of this agreement. Liability resulting from noncompliance with licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance or through the Provider's failure to ensure the safety of all individuals served is assumed entirely by the Provider.

8. ASSURANCE REQUIREMENTS:

The Provider agrees to abide by all applicable provisions of the following assurances: Lobbying Activity, Drug-Free Workplace, Title VI of the Civil Rights Act of 1964, Section 504 and Section 511 of the Rehabilitation Act of 1973 as amended, Title IX of the Education Amendments of 1972, Age Discrimination Act of 1975, Americans with Disabilities Act of 1990, Health Insurance Portability and Accountability Act (HIPAA) of 1996, Charitable Choice Provisions and Regulations, and Deficit Reduction Act of 2005.

9. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION:

Provider certifies, by signing this agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded

from participation in transactions by the federal government or any state or local government department or agency. Provider further agrees that it will immediately notify the State, if during the term of this Agreement, the Provider or its principals become subject to debarment, suspension, proposed for debarment, or declared ineligible from participating in transactions by the federal government, or by any state or local government department or agency.

10. OFFICE OF INSPECTOR GENERAL EXCLUSIONARY LIST REQUIREMENTS

Providers, who utilize federal Medicaid or Medicare funds, agree to screen all employees and contractors, prior to hiring or contracting and on a regular basis, to determine whether any of them are listed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities. Provider shall maintain documentation to support the screenings were performed and shall immediately report to DHS all cases in which employees are found on the exclusionary list. Provider understands that no payment shall be made for any goods or services furnished, ordered, or prescribed by an excluded individual or entity and any payment made for services provided by excluded parties will be recouped; and recoupment may include penalties.

11. RETENTION AND INSPECTION OF RECORDS:

The Provider agrees to maintain or supervise the maintenance of records necessary for the proper and efficient operation of the program, including records and documents regarding applications, determination of eligibility (when applicable), the provision of services, administrative costs, statistical, fiscal, other records, and information necessary for reporting and accountability required by the State. The Provider shall retain such records for six years following termination of the agreement. If such records are under pending audit, the Provider agrees to hold such records for a longer period upon notification from the State. The State, through any authorized representative, will have access to and the right to examine and copy all records, books, papers or documents related to services rendered under this agreement.

All payments to the Provider by the State are subject to site review and audit as prescribed and carried out by the State. Any over payment of this agreement shall be returned to the State within thirty days after written notification to the Provider.

12. AUDIT REQUIREMENTS:

If the total of all Department of Human Service funding is greater than \$750,000 during the Provider's fiscal year, the Provider agrees to submit to the State a copy of an annual entity-wide, independent financial audit. The audit shall be completed and filed with the Department of Human Services by the end of the fourth month following the end of the fiscal year being audited or 30 days after receipt of the auditor's report, whichever is earlier. The audit should be sent to:

Department of Human Services

Provider Reimbursements and Grants
3800 East Highway 34
c/o 500 East Capitol
Pierre, SD 57501

Audits conducted in accordance with this provision shall contain, as part of the supplementary information, a cost report as outlined by the Department of Human Services to include Schedule A, Schedule B, Attachment A, and Attachment B. Attachment I shall be submitted annually and directly to the Department of Human Services within the same time frame and is not considered part of the audit.

If federal funds of \$750,000 or more have been received by the Provider the audit shall be conducted in accordance with OMB Uniform Guidance 2 CFR Chapter I, Chapter II, Part 200, et al Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards by an auditor approved by the Auditor General to perform the audit. On continuing audit engagements, the Auditor General's approval should be obtained annually. Audits shall be completed and filed with the Department of Legislative Audit by the end of the fourth month following the end of the fiscal year being audited or 30 days after receipt of the Auditor's report, whichever is earlier. For a Uniform Guidance audit, approval must be obtained by forwarding a copy of the audit engagement letter to:

Department of Legislative Audit
427 South Chapelle
% 500 East Capitol
Pierre, SD 57501-5070

For either an entity-wide, independent financial audit or a Uniform Guidance audit, the Provider assures resolution of all interim audit findings. The Provider shall facilitate and aid any such reviews, examinations, agreed upon procedures etc., the Department or its' contractor(s)/subrecipient(s) may perform.

Failure to complete audit(s) as required will result in the disallowance of audit costs as direct or indirect charges to programs. Additionally, a percentage of awards may be withheld, overhead costs may be disallowed, and/or awards may be suspended, until the audit is completely satisfied.

13. COST PRINCIPLES

Provider, as a subrecipient, agrees to comply in full with the applicable cost principles as outlined in OMB Uniform Guidance 2 CFR Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

14. TERMINATION:

This agreement may be terminated by either party hereto upon thirty (30) days written notice, and may be terminated by the State for cause at any time, with or without notice. On

termination of this agreement all accounts and payments shall be processed according to financial arrangements set forth herein for services rendered to date of termination.

15. FUNDING:

This agreement depends upon the continued availability of appropriated funds and expenditure authority from the Legislature for this purpose. If for any reason the Legislature fails to appropriate funds or grant expenditure authority, or funds become unavailable by operation of law or federal funds reduction, this agreement will be terminated by the State. Termination for any of these reasons is not a default by the State nor does it give rise to a claim against the State.

16. AMENDMENTS:

This agreement may not be assigned without the express prior written consent of the State. This agreement may not be amended except in writing, which writing shall be expressly identified as a part hereof, and be signed by an authorized representative of each of the parties hereto.

17. CONTROLLING LAW:

This agreement shall be governed by and construed in accordance with the laws of the State of South Dakota. Any lawsuit pertaining to or affecting this agreement shall be venued in Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.

18. SUPERCESSION:

All other prior discussions, communications and representations concerning the subject matter of this agreement are superseded by the terms of this agreement, and except as specifically provided herein, this agreement constitutes the entire agreement with respect to the subject matter hereof.

19. SEVERABILITY:

In the event that any provision of this agreement shall be held unenforceable or invalid by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision hereof.

20. NOTICE:

Any notice or other communication required under this agreement shall be in writing and sent to the address set forth above. Notices shall be given by and to the Division being contracted with on behalf of the State, and by the Provider, or such authorized designees as either party may from time to time designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail,

provided that notice of default or termination shall be sent by registered or certified mail, or, if personally delivered, when received by such party.

21. SUBCONTRACTORS:

Provider will include provisions in its subcontracts requiring its subcontractors/subrecipients to comply with the applicable provisions of this agreement, to indemnify the State, and to provide insurance coverage for the benefit of the State in a manner consistent with this agreement. Provider will cause its subcontractors, agents, and employees to comply with applicable federal, state and local laws, regulations, ordinances, guidelines, permits and requirements and will adopt such review and inspection procedures as are necessary to assure such compliance.

22. FEDERAL FUNDING ACCOUNTING AND TRANSPARENCY ACT

The Subrecipient agrees to:

- a. Assist and support State in complying with Federal Funding Accounting and Transparency Act (FFATA) requirements by providing any and all information the State must report to be compliant with FFATA. More information about FFATA reporting requirements can be found at www.fsr.gov.
- b. Indemnify and hold harmless State for any amount of costs for non-compliance with FFATA requirements due to Subrecipient (Provider) non-compliance or failure to comply with subsection (a) of this Provision. Subrecipient understands and agrees that it is liable to State for any costs determined to be not allowed by the United States government for non-compliance with FFATA requirements due to Subrecipient's failure to supply State with any requested information necessary to comply with FFATA.

23. AWARD RECIPIENT ATTESTATION

The award recipient or sub-recipient attest to meeting the following requirements per SDCL 1-56-10:

- a. A conflict of interest policy is enforced within the recipient's or sub-recipient's organization;
- b. The Internal Revenue Service Form 990 has been filed, if applicable, in compliance with federal law, and is displayed immediately after filing on the recipient's or sub-recipient's website;
- c. An effective internal control system is employed by the recipient's or sub-recipient's organization; and

- d. If applicable, the recipient or sub-recipient is in compliance with the federal Single Audit Act, in compliance with § 4-11-2.1, and audits are displayed on the recipient's or sub-recipient's website.

24. HOLD HARMLESS:

The Provider agrees to hold harmless and indemnify the State of South Dakota, its officers, agents and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of performing services hereunder. This section does not require the Provider to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.

25. INSURANCE:

- a. Commercial General Liability Insurance:

Provider shall maintain occurrence-based commercial general liability insurance or an equivalent form with a limit of not less than \$ 1,000,000 for each occurrence. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two times the occurrence limit.

- b. Business Automobile Liability Insurance:

Provider shall maintain business automobile liability insurance or an equivalent form with a limit of not less than \$ 500,000 for each accident. Such insurance shall include coverage for owned, hired, and non-owned vehicles.

- c. Workers' Compensation Insurance:

Provider shall procure and maintain workers' compensation and employers' liability insurance as required by South Dakota law.

- d. Professional Liability Insurance:

Provider agrees to procure and maintain professional liability insurance with a limit not less than \$ 1,000,000.

Before beginning work under this agreement, Provider shall furnish the State with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this agreement and which provide that such insurance may not be canceled except on 30 days prior written notice to the State. Provider shall furnish copies of insurance policies if requested by the State.

26. REPORTING

Provider agrees to immediately report to the Department any event or incident encountered in the course of performance of this agreement which results in injury to any person or property, or which may otherwise subject Provider, or the State of South Dakota or its officers, agents or employees to liability. Provider shall report any such event to the State immediately upon discovery.

Provider's obligation under this section shall only be to report the occurrence of any event to the State and to make any other report provided for by their duties or applicable law. Provider's obligation to report shall not require disclosure of any information subject to privilege or confidentiality under law. Reporting to the State under this section shall not excuse or satisfy any obligation of Provider to report any event to law enforcement or other entities under the requirements of any applicable law.

Agreement # **4195-607-003 19**

27. AUTHORIZED SIGNATURES: In witness hereto, the parties signify their agreement by affixing their signatures hereto.

DocuSigned by: <u>Ken Red Bear</u> 6BD91FD09A47473...	Provider Signature	7/9/2018 Date
DocuSigned by: <u>Eric Weiss</u> 3D59C520C350430...	State - DHS Division Director	7/2/2018 Date
DocuSigned by: <u>Denise Houlette</u> BB456F8275E1454...	State - DHS Office of Budget and Finance	7/2/2018 Date
DocuSigned by: <u>Gloria Pearson</u> 29300DCCA2AE469...	State - Office of the Secretary	7/2/2018 Date

Agreement # **4195-607-003 19**Contract Description Code 500

State Agency Coding:

CFDA Number 93.369

Company	<u>1000</u>	<u>2003</u>	<u>3046</u>	
Account	<u>520607007/8</u>	<u>520607007/8</u>	<u>520607008/9</u>	
Center Req	<u>1950050</u>	<u>1950050</u>	<u>1950050</u>	
Center User	<u>132</u>	<u>132</u>	<u>764</u>	
Dollar Total	<u>\$9,113.69</u>	<u>\$82,023.25</u>	<u>\$64,079.84</u>	
SVC PO Code	<u>5300</u>	<u>5301</u>	<u>5302</u>	

Company				
Account				
Center Req				
Center User				
Dollar Total				
SVC PO Code				

Company				
Account				
Center Req				
Center User				
Dollar Total				
SVC PO Code				

DHS Program Contact Person Jennifer Geuther
 Phone (605) 773-3195

DHS Fiscal Contact Person Alan Fickbohm
 Phone (605) 773-5990

Provider Program Contact Person Jen Red Bear
 Phone (605) 718-1930

Provider Fiscal Contact Person Jen Red Bear
 Phone (605) 718-1930

Agreement# 4195-607-003 19
 PO# 19SC195003
 Vendor # 12041771
 Group

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 06/03/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-607-003 19

SPO#: 19SC195003

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

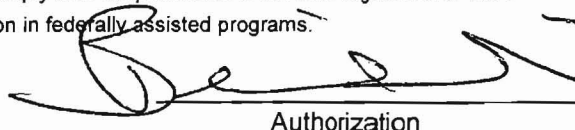
Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$0.00	DR
3	2003	520607007	1950050	132	\$0.00	DR
4	3046	520607009	1950050	764	\$12,042.96	DR
5						
6						
7						
8						
9						
10						
Total					\$12,042.96	

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	May-19	
\$91,136.94	\$91,136.94	\$0.00	Part B @ Match	May-19	
\$84,079.84	\$6,274.26	\$45,762.62	SSA Reimbursement	May-19	\$12,042.96
\$155,216.78					

Total \$12,042.96

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.



Authorization

06/03/2019
Date

Claimant

Authorization

Date

RECEIVED

JUN 04 2019

DHS
BUDGET & FINANCIAL

STATE OF SOUTH DAKOTA VOUCHER

NON-CASH

CASH TRANSFER

EXPEND CORR

REVENUE CORR

CASH RECEIPT

DIRECT

XXX

AGENCY ENTRY INFORMATION

APPLICATION:

DOCUMENT:

DATE: 05/06/2019

VENDOR #: 12041771

AREA: 74

ID NUMBER:

CONTRACT #: 4195-607-003 19

SPO#: 19SC195003

TO: (Payee, Billed Agency)
Western Resources for Independent Living
405 E. Omaha St., Suite D
Rapid City, SD 57701

FROM: (Department, Billing Agency)
Department of Human Services
East Highway 34
Hillsview Plaza
% 500 E. Capitol
Pierre, SD 57501-5070

FUNDING INFORMATION

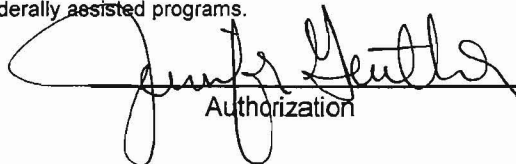
Line Number	Company	Account Required	Center Required	Center User	Amount Each Line	Code
1	1000	520607000	1950050		\$0.00	DR
2	1000	520607007	1950050	132	\$0.00	DR
3	2003	520607007	1950050	132	\$0.00	DR
4	3046	520607008	1950050	764	\$5,170.80	DR
5						
6						
7						
8						
9						
10						
					Total	\$5,170.80

Description / Justification

Contract \$ Total	Previous \$ Paid	Remain Balance	Description of Services	Period of Services	Payment Amount
\$0.00	\$0.00	\$0.00	State Funds Only	April-19	
\$91,136.94	\$91,136.94	\$0.00	Part B @ Match	April-19	
\$84,079.84	\$1,103.46	\$57,805.58	SSA Reimbursement	April-19	\$5,170.80
\$155,216.78					

Total \$5,170.80

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued, thereunder relating to nondiscrimination in federally assisted programs.


Authorization

05/06/2019
Date

Claimant

Authorization

Date

RECEIVED

MAY 06 2019

DHS
BUDGET & FINANCE

Pierre ILS Outreach December 2018 – March 2019

1/4/2019- DOLR- Pierre, SD 9:00-10:00am (**1.00 hour**): met with Brandon Kucker employment specialist to explain IL services.

1/7/2019 Capitol Area Counseling-Pierre, SD 1:00-2:30 pm (**1.50 hour**): met with counselor Courtney Frengto explain IL services.

1/17/2019- United Sioux Tribes- Pierre, SD 1:00-2:00pm (**1.00 hour**): met with Admin. Assistant Cammy Roach to explain IL services.

1/17/2019- Capitol Area United Way- Pierre, SD 11:30-1:00pm (**1.50 hour**): met with many different community resources in an annual meeting to explain IL services.

1/30/2019- Black Hills Special Services- Pierre, SD 2:30-3:00pm (**.50 hour**): met with Tynell Millner to explain IL services.

$\begin{array}{r} 5.5 \\ \times 4 \\ \hline 22 \text{ units} \end{array}$

2/11/2019- SD Advocacy-Pierre, SD 11:00 pm-12:00pm (**1.00 hour**): met with Brian Poelstra to explain IL services.

2/19/2019- Avera Coordinated Care- Pierre, SD 11:00-11:30pm (**.50 hour**): met with Richelle Harris RN to explain IL services.

$\begin{array}{r} 2 \times 4 \\ \hline = 8 \text{ units} \end{array}$

2/26/2019 - Subway-Pierre, SD met with the subway manager to explain IL services.

2/28/2019-Lincoln Apartments-Pierre, SD 1:30-2:00pm (**.50 hour**): met with the manager Gary to explain IL services.

3/1/2019-Costello Properties-Pierre, SD 1:00-1:30 pm (**.50 hour**): met with the Property Manager Christy to explain IL services.

3/6/2019-Castello Properties-Pierre, SD 12:00-12:15 pm (**.25 hour**): met with Christy to explain IL services.

3/7/2019- DOLR-Pierre, SD 1:30-2:30pm (**1.00 hour**): met with employment specialist Connie Hansen to explain IL services.

$\begin{array}{r} 1.75 \times \\ 4 \\ \hline 7 \text{ units} \end{array}$

Total hours: 8.75

$\begin{array}{r} 9.25 \times 4 \\ = 37 \text{ units} \\ \times 16.68 \\ \hline \$617.16 \end{array}$

Exhibit A

- A. Subrecipient Name Western Resources for Independent Living
 Subrecipient DUNS 606192110
 Subrecipient Primary Location of Performance is:
 Street 529 Kansas City St. Ste 203
 City, State, ZIP Rapid City, South Dakota 57701-3693
- B. This award does not include Research and Development (R & D).
- C. Subrecipient Indirect Cost Rate The Subrecipient does has a Indirect Rate ending 05/31/18.
- D. The following information identifies Federal funding for the Agreement:

CFDA # 93.369

This grant is awarded under Rehabilitation Act of 1973, as amended, Title VII, Chapter 1, Part B. The purpose of the grant is to provide financial assistance to States for expanding and improving the provision of independent living (IL) services to individuals with significant disabilities by promoting and maximizing their full integration and inclusion into the mainstream of American society. Funds received under this program may be used to carry out the purposes of the Independent Living State Grants Program described in section 713 of the Rehabilitation Act and 34 CFR Section 365.1 of the IL program regulations. These purposes include to support the operation of the Statewide Independent Living Council (SILC), to provide individuals with significant disabilities the core independent living services to demonstrate ways to expand and improve independent living services; to support the operations of centers for independent living that are in compliance with the standards and assurances in section 725 (b) and (c) of the Rehabilitation Act; to support activities to increase the capacities of public or nonprofit agencies and organizations and other entities to develop comprehensive approaches or systems for providing independent living services; to conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policymakers in order to enhance independent living services for individuals with significant disabilities; to train individuals with significant disabilities, individuals with disabilities, and individuals providing services to individuals with disabilities and other persons regarding the independent living philosophy; and to provide outreach to populations that are unserved or underserved by programs under Title VII of the Rehabilitation Act, including minority groups and urban and rural populations.

Total FEDERAL Funding Obligated to Subrecipient Under CFDA number	93.369.		
Year One (1) Funding	\$58,310.12	Year Four (4) Funding	N/A
Year Two (2) Funding	N/A	Year Five (5) Funding	N/A
Year Three (3) Funding	N/A	Total Amount of Funds Committed	\$58,310.12

(Funding Subject to Availability and Satisfactory Progress of the Project)

Federal Agency	Dept of Health and Human Services Administration for Community Living
CFDA#	93.369
CFDA Name	ACL Independent Living State Grants
Federal Award Date	October 19, 2017

Federal Award Identification Number	18G1SDILSG
Total Amount of Federal Award	\$332,044
Current Award Amount for New Agreement or New Amendment	\$58,310.12
Previous Cumulative Award Amount	\$0.00
Unobligated Balance from Prior Budget Periods	\$0.00
Adjustment by State in Obligating Funds	\$0.00
Cumulative Award Amount	\$58,310.12

**Western Resources for Independent Living
Independent Living Contract
FY 2019**

The provider agrees to:

1. Provide independent living services to individuals in accordance with all independent living program requirements as referenced in this contract and the Independent Living Manual.
2. Provide 20,308 units (15 minutes) of service units as identified as a goal for the provider to deliver through this contract.
3. The 2017-2019 State Plan for Independent Living states "Part B funds utilized in State contracts with CILs will supplement Part C funds and not duplicate the funding of services supported by Part C funds. The State contract will make monthly payments above the required units of services that are funded by Part C funds."

Month	1	2	3	4	5	6
Part C units to be provided first	1,021	2,042	3,063	4,083	4,948	5,813
Month	7	8	9	10	11	12
Part C units to be provided first	6,678	7,543	8,408	9,273	10,138	11,003

4. Services are provided statewide. Clients have the right to choose their service provider, are notified of the provider in their geographic area, and can designate a different provider for their independent living services by completing an Authorization of Provider Choice form DHS-IL-313-10/07.
5. Accomplish the foregoing in accordance with the goals and objectives outlined in the South Dakota State Plan for Independent Living (SPIL). The current approved SPIL is available on the DRS web page <http://dhs.sd.gov/rehabservices>.
 - a. Independent living services shall be provided to individuals with significant disabilities in accordance with an independent living plan mutually agreed upon by an appropriate staff member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary;
 - b. All service providers will use formats that are accessible to notify individuals seeking or receiving IL services under chapter 1 of title VII about:
 1. the availability of the CAP authorized by section 112 of the Act;

1. the availability of the CAP authorized by section 112 of the Act;

2. the purposes of the services provided under the CAP; and
 3. how to contact the CAP;
- c. Participating service providers meet all applicable State licensure or certification requirements;
 - d. Service providers apply eligibility requirements without regard to age, color, creed, gender, national origin, race, religion or type of significant disability of the individual applying for IL services;
 - e. Service providers do not impose any State or local residence requirement that excludes any individual who is present in the State and who is otherwise eligible for IL services from receiving IL services;
 - f. Service provider staff includes personnel who are specialists in the development and provision of IL services and in the development and support of centers;
 - g. To the maximum extent feasible, a service provider makes available personnel able to communicate:
 1. with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication, nonverbal communication devices, Braille or audio tapes, and who apply for or receive IL services under title VII of the Act; and
 2. in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act;
 - h. Service providers establish and maintain a program of staff development for all classes of positions involved in providing IL services and, if appropriate, in administering the CIL program. The staff development programs emphasize improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy;
 - i. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will take affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act;
 - j. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will comply with applicable EDGAR fiscal and accounting requirements and will adopt those fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for those funds;
 - k. In addition to complying with applicable EDGAR recordkeeping requirements, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will maintain records that fully disclose and document:

1. the amount and disposition by the recipient of that financial assistance;
 2. The total cost of the project or undertaking in connection with which the financial assistance is given or used;
 3. the amount of that portion of the cost of the project or undertaking supplied by other sources;
 4. compliance with the requirements of chapter 1 of title VII of the Act and Part 364 of the regulations; and
 5. other information that the Commissioner determines to be appropriate to facilitate an effective audit;
 - l. With respect to the records that are required by 34 CFR 364.35, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will submit reports that the Commissioner determines to be appropriate;
 - m. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will provide access to the Commissioner and the Comptroller General, or any of their duly authorized representatives, to the records listed in 34 CFR 364.37 for the purpose of conducting audits, examinations, and compliance reviews;
 - n. Each service provider will adopt and implement policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names in accordance with the requirements of 34 CFR 364.56(a)(1-6).
6. Ensure all services pursuant to this agreement shall be performed to the satisfaction of the State, as determined at the sole discretion of the State, and in accordance with all federal, state, and local laws, ordinances, rules, policies and licensure or certification requirements. Provider shall not receive payment for services not in accordance to the above requirements.
7. Bill for services within 30 days following the month services were provided. Payments will not be processed until reports are accurately submitted.
- a. Services are paid at the following rate: \$16.68 per 15 minute unit of services. Billable services are defined in Attachment 2. There cannot be more billable time (including services billed to other programs) than the employee's work time.
 - b. Billing for Information and Referral is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquiries not related to an active client's case per day. Phone calls billings for active IL client's cases can be more than 15 minutes for this service if fully justified and support the service and time being billed. Phone calls billed exceeding 60 minutes in length are subject to review of phone logs.
 - c. Billings are based on 15 minute increments when working with one individual at a time. When providing IL services to more than one IL client at the same time, the billing time must be split between the individuals.
8. Provide annual cost report of expenditures in accordance with the Department of Human Services cost reporting guidelines, by the end of the fourth month following the close of the most current fiscal year ending (September 30).

9. Meet the requirements of Title VII, Chapter 1, Part B of the Rehabilitation Act and CFR 34 § 364, 365 and 366.
10. Send emails with personal health information or personally identifiable information through Voltage SecureMail in order to protect personally identifiable information. This can be utilized by requesting DRS staff to send an email using Voltage SecureMail to the provider to get it set up.
11. Give Net-Cil or CILs First access to the State's Independent Living Program Specialist to review billings for services.
12. Report Program Income at the end of the Federal Fiscal year. Because the Independent Living funds were used to fund the services to generate this income, any income would be considered as Program Income and would need to comply with CFR 34 §364.5 and CFR 34 §364.6. Centers for Independent Living need to identify the amount of these reimbursement funds and how they are reused in the Independent Living Program.
13. Submit reports identified below to the State by the due date:

Report	Frequency	Report Due
Client Satisfaction Summary Attachment 3	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
CIL Report for State Plan Attachment 4	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
Detail Services Billing Report	Monthly	Before the end of the following month
704 Report	Once	December 31st
Cost Report of Expenditures	Once	September 30 th
Report on Program Income and how the funds were reinvested to provide IL Services	Once	December 31st
Other reports or data as requested by the State		

14. Individuals counted on the 704 report provided to the State must be IL clients (except for Information and Referral Services). Individuals reported on the 704 report to the State are subject to annual reviews and must meet all case management requirements identified in this contract.

Non-billable Time

Services that are not billable are:

- Time involved in reviewing cases or other administrative functions that do not involve any of the services listed above.
- Information & Referral Services for non-IL Clients exceeding 15 minutes per day.
- Phone call attempts to IL Clients, unless a voicemail message is left, then 15 minutes can be billed for that phone call. If there is no message left, there will be no billing for the attempted phone contact. This must be documented, for example, "Attempted contact, left voicemail".

- Services funded from other programs such as Assistive Daily Living Services Waiver, Adult Day Care, drug & alcohol prevention programs, or other disability programs funded by the US Veteran's Administration, SD Department of Human Services or the SD Department of Social Services. Information & Referral inquires/phone calls relating to these programs will not be billed on Net-Cil/CILs First and this contract.

Note: Net-Cil or CILs First can be used as a case management system for other programs/billings, but in order to NOT bill for IL services, the units of service will need to be left blank and any billing information can be documented within the case notes identifying the services and billing details.

Documentation needs to fully justify and support the service and time billed. Documentation for Information and Referral services when agencies inquire about services will include the name of the agency, person making the inquiry and their phone number. Documentation for travel time will include the start and destination of the travel. Additional requirements may be added to ensure all units of services are appropriately documented. Documentation and access to review and verify information includes, but is not limited to, time forms, phone records, case notes, etc. The State reserves the right to review, access, and verify information prior to payment.

Staffing

- All IL staff providing services through this contract must be an employee of the provider agency, and provision of IL services cannot be subcontracted out.
- Provider must maintain adequate staffing levels to provide the units of services identified in section 2 above.
- Training of IL staff to meet the requirements of the contract and Regulations CFR 34 § 364, 365 and 366 are the responsibility of the Center for Independent Living.

Vendors hired through the contracted provider agency to provide Vehicle Modifications/Adaptations and Environmental Accessibility Adaptations as ADLS waiver services must meet the following qualifications:

Vendors of vehicle adaptations shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of vehicle adaptations and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible.

Vendors of home modifications shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of home modifications and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible. Vendors must be knowledgeable of and comply with the Americans with Disabilities Act Accessibility Guidelines.

INDEPENDENT LIVING SERVICES

Contract FY2019

CORE SERVICES

Information and Referral - Services provided in relation to an individual's rights, resources, and responsibilities. These services offer individuals information on a wide range of disability-related topics. Services to assist an individual to obtain adaptive modifications that address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, and transportation. Identify all individuals who requested this type of assistance. This is the only service (other than services to family members) that may be provided to all individuals, whether or not the individual has a disability. Billing for this service is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquiries not related to an active client's case per day. Billings for active IL client's cases can be more than 15 minutes for this service but must be reasonable and documentation needs to fully justify and support the service and time billed.

Independent Skills Training and Life Skill Training Services - Training to assist individuals to make the most of their abilities and to increase self-reliance and self-confidence. This is done by teaching individuals how to take control of their lives. Skills can be taught at the center, in a classroom or workshop setting, or in the community. In some cases, skills training is provided in the individual home to help and individual learn new tasks in a familiar setting. These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities. This section should not include teaching an individual to use an adaptive device such as an emergency dialer, reacher, nail clippers or shower chair as the primary independent living goal. These can be secondary goals. Billings for this service are for active IL clients only.

Peer Counseling – A peer counselor helps to promote personal growth by sharing their own experiences and explaining how they have coped with the “ups and downs” of having a disability. Counseling, teaching, information sharing, and similar kinds of contact provided to clients by other people with disabilities. Billings for this service are for active IL clients only.

Individual and Systems Advocacy - These services assist an individual in developing the skills needed to advocate on their own behalf within the independent living services process and in all activities of daily living. Includes community awareness programs to enhance the understanding and integration into society of individuals with disabilities. Assistance and/or representation in obtaining access to benefits, services and programs to which a client may be entitled. Billings for this service are for active IL clients only.

NH Transition - Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services. The goal of Transition is to help

INDEPENDENT LIVING SERVICES Contract FY2019

an individual live in a more independent and integrated setting. Nursing facility transition is based on the Americans with Disabilities Act, in which the most integrated setting is defined as "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible." Transition planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only. Transition plan components include:

- Housing
- Personal Assistance
- Assistive Technology
- Health Services
- Mental Health/Addiction Supports
- Transportation
- Volunteering/Employment
- Roles of Family and Friends
- Social, Faith, Recreation
- Community Integration
- Advocacy/Self Advocacy
- Finances

NH Deter -Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals remain in the community. It is particularly important for the IL Specialist to be knowledgeable of programs and services available in the community that can prevent an individual from entering a nursing home. Examples include referral and enrollment into waiver programs, Department of Social Services, Meals on Wheels, assistive technology, and home modifications that will enable them to continue to remain living independently in their own homes. Deterrence planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only.

Youth PS - Facilitate the transition of youth who are individuals with significant disabilities who are eligible for individualized education programs under Section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C 14149d), and who have completed their secondary education or otherwise left school, to postsecondary life. Assistance includes referring the youth to Vocational Rehabilitation services for training and other employment services, as well as assistance with housing, independent living skills training, and self-advocacy skills training. Billings for this service are for active IL clients only.

INDEPENDENT LIVING SERVICES

Contract FY2019

OTHER SERVICES

Children's Services - These services are available for children under the age of 14 to supplement services already offered by the school system to foster the child's learning and ability to function independently. The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14. Billings for this service are for active IL clients only.

Housing and Shelter Services - Services related to securing housing or shelter, adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by individuals with significant disabilities). Note: A CIL may not provide housing or shelter as an IL service on either a temporary or long term basis unless the housing or shelter is incidental to the overall operation of the CIL and is provided to any individual for a period not to exceed eight weeks during any six-month period. Billings for this service are for active IL clients only.

Mobility Training - A variety of services involving assisting an individual to get around their home and community. Billings for this service are for active IL clients only.

Personal Assistance Services - These include, but are not limited to, assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Personal Attendant services from other programs/funding sources.

Preventive Services - Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Preventive services from other programs/funding sources.

Recreational Services – Provision or identification of opportunities for the involvement of clients in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities that may be competitive, active, or quiet. Billings for this service are for active IL clients only.

Transportation Services - Services that assist an individual to secure reliable and safe transportation. Billings for this service are for active IL clients only.

Youth Transition Services - Services for youth 14-24 that promote self-awareness, self-esteem, develop advocacy and self-empowerment skills. Assists an individual to explore career options, including transition from school to post school activities such as post-secondary education, vocational training, employment, continuing and adult education, adult services, independent living or community participation.

INDEPENDENT LIVING SERVICES

Contract FY2019

Youth/Transition Services category should only be used for a service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24. For example, a 20 year old asking about any of the services listed in that category would not be assigned to that category unless they were coming through a program designed specifically for youth transitioning. Typically individuals assigned to this service category come through some particular program designed by a CIL to target this population with specific transition services.

Communication Services – Services directed to enable clients to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services. Billings for this service are for active IL clients only.

Family Services – Services provided to the family members of an individual with a significant disability when necessary for improving the individual's ability to live and function more independently, or ability to engage or continue in employment. Such services may include respite care. Billings for this service are for active IL clients only.

Rehabilitation Technology Services – Any service that assists an individual with a disability in the selection, acquisition or use of applied technologies, engineering methodologies or scientific principles to meet the needs of the individual and address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, transportation, IL and/or recreation. Billings for this service are for active IL clients only.

Employment/Vocational Services – Any services designed to achieve or maintain employment. Billings for this service are for active IL clients only.

HMA& AT

Assistive Technology (AT) - Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain or improve functional capabilities of individuals with disabilities and any assistive technology services that assists an individual with a disability in the selection, acquisition or use of an assistive technology device. Billings for this service are for active IL clients only.

Home Modifications and Assistive Devices (HMA&D)-Devices and modifications that assist and teach a client to function independently in the family or community or to obtain, maintain, or advance in employment. Billings for this service are for active IL clients only.

INDEPENDENT LIVING SERVICES
Contract FY2019

TAD

Telecommunications Adaptive Devices (TAD) - Devices that assist a client to independently communicate or to answer the phone. These services billed are directly to the State's TAD Program. Billings for this service are for active IL clients only.

Travel

Travel - Core – Billings for services are the travel time to deliver services to active IL clients only. Travel time should reflect no more than 15 minutes more than the travel time between the distances calculated on an online mapping service such as MapQuest or Google Maps. If the travel is local, and only a 15 minute increment is billed each direction of travel, online mapping documentation is not required.

Western Resources for Independent Living
Independent Living Contract
FY 2019

The provider agrees to:

1. Provide independent living services to individuals in accordance with all independent living program requirements as referenced in this contract and the Independent Living Manual.
2. Provide 20,308 units (15 minutes) of service units as identified as a goal for the provider to deliver through this contract.
3. The 2017-2019 State Plan for Independent Living states "Part B funds utilized in State contracts with CILs will supplement Part C funds and not duplicate the funding of services supported by Part C funds. The State contract will make monthly payments above the required units of services that are funded by Part C funds."

Month	1	2	3	4	5	6
Part C units to be provided first	1,021	2,042	3,063	4,083	4,948	5,813
Month	7	8	9	10	11	12
Part C units to be provided first	6,678	7,543	8,408	9,273	10,138	11,003

4. Services are provided statewide. Clients have the right to choose their service provider, are notified of the provider in their geographic area, and can designate a different provider for their independent living services by completing an Authorization of Provider Choice form DHS-IL-313-10/07.
5. Accomplish the foregoing in accordance with the goals and objectives outlined in the South Dakota State Plan for Independent Living (SPIL). The current approved SPIL is available on the DRS web page <http://dhs.sd.gov/rehabservices>.
 - a. Independent living services shall be provided to individuals with significant disabilities in accordance with an independent living plan mutually agreed upon by an appropriate staff member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary;
 - b. All service providers will use formats that are accessible to notify individuals seeking or receiving IL services under chapter 1 of title VII about:
 1. the availability of the CAP authorized by section 112 of the Act;

2. the purposes of the services provided under the CAP; and
 3. how to contact the CAP;
- c. Participating service providers meet all applicable State licensure or certification requirements;
 - d. Service providers apply eligibility requirements without regard to age, color, creed, gender, national origin, race, religion or type of significant disability of the individual applying for IL services;
 - e. Service providers do not impose any State or local residence requirement that excludes any individual who is present in the State and who is otherwise eligible for IL services from receiving IL services;
 - f. Service provider staff includes personnel who are specialists in the development and provision of IL services and in the development and support of centers;
 - g. To the maximum extent feasible, a service provider makes available personnel able to communicate:
 1. with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication, nonverbal communication devices, Braille or audio tapes, and who apply for or receive IL services under title VII of the Act; and
 2. in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act;
 - h. Service providers establish and maintain a program of staff development for all classes of positions involved in providing IL services and, if appropriate, in administering the CIL program. The staff development programs emphasize improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy;
 - i. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will take affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act;
 - j. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will comply with applicable EDGAR fiscal and accounting requirements and will adopt those fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for those funds;
 - k. In addition to complying with applicable EDGAR recordkeeping requirements, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will maintain records that fully disclose and document:

1. the amount and disposition by the recipient of that financial assistance;
 2. The total cost of the project or undertaking in connection with which the financial assistance is given or used;
 3. the amount of that portion of the cost of the project or undertaking supplied by other sources;
 4. compliance with the requirements of chapter 1 of title VII of the Act and Part 364 of the regulations; and
 5. other information that the Commissioner determines to be appropriate to facilitate an effective audit;
 - l. With respect to the records that are required by 34 CFR 364.35, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will submit reports that the Commissioner determines to be appropriate;
 - m. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will provide access to the Commissioner and the Comptroller General, or any of their duly authorized representatives, to the records listed in 34 CFR 364.37 for the purpose of conducting audits, examinations, and compliance reviews;
 - n. Each service provider will adopt and implement policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names in accordance with the requirements of 34 CFR 364.56(a)(1-6).
6. Ensure all services pursuant to this agreement shall be performed to the satisfaction of the State, as determined at the sole discretion of the State, and in accordance with all federal, state, and local laws, ordinances, rules, policies and licensure or certification requirements. Provider shall not receive payment for services not in accordance to the above requirements.
 7. Bill for services within 30 days following the month services were provided. Payments will not be processed until reports are accurately submitted.
 - a. Services are paid at the following rate: \$16.68 per 15 minute unit of services. Billable services are defined in Attachment 2. There cannot be more billable time (including services billed to other programs) than the employee's work time.
 - b. Billing for Information and Referral is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquiries not related to an active client's case per day. Phone calls billings for active IL client's cases can be more than 15 minutes for this service if fully justified and support the service and time being billed. Phone calls billed exceeding 60 minutes in length are subject to review of phone logs.
 - c. Billings are based on 15 minute increments when working with one individual at a time. When providing IL services to more than one IL client at the same time, the billing time must be split between the individuals.
 8. Provide annual cost report of expenditures in accordance with the Department of Human Services cost reporting guidelines, by the end of the fourth month following the close of the most current fiscal year ending (September 30).

9. Meet the requirements of Title VII, Chapter 1, Part B of the Rehabilitation Act and CFR 34 § 364, 365 and 366.
10. Send emails with personal health information or personally identifiable information through Voltage SecureMail in order to protect personally identifiable information. This can be utilized by requesting DRS staff to send an email using Voltage SecureMail to the provider to get it set up.
11. Give Net-Cil or CILs First access to the State's Independent Living Program Specialist to review billings for services.
12. Report Program Income at the end of the Federal Fiscal year. Because the Independent Living funds were used to fund the services to generate this income, any income would be considered as Program Income and would need to comply with CFR 34 §364.5 and CFR 34 §364.6. Centers for Independent Living need to identify the amount of these reimbursement funds and how they are reused in the Independent Living Program.
13. Submit reports identified below to the State by the due date:

Report	Frequency	Report Due
Client Satisfaction Summary Attachment 3	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
CIL Report for State Plan Attachment 4	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
Detail Services Billing Report	Monthly	Before the end of the following month
704 Report	Once	December 31st
Cost Report of Expenditures	Once	September 30 th
Report on Program Income and how the funds were reinvested to provide IL Services	Once	December 31st
Other reports or data as requested by the State		

14. Individuals counted on the 704 report provided to the State must be IL clients (except for Information and Referral Services). Individuals reported on the 704 report to the State are subject to annual reviews and must meet all case management requirements identified in this contract.

Non-billable Time

Services that are not billable are:

- Time involved in reviewing cases or other administrative functions that do not involve any of the services listed above.
- Information & Referral Services for non-IL Clients exceeding 15 minutes per day.
- Phone call attempts to IL Clients, unless a voicemail message is left, then 15 minutes can be billed for that phone call. If there is no message left, there will be no billing for the attempted phone contact. This must be documented, for example, "Attempted contact, left voicemail".

- Services funded from other programs such as Assistive Daily Living Services Waiver, Adult Day Care, drug & alcohol prevention programs, or other disability programs funded by the US Veteran's Administration, SD Department of Human Services or the SD Department of Social Services. Information & Referral inquires/phone calls relating to these programs will not be billed on Net-Cil/CILs First and this contract.

Note: Net-Cil or CILs First can be used as a case management system for other programs/billings, but in order to NOT bill for IL services, the units of service will need to be left blank and any billing information can be documented within the case notes identifying the services and billing details.

Documentation needs to fully justify and support the service and time billed. Documentation for Information and Referral services when agencies inquire about services will include the name of the agency, person making the inquiry and their phone number. Documentation for travel time will include the start and destination of the travel. Additional requirements may be added to ensure all units of services are appropriately documented. Documentation and access to review and verify information includes, but is not limited to, time forms, phone records, case notes, etc. The State reserves the right to review, access, and verify information prior to payment.

Staffing

- All IL staff providing services through this contract must be an employee of the provider agency, and provision of IL services cannot be subcontracted out.
- Provider must maintain adequate staffing levels to provide the units of services identified in section 2 above.
- Training of IL staff to meet the requirements of the contract and Regulations CFR 34 § 364, 365 and 366 are the responsibility of the Center for Independent Living.

Vendors hired through the contracted provider agency to provide Vehicle Modifications/Adaptations and Environmental Accessibility Adaptations as ADLS waiver services must meet the following qualifications:

Vendors of vehicle adaptations shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of vehicle adaptations and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible.

Vendors of home modifications shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of home modifications and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible. Vendors must be knowledgeable of and comply with the Americans with Disabilities Act Accessibility Guidelines.

INDEPENDENT LIVING SERVICES

Contract FY2019

CORE SERVICES

Information and Referral - Services provided in relation to an individual's rights, resources, and responsibilities. These services offer individuals information on a wide range of disability-related topics. Services to assist an individual to obtain adaptive modifications that address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, and transportation. Identify all individuals who requested this type of assistance. This is the only service (other than services to family members) that may be provided to all individuals, whether or not the individual has a disability. Billing for this service is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquiries not related to an active client's case per day. Billings for active IL client's cases can be more than 15 minutes for this service but must be reasonable and documentation needs to fully justify and support the service and time billed.

Independent Skills Training and Life Skill Training Services - Training to assist individuals to make the most of their abilities and to increase self-reliance and self-confidence. This is done by teaching individuals how to take control of their lives. Skills can be taught at the center, in a classroom or workshop setting, or in the community. In some cases, skills training is provided in the individual home to help and individual learn new tasks in a familiar setting. These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities. This section should not include teaching an individual to use an adaptive device such as an emergency dialer, reacher, nail clippers or shower chair as the primary independent living goal. These can be secondary goals. Billings for this service are for active IL clients only.

Peer Counseling – A peer counselor helps to promote personal growth by sharing their own experiences and explaining how they have coped with the “ups and downs” of having a disability. Counseling, teaching, information sharing, and similar kinds of contact provided to clients by other people with disabilities. Billings for this service are for active IL clients only.

Individual and Systems Advocacy - These services assist an individual in developing the skills needed to advocate on their own behalf within the independent living services process and in all activities of daily living. Includes community awareness programs to enhance the understanding and integration into society of individuals with disabilities. Assistance and/or representation in obtaining access to benefits, services and programs to which a client may be entitled. Billings for this service are for active IL clients only.

NH Transition - Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services. The goal of Transition is to help

INDEPENDENT LIVING SERVICES Contract FY2019

an individual live in a more independent and integrated setting. Nursing facility transition is based on the Americans with Disabilities Act, in which the most integrated setting is defined as "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible." Transition planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only. Transition plan components include:

- Housing
- Personal Assistance
- Assistive Technology
- Health Services
- Mental Health/Addiction Supports
- Transportation
- Volunteering/Employment
- Roles of Family and Friends
- Social, Faith, Recreation
- Community Integration
- Advocacy/Self Advocacy
- Finances

NH Deter -Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals remain in the community. It is particularly important for the IL Specialist to be knowledgeable of programs and services available in the community that can prevent an individual from entering a nursing home. Examples include referral and enrollment into waiver programs, Department of Social Services, Meals on Wheels, assistive technology, and home modifications that will enable them to continue to remain living independently in their own homes. Deterrence planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only.

Youth PS - Facilitate the transition of youth who are individuals with significant disabilities who are eligible for individualized education programs under Section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C 14149d), and who have completed their secondary education or otherwise left school, to postsecondary life. Assistance includes referring the youth to Vocational Rehabilitation services for training and other employment services, as well as assistance with housing, independent living skills training, and self-advocacy skills training. Billings for this service are for active IL clients only.

INDEPENDENT LIVING SERVICES

Contract FY2019

OTHER SERVICES

Children's Services - These services are available for children under the age of 14 to supplement services already offered by the school system to foster the child's learning and ability to function independently. The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14. Billings for this service are for active IL clients only.

Housing and Shelter Services - Services related to securing housing or shelter, adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by individuals with significant disabilities). Note: A CIL may not provide housing or shelter as an IL service on either a temporary or long term basis unless the housing or shelter is incidental to the overall operation of the CIL and is provided to any individual for a period not to exceed eight weeks during any six-month period. Billings for this service are for active IL clients only.

Mobility Training - A variety of services involving assisting an individual to get around their home and community. Billings for this service are for active IL clients only.

Personal Assistance Services - These include, but are not limited to, assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Personal Attendant services from other programs/funding sources.

Preventive Services - Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Preventive services from other programs/funding sources.

Recreational Services – Provision or identification of opportunities for the involvement of clients in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities that may be competitive, active, or quiet. Billings for this service are for active IL clients only.

Transportation Services - Services that assist an individual to secure reliable and safe transportation. Billings for this service are for active IL clients only.

Youth Transition Services - Services for youth 14-24 that promote self-awareness, self-esteem, develop advocacy and self-empowerment skills. Assists an individual to explore career options, including transition from school to post school activities such as post-secondary education, vocational training, employment, continuing and adult education, adult services, independent living or community participation.

INDEPENDENT LIVING SERVICES

Contract FY2019

Youth/Transition Services category should only be used for a service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24. For example, a 20 year old asking about any of the services listed in that category would not be assigned to that category unless they were coming through a program designed specifically for youth transitioning. Typically individuals assigned to this service category come through some particular program designed by a CIL to target this population with specific transition services.

Communication Services – Services directed to enable clients to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services. Billings for this service are for active IL clients only.

Family Services – Services provided to the family members of an individual with a significant disability when necessary for improving the individual's ability to live and function more independently, or ability to engage or continue in employment. Such services may include respite care. Billings for this service are for active IL clients only.

Rehabilitation Technology Services – Any service that assists an individual with a disability in the selection, acquisition or use of applied technologies, engineering methodologies or scientific principles to meet the needs of the individual and address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, transportation, IL and/or recreation. Billings for this service are for active IL clients only.

Employment/Vocational Services – Any services designed to achieve or maintain employment. Billings for this service are for active IL clients only.

HMAD & AT

Assistive Technology (AT) - Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain or improve functional capabilities of individuals with disabilities and any assistive technology services that assists an individual with a disability in the selection, acquisition or use of an assistive technology device. Billings for this service are for active IL clients only.

Home Modifications and Assistive Devices (HMAD)-Devices and modifications that assist and teach a client to function independently in the family or community or to obtain, maintain, or advance in employment. Billings for this service are for active IL clients only.

INDEPENDENT LIVING SERVICES
Contract FY2019

TAD

Telecommunications Adaptive Devices (TAD) - Devices that assist a client to independently communicate or to answer the phone. These services billed are directly to the State's TAD Program. Billings for this service are for active IL clients only.

Travel

Travel - Core – Billings for services are the travel time to deliver services to active IL clients only. Travel time should reflect no more than 15 minutes more than the travel time between the distances calculated on an online mapping service such as MapQuest or Google Maps. If the travel is local, and only a 15 minute increment is billed each direction of travel, online mapping documentation is not required.

Independent Living Client Satisfaction Survey

Reporting Period _____

Agency: _____

Staff Person Submitting Report: _____

Number of clients with goals met this quarter: _____

Number of clients closed where goals were not met: _____

Number of survey responses: _____

	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Blank
1. I feel that because of Independent Living Services I am living more independently.					
2. I am satisfied with the Independent Living services I received.					
3. I had choices with the services to meet my Independent Living goals.					
4. I would refer others for Independent Living Services.					

5. What was most helpful in your experience with Independent Living Services?

6. What was least helpful in your experience with Independent Living Services?

1. Effective June 1, 2014 CILs are required to include the attached 6 survey questions in their existing consumer satisfaction surveys.
2. The survey should be sent to all IL clients whose case was closed "goals met" and "goals not met".
3. Surveys are to be sent to the consumer within 30 days after the consumer's service record (CSR) is closed.
4. CILS will provide a quarterly report to the Division of Rehabilitation Services (DRS), Independent Living Specialist by the end of the month after the quarter ends. Due dates are September 30th, December 31st, March 31st, and June 30th.
5. The report will include information on:
 - o Number of consumers whose goals were met,
 - o Number of consumers whose goals were not met,
 - o Number of surveys responses,
 - o Average rating for questions 1-4. The rating scale consists of 4: Strongly Agree, 3: Agree, 2: Disagree, 1: Strongly Disagree,
 - o Any comments from narrative questions 5 & 6 with consumer and staff identifiable information removed.
6. The DRS Program Specialist will report the consumer satisfaction information to the Statewide Independent Living Council (SILC) at the meeting following the above stated due dates.

Center for Independent Living Quarterly Report Based on 2017-2019 State Plan for Independent Living

Center for Independent Living: _____

Reporting Quarter: _____

Office Locations: _____

Counties Served: _____

Person Completing Report: _____

Date Submitted: _____

State Plan for Independent Living Goal:

The SILC, CILs and DSE will work to ensure that IL services in South Dakota remain effective, efficient and responsive to all eligible individuals.

1. Identify in the table below the units of services and number of individuals receiving core services.

Core Service	This Quarter		Since June 1st	
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services
Advocacy Services				
IL Skills Training				
Inform. & Referral				
Peer Counseling				
Nursing Home Trans.				
Nursing Home Deter.				
Post-Secondary Trans.				
Total				

State Plan for Independent Living Goal:

The SILC and CILs will ensure all eligible South Dakotans have equal access to IL services.

1. Identify in the table below outreach activities to minorities or minorities organizations that the CIL has participated in or organized this quarter.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

2. Identify in the table below activities this quarter that the CIL has participated in or organized in working with youth with disabilities.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

3. Identify in the table below the number of new applicants and total clients under 25 years old at application.

Category	This Quarter	Since June 1st
New applicants who are under 25 years old		
Total current clients being served who are under 25 years old at application		

State Plan for Independent Living Goal:

The SILC will address systemic issues e.g., housing, transportation through a process of researching current practices, identifying emerging trends and promoting new approaches with state and federal policymakers.

1. Identify in the table below the unit of services and number of clients receiving housing services, HMAD and Assistive Devices.

Service	This Quarter		Since June 1st	
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services
HMAD				
Assistive Devices				
Housing				

2. Identify in the table below activities this quarter that the CIL has participated in or organized to expand the availability of accessible and affordable housing for individuals with disabilities.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

3. Identify below systems advocacy activities this quarter that the CIL has participated in or organized for individuals with disabilities.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

Note: **Systems advocacy** is generally used to change the policies of agencies, organizations or departments which are part of government or are established by government grants or contracts and operated under laws or governmental rules and policies. Frequently, these businesses provide unique services to specific populations, and you can't just take your business elsewhere if you aren't happy with the service. The advocacy effort could be directed at a local, state, or national agency and it could be directed at changing a written or unwritten policy, or at changing a law. Where the effort is directed will depend on the nature of the problem and which organization has authority over the problem area.

State Plan for Independent Living Goal:

The SILC and CILs will increase understanding of the IL philosophy with those served supporting them to assume greater direct control and responsibility for their services, goals and lives.

1. Identify in the following table activities this quarter that the CIL has participated in or organized to increase the public and policymakers awareness of IL services and IL philosophy.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

State Plan for Independent Living Goal:

The SILC and CILs will improve service outcomes for those served by ensuring services are provided by qualified and motivated staff.

1. Identify in the table below the training activities that CIL staff have participated in during this quarter.

Description of Training	Training hours	Date of Training	Location of Training	# of Staff Attending

2. Identify changes in ILC staff and current vacancies during this quarter.

Information for the State Fiscal Years below: Column A	Column B	Column C	Column D
Time Period	Total FTE of Direct IL Services Staff	Total Number of staff on your payroll during this period providing Direct IL Services	Total Number of people in column C whose employment ended.

Note: The staffing information is only on the Independent Living Specialists who are being funded by the Part C and the State contract funds. Column C would be considered how many of your ILS staff would be on the payroll during this period and would be issued a W2. Column D is how many of the people in Column C ended their employment during this time period.

3. Include a current organizational chart with this report.

**STATE OF SOUTH DAKOTA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES**

AMENDMENT # 1

AGREEMENT # 4195-607-003 19

Subrecipient Purchase of Service Agreement Between

Western Resources for Independent Living 529 Kansas City St. Ste. 203 Rapid City, SD 57701	State of South Dakota Department of Human Services Division of Rehabilitation Services Hillsview Plaza, East Highway 34 c/o 500 East Capitol Pierre SD 57501-5070
Referred to as Provider	Referred to as State

1. This agreement is amended between the Provider and the State effective for services provided on or after December 1, 2018 to change the following and shall be attached to the original agreement. All other terms and conditions of this agreement remain unchanged.
2. Page 1, Section 1. is changed from:

This is an agreement for an award of Federal and /or State financial assistance to a subrecipient. While performing services hereunder, Provider is an independent contractor and not an officer, agent, or employee of the State of South Dakota See Exhibit A for additional subrecipient information.

to read:

This is an agreement for an award of Federal and /or State financial assistance to a subrecipient. While performing services hereunder, Provider is an independent contractor and not an officer, agent, or employee of the State of South Dakota See Exhibit A1 for additional subrecipient information.

3. Page 1, Section 2 is changed from:



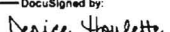
This agreement is made for the purpose of providing independent living services. Refer to Attachment 1 for provider responsibilities, Attachment 2 for individual services being

provided, Attachment 3 for Client Satisfaction Survey, and Attachment 4 for CIL Quarterly Report. IL services coverage areas include: Butte, Custer, Fall River, Harding, Haakon, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, and Tripp counties. In addition, reservations covered include; Lower Brule, Rosebud, and Pine Ridge.

to read:

This agreement is made for the purpose of providing independent living services. Refer to Attachment 5 for provider responsibilities, Attachment 2 for individual services being provided, Attachment 3 for Client Satisfaction Survey, and Attachment 4 for CIL Quarterly Report. IL services coverage areas include: Butte, Custer, Fall River, Harding, Haakon, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, and Tripp counties.

4. AUTHORIZED SIGNATURES: in witness hereto, the parties signify their agreement by affixing their signatures hereto.

<small>DocuSigned by:</small>  Jen Red Bear		1/24/2019
	Provider Signature	Date
<small>DocuSigned by:</small>  Eric Weiss		1/17/2019
	State - DHS Division Director	Date
<small>DocuSigned by:</small>  Denice Houlette		1/18/2019
	State - DHS Office of Budget and Finance	Date
<hr/> State - Office of the Secretary		<hr/> Date

State Agency Coding:

CFDA Number: 500

Company	1000	2003	3046	
Account	520607007	520607007	520607007	
Center Req	1950050	1950050	1950050	
Center User	132	132	764	
Dollars	\$9,113.69	\$82,023.25	\$64,079.84	
SVC PO Code	5300	5301	5302	

Company				
Account				
Center Req				
Center User				
Dollars				
SVC PO Code				

Company				
Account				
Center Req				
Center User				
Dollars				
SVC PO Code				

Exhibit A1

- A. Subrecipient Name Western Resources for Independent Living
 Subrecipient DUNS 606192110
 Subrecipient Primary Location of Performance is:
 Street 529 Kansas City St. Ste 203
 City, State, ZIP Rapid City, South Dakota 57701-3693
- B. This award does not include Research and Development (R & D).
- C. Subrecipient Indirect Cost Rate The Subrecipient does has a Indirect Rate ending 05/31/18.
- D. The following information identifies Federal funding for the Agreement:

CFDA # 93.369

This grant is awarded under Rehabilitation Act of 1973, as amended, Title VII, Chapter 1, Part B. The purpose of the grant is to provide financial assistance to States for expanding and improving the provision of independent living (IL) services to individuals with significant disabilities by promoting and maximizing their full integration and inclusion into the mainstream of American society. Funds received under this program may be used to carry out the purposes of the Independent Living State Grants Program described in section 713 of the Rehabilitation Act and 34 CFR Section 365.1 of the IL program regulations. These purposes include to support the operation of the Statewide Independent Living Council (SILC), to provide individuals with significant disabilities the core independent living services to demonstrate ways to expand and improve independent living services; to support the operations of centers for independent living that are in compliance with the standards and assurances in section 725 (b) and (c) of the Rehabilitation Act; to support activities to increase the capacities of public or nonprofit agencies and organizations and other entities to develop comprehensive approaches or systems for providing independent living services; to conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policymakers in order to enhance independent living services for individuals with significant disabilities; to train individuals with significant disabilities, individuals with disabilities, and individuals providing services to individuals with disabilities and other persons regarding the independent living philosophy; and to provide outreach to populations that are unserved or underserved by programs under Title VII of the Rehabilitation Act, including minority groups and urban and rural populations.

Total FEDERAL Funding Obligated to Subrecipient Under CFDA number	93.369.		
Year One (1) Funding	\$82,023.25	Year Four (4) Funding	N/A
Year Two (2) Funding	N/A	Year Five (5) Funding	N/A
Year Three (3) Funding	N/A	Total Amount of Funds Committed	\$82,023.25

(Funding Subject to Availability and Satisfactory Progress of the Project)

Federal Agency	Dept of Health and Human Services Administration for Community Living
CFDA#	93.369
CFDA Name	ACL Independent Living State Grants
Federal Award Date	October 19, 2017

Federal Award Identification Number	18G1SDILSG
Total Amount of Federal Award	\$332,044
Current Award Amount for New Agreement or New Amendment	\$0.00
Previous Cumulative Award Amount	\$58,310.12
Unobligated Balance from Prior Budget Periods	\$0.00
Adjustment by State in Obligating Funds	\$23,713.13
Cumulative Award Amount	\$82,023.25

Western Resources for Independent Living
Independent Living Contract
FY 2019

The provider agrees to:

1. Provide independent living services to individuals in accordance with all independent living program requirements as referenced in this contract and the Independent Living Manual.
2. Provide 20,308 units (15 minutes) of service units as identified as a goal for the provider to deliver through this contract. This includes 80 service units per month for marketing and outreach in the Pierre and central SD area.
3. Included in these units, WRIL can be reimbursed for marketing and outreach activities up to 80 units per month in the Pierre and central SD area. Marketing and outreach will include face to face presentations to organizations/meetings on IL Services. Reimbursement for the marketing and outreach will be made when the provider submits a monthly detailed report of the activities, location, date, time and who the presentation was made to.
4. The 2017-2019 State Plan for Independent Living states "Part B funds utilized in State contracts with CILs will supplement Part C funds and not duplicate the funding of services supported by Part C funds. The State contract will make monthly payments above the required units of services that are funded by Part C funds."

Month	1	2	3	4	5	6
Part C units to be provided first	1,021	2,042	3,063	4,083	4,948	5,813
Month	7	8	9	10	11	12
Part C units to be provided first	6,678	7,543	8,408	9,273	10,138	11,003

5. Services are provided statewide. Clients have the right to choose their service provider, are notified of the provider in their geographic area, and can designate a different provider for their independent living services by completing an Authorization of Provider Choice form DHS-IL-313-10/07.
6. Accomplish the foregoing in accordance with the goals and objectives outlined in the South Dakota State Plan for Independent Living (SPIL). The current approved SPIL is available on the DRS web page <http://dhs.sd.gov/rehabservices>.
 - a. Independent living services shall be provided to individuals with significant disabilities in accordance with an independent living plan mutually agreed upon

by an appropriate staff member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary;

- b. All service providers will use formats that are accessible to notify individuals seeking or receiving IL services under chapter 1 of title VII about:
 - 1. the availability of the CAP authorized by section 112 of the Act;
 - 2. the purposes of the services provided under the CAP; and
 - 3. how to contact the CAP;
- c. Participating service providers meet all applicable State licensure or certification requirements;
- d. Service providers apply eligibility requirements without regard to age, color, creed, gender, national origin, race, religion or type of significant disability of the individual applying for IL services;
- e. Service providers do not impose any State or local residence requirement that excludes any individual who is present in the State and who is otherwise eligible for IL services from receiving IL services;
- f. Service provider staff includes personnel who are specialists in the development and provision of IL services and in the development and support of centers;
- g. To the maximum extent feasible, a service provider makes available personnel able to communicate:
 - 1. with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication, nonverbal communication devices, Braille or audio tapes, and who apply for or receive IL services under title VII of the Act; and
 - 2. in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act;
- h. Service providers establish and maintain a program of staff development for all classes of positions involved in providing IL services and, if appropriate, in administering the CIL program. The staff development programs emphasize improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy;
- i. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will take affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act;
- j. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will comply with applicable EDGAR fiscal and accounting

requirements and will adopt those fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for those funds;

- k. In addition to complying with applicable EDGAR recordkeeping requirements, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will maintain records that fully disclose and document:
 - 1. the amount and disposition by the recipient of that financial assistance;
 - 2. The total cost of the project or undertaking in connection with which the financial assistance is given or used;
 - 3. the amount of that portion of the cost of the project or undertaking supplied by other sources;
 - 4. compliance with the requirements of chapter 1 of title VII of the Act and Part 364 of the regulations; and
 - 5. other information that the Commissioner determines to be appropriate to facilitate an effective audit;
 - l. With respect to the records that are required by 34 CFR 364.35, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will submit reports that the Commissioner determines to be appropriate;
 - m. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will provide access to the Commissioner and the Comptroller General, or any of their duly authorized representatives, to the records listed in 34 CFR 364.37 for the purpose of conducting audits, examinations, and compliance reviews;
 - n. Each service provider will adopt and implement policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names in accordance with the requirements of 34 CFR 364.56(a)(1-6).
7. Ensure all services pursuant to this agreement shall be performed to the satisfaction of the State, as determined at the sole discretion of the State, and in accordance with all federal, state, and local laws, ordinances, rules, policies and licensure or certification requirements. Provider shall not receive payment for services not in accordance to the above requirements.
8. Bill for services within 30 days following the month services were provided. Payments will not be processed until reports are accurately submitted.
- a. Services are paid at the following rate: \$16.68 per 15 minute unit of services. Billable services are defined in Attachment 2. There cannot be more billable time (including services billed to other programs) than the employee's work time.
 - b. Billing for Information and Referral is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquiries not related to an active client's case per day. Phone calls billings for active IL client's cases can be more than 15 minutes for this service if fully justified and support the service and time being billed. Phone calls billed exceeding 60 minutes in length are subject to review of phone logs.

- c. Billings are based on 15 minute increments when working with one individual at a time. When providing IL services to more than one IL client at the same time, the billing time must be split between the individuals.
9. Provide annual cost report of expenditures in accordance with the Department of Human Services cost reporting guidelines, by the end of the fourth month following the close of the most current fiscal year ending (September 30).
 10. Meet the requirements of Title VII, Chapter 1, Part B of the Rehabilitation Act and CFR 34 § 364, 365 and 366.
 11. Send emails with personal health information or personally identifiable information through Voltage SecureMail in order to protect personally identifiable information. This can be utilized by requesting DRS staff to send an email using Voltage SecureMail to the provider to get it set up.
 12. Give Net-Cil or CILs First access to the State's Independent Living Program Specialist to review billings for services.
 13. Report Program Income at the end of the Federal Fiscal year. Because the Independent Living funds were used to fund the services to generate this income, any income would be considered as Program Income and would need to comply with CFR 34 §364.5 and CFR 34 §364.6. Centers for Independent Living need to identify the amount of these reimbursement funds and how they are reused in the Independent Living Program.
 14. Submit reports identified below to the State by the due date:

Report	Frequency	Report Due
Client Satisfaction Summary Attachment 3	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
CIL Report for State Plan Attachment 4	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
Detail Services Billing Report	Monthly	Before the end of the following month
704 Report	Once	December 31st
Cost Report of Expenditures	Once	September 30 th
Report on Program Income and how the funds were reinvested to provide IL Services	Once	December 31st
Other reports or data as requested by the State		

15. Individuals counted on the 704 report provided to the State must be IL clients (except for Information and Referral Services). Individuals reported on the 704 report to the State are subject to annual reviews and must meet all case management requirements identified in this contract.

Non-billable Time

Services that are not billable are:

- Time involved in reviewing cases or other administrative functions that do not involve any of the services listed above.
- Information & Referral Services for non-IL Clients exceeding 15 minutes per day.
- Phone call attempts to IL Clients, unless a voicemail message is left, then 15 minutes can be billed for that phone call. If there is no message left, there will be no billing for the attempted phone contact. This must be documented, for example, "Attempted contact, left voicemail".
- Services funded from other programs such as Assistive Daily Living Services Waiver, Adult Day Care, drug & alcohol prevention programs, or other disability programs funded by the US Veteran's Administration, SD Department of Human Services or the SD Department of Social Services. Information & Referral inquiries/phone calls relating to these programs will not be billed on Net-Cil/CILs First and this contract.

Note: Net-Cil or CILs First can be used as a case management system for other programs/billings, but in order to NOT bill for IL services, the units of service will need to be left blank and any billing information can be documented within the case notes identifying the services and billing details.

Documentation needs to fully justify and support the service and time billed. Documentation for Information and Referral services when agencies inquire about services will include the name of the agency, person making the inquiry and their phone number. Documentation for travel time will include the start and destination of the travel. Additional requirements may be added to ensure all units of services are appropriately documented. Documentation and access to review and verify information includes, but is not limited to, time forms, phone records, case notes, etc. The State reserves the right to review, access, and verify information prior to payment.

Staffing

- All IL staff providing services through this contract must be an employee of the provider agency, and provision of IL services cannot be subcontracted out.
- Provider must maintain adequate staffing levels to provide the units of services identified in section 2 above.
- Training of IL staff to meet the requirements of the contract and Regulations CFR 34 § 364, 365 and 366 are the responsibility of the Center for Independent Living.

Vendors hired through the contracted provider agency to provide Vehicle Modifications/Adaptations and Environmental Accessibility Adaptations as ADLS waiver services must meet the following qualifications:

Vendors of vehicle adaptations shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of vehicle adaptations and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible.

Vendors of home modifications shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of home modifications and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible. Vendors must be knowledgeable of and comply with the Americans with Disabilities Act Accessibility Guidelines.

Agreement # **4195-607-003 20**

Service PO # **20SC195003**

**STATE OF SOUTH DAKOTA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES**

**Purchase of Services Subrecipient Agreement
Between**

Western Resources for Independent Living 529 Kansas City St., Ste. 203 Rapid City, SD 57701	State of South Dakota Department of Human Services Division of Rehabilitation Services Hillsview Plaza, East Highway 34 c/o 500 East Capitol Pierre SD 57501-5070
Referred to as Provider	Referred to as State

1. This is an agreement for an award of Federal and/or State financial assistance to a subrecipient. While performing services hereunder, Provider is an independent contractor and not an officer, agent, or employee of the State of South Dakota. See Exhibit A for additional subrecipient information.
2. DESCRIPTIONS, METHODS AND LOCATIONS OF SERVICES:
 - A. This agreement is made for the purpose of providing independent living services. Refer to Attachment 1 for provider responsibilities, Attachment 2 for individual services being provided, Attachment 3 for Client Satisfaction Survey, and Attachment 4 for CIL quarterly report. IL services coverage areas include: Butte, Custer, Fall River, Harding, Haakon, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, and Tripp counties.
 - B. Does this Agreement involve Protected Health Information (PHI)? YES (X) NO ()
If PHI is involved, a Business Associate Agreement is attached and is fully incorporated herein as part of the Agreement (see Appendix A).
3. PERIOD OF PERFORMANCE:

This agreement shall be effective as of June 1, 2019 and shall end on May 31, 2020, unless sooner terminated pursuant to the terms hereof.

4. BASIS OF AGREEMENT AMOUNTS:

The rate and amount for services purchased have been determined on the following basis:

The total amount of this agreement will not exceed \$17.18 per unit (15 minutes).

The total amount of this agreement will not exceed \$159,873.28.

5. METHOD AND SOURCE OF PROVIDER PAYMENT:

Provider agrees to submit an initial bill for services within 30 days following the end of the **month** in which services were provided. If the provider cannot submit a bill within the 30-day timeframe, a written request for an extension of time must be provided to the State. If a bill has not been received by the State, the State reserves the right to refuse payment. Final billing for agreements ending May 31, 2020 must be received by the State by June 5, 2020.

An exception to this is when a provider is waiting for program/funding eligibility determination and billing cannot be made within 30 days. Valid adjustments and/or voiding of claims can continue to occur past the 30-day timeframe.

6. TECHNICAL ASSISTANCE:

The State agrees to provide technical assistance regarding Department of Human Services' rules, regulations and policies to the Provider and to assist in the correction of problem areas identified by the State's monitoring activities.

7. LICENSING AND STANDARD COMPLIANCE:

The Provider agrees to comply in full with all licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance in which the service and/or care is provided for the duration of this agreement. Liability resulting from noncompliance with licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance or through the Provider's failure to ensure the safety of all individuals served is assumed entirely by the Provider.

8. ASSURANCE REQUIREMENTS:

The Provider agrees to abide by all applicable provisions of the following assurances: Lobbying Activity, Drug-Free Workplace, Title VI of the Civil Rights Act of 1964, Section 504 and Section 511 of the Rehabilitation Act of 1973 as amended, Title IX of the Education Amendments of 1972, Age Discrimination Act of 1975, Americans with Disabilities Act of 1990, Health Insurance Portability and Accountability Act (HIPAA) of 1996, Charitable Choice Provisions and Regulations, Deficit Reduction Act of 2005, and American Recovery and Reinvestment Act of 2009, as applicable.

9. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION:

Provider certifies, by signing this agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the federal government or any state or local government department or agency. Provider further agrees that it will immediately notify the State, if during the term of this Agreement, the Provider or its principals become subject to debarment, suspension, proposed for debarment, or declared ineligible from participating in transactions by the federal government, or by any state or local government department or agency.

10. OFFICE OF INSPECTOR GENERAL EXCLUSIONARY LIST REQUIREMENTS

Providers, who utilize federal Medicaid or Medicare funds, agree to screen all employees and contractors, prior to hiring or contracting and on a regular basis, to determine whether any of them are listed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities. Provider shall maintain documentation to support the screenings were performed and shall immediately report to DHS all cases in which employees are found on the exclusionary list. Provider understands that no payment shall be made for any goods or services furnished, ordered, or prescribed by an excluded individual or entity and any payment made for services provided by excluded parties will be recouped; and recoupment may include penalties.

11. RETENTION AND INSPECTION OF RECORDS:

The Provider agrees to maintain or supervise the maintenance of records necessary for the proper and efficient operation of the program, including records and documents regarding applications, determination of eligibility (when applicable), the provision of services, administrative costs, statistical, fiscal, other records, and information necessary for reporting and accountability required by the State. The Provider shall retain such records for six years following termination of the agreement. If such records are under pending audit, the Provider agrees to hold such records for a longer period upon notification from the State. The State, through any authorized representative, will have access to and the right to examine and copy all records, books, papers or documents related to services rendered under this agreement.

All payments to the Provider by the State are subject to site review and audit as prescribed and carried out by the State. Any over payment of this agreement shall be returned to the State within thirty days after written notification to the Provider.

12. AUDIT REQUIREMENTS:

If the total of all Department of Human Service funding is greater than \$750,000 during the Provider's fiscal year, the Provider agrees to submit to the State a copy of an annual entity-wide, independent financial audit. The audit shall be completed and filed with the Department of Human Services by the end of the fourth month following the end of the fiscal year being

audited or 30 days after receipt of the auditor's report, whichever is earlier. The audit should be sent to:

Department of Human Services
Provider Reimbursements and Grants
3800 East Highway 34
c/o 500 East Capitol
Pierre, SD 57501

If federal funds of \$750,000 or more have been received by the Provider the audit shall be conducted in accordance with OMB Uniform Guidance 2 CFR Chapter I, Chapter II, Part 200, et al Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards by an auditor approved by the Auditor General to perform the audit. On continuing audit engagements, the Auditor General's approval should be obtained annually. Audits shall be completed and filed with the Department of Legislative Audit by the end of the fourth month following the end of the fiscal year being audited or 30 days after receipt of the Auditor's report, whichever is earlier. For a Uniform Guidance audit, approval must be obtained by forwarding a copy of the audit engagement letter to:

Department of Legislative Audit
427 South Chapelle
% 500 East Capitol
Pierre, SD 57501-5070

For either an entity-wide, independent financial audit or a Uniform Guidance audit, the Provider assures resolution of all interim audit findings. The Provider shall facilitate and aid any such reviews, examinations, agreed upon procedures etc., the Department or its' contractor(s)/subrecipient(s) may perform.

Failure to complete audit(s) as required will result in the disallowance of audit costs as direct or indirect charges to programs. Additionally, a percentage of awards may be withheld, overhead costs may be disallowed, and/or awards may be suspended, until the audit is completely satisfied.

13. COST PRINCIPLES

Provider, as a subrecipient, agrees to comply in full with the applicable cost principles as outlined in OMB Uniform Guidance 2 CFR Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

14. TERMINATION:

This agreement may be terminated by either party hereto upon thirty (30) days written notice, and may be terminated by the State for cause at any time, with or without notice. On termination of this agreement all accounts and payments shall be processed according to financial arrangements set forth herein for services rendered to date of termination.

15. FUNDING:

This agreement depends upon the continued availability of appropriated funds and expenditure authority from the Legislature for this purpose. If for any reason the Legislature fails to appropriate funds or grant expenditure authority, or funds become unavailable by operation of law or federal funds reduction, this agreement will be terminated by the State. Termination for any of these reasons is not a default by the State nor does it give rise to a claim against the State.

16. AMENDMENTS:

This agreement may not be assigned without the express prior written consent of the State. This agreement may not be amended except in writing, which writing shall be expressly identified as a part hereof, and be signed by an authorized representative of each of the parties hereto.

17. CONTROLLING LAW:

This agreement shall be governed by and construed in accordance with the laws of the State of South Dakota. Any lawsuit pertaining to or affecting this agreement shall be venued in Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.

18. SUPERCESSION:

All other prior discussions, communications and representations concerning the subject matter of this agreement are superseded by the terms of this agreement, and except as specifically provided herein, this agreement constitutes the entire agreement with respect to the subject matter hereof.

19. SEVERABILITY:

In the event that any provision of this agreement shall be held unenforceable or invalid by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision hereof.

20. NOTICE:

Any notice or other communication required under this agreement shall be in writing and sent to the address set forth above. Notices shall be given by and to the Division being contracted with on behalf of the State, and by the Provider, or such authorized designees as either party may from time to time designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail, provided that notice of default or termination shall be sent by registered or certified mail, or, if personally delivered, when received by such party.

21. SUBCONTRACTORS:

Provider may not use subcontractors to perform the services described herein without the express prior written consent of the State. Provider will include provisions in its subcontracts requiring its subcontractors to comply with the applicable provisions of this agreement, to indemnify the State, and to have insurance coverage in a manner consistent with this agreement. Provider will cause its subcontractors, agents, and employees to comply with applicable federal, state and local laws, regulations, ordinances, guidelines, permits and requirements and will adopt such review and inspection procedures as are necessary to assure such compliance

22. HOLD HARMLESS:

The Provider agrees to hold harmless and indemnify the State of South Dakota, its officers, agents and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of performing services hereunder. This section does not require the Provider to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.

23. INSURANCE:**a. Commercial General Liability Insurance:**

Provider shall maintain occurrence-based commercial general liability insurance or an equivalent form with a limit of not less than \$ 1,000,000.00 for each occurrence. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two times the occurrence limit.

b. Business Automobile Liability Insurance:

Provider shall maintain business automobile liability insurance or an equivalent form with a limit of not less than \$ 500,000.00 for each accident. Such insurance shall include coverage for owned, hired, and non-owned vehicles.

c. Workers' Compensation Insurance:

Provider shall procure and maintain workers' compensation and employers' liability insurance as required by South Dakota law.

d. Professional Liability Insurance:

Provider agrees to procure and maintain professional liability insurance with a limit not less than \$ 1,000,000.00.

Before beginning work under this agreement, Provider shall furnish the State with properly executed Certificates of Insurance which shall clearly evidence all insurance

required in this agreement and which provide that such insurance may not be canceled except on 30 days prior written notice to the State. Provider shall furnish copies of insurance policies if requested by the State.

24. REPORTING:

Provider agrees to immediately report to the Department any event or incident encountered in the course of performance of this agreement which results in injury to any person or property, or which may otherwise subject Provider, or the State of South Dakota or its officers, agents or employees to liability. Provider shall report any such event to the State immediately upon discovery.

Provider's obligation under this section shall only be to report the occurrence of any event to the State and to make any other report provided for by their duties or applicable law. Provider's obligation to report shall not require disclosure of any information subject to privilege or confidentiality under law. Reporting to the State under this section shall not excuse or satisfy any obligation of Provider to report any event to law enforcement or other entities under the requirements of any applicable law.

25. CONFLICT OF INTEREST

Provider agrees to establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal organizational conflict of interest, or personal gain as contemplated by SDCL 5-18A-17 through 5-18A-17.6. Any potential conflict of interest must be disclosed in writing. In the event of a conflict of interest, the Provider expressly agrees to be bound by the conflict resolution process set forth in SDCL 5-18A-17 through 5-18A-17.6.

26. FEDERAL FUNDING ACCOUNTING AND TRANSPARENCY ACT

The Subrecipient agrees to:

- a. Assist and support State in complying with Federal Funding Accounting and Transparency Act (FFATA) requirements by providing any and all information the State must report to be compliant with FFATA. More information about FFATA reporting requirements can be found at www.fsrs.gov.
- b. Indemnify and hold harmless State for any amount of costs for non-compliance with FFATA requirements due to Subrecipient (Provider) non-compliance or failure to comply with subsection (a) of this Provision. Subrecipient understands and agrees that it is liable to State for any costs determined to be not allowed by the United States government for non-compliance with FFATA requirements due to Subrecipient's failure to supply State with any requested information necessary to comply with FFATA.

27. AWARD RECIPIENT ATTESTATION

The award recipient or sub-recipient attest to meeting the following requirements per SDCL 1-56-10:

- a. A conflict of interest policy is enforced within the recipient's or sub-recipient's organization;
- b. The Internal Revenue Service Form 990 has been filed, if applicable, in compliance with federal law, and is displayed immediately after filing on the recipient's or sub-recipient's website;
- c. An effective internal control system is employed by the recipient's or sub-recipient's organization; and
- d. If applicable, the recipient or sub-recipient is in compliance with the federal Single Audit Act, in compliance with § 4-11-2.1, and audits are displayed on the recipient's or sub-recipient's website.

28. AUTHORIZED SIGNATURES: In witness hereto, the parties signify their agreement by affixing their signatures hereto.

<div>DocuSigned by: <i>Jen Red Bear</i> Jen Red Bear</div>	Provider Signature	7/11/2019 Date
<div>DocuSigned by: <i>Eric Weiss</i> Eric Weiss</div>	State - DHS Division Director	7/11/2019 Date
<div>DocuSigned by: <i>Denice Houlette</i> Denice Houlette</div>	State - DHS Office of Budget and Finance	7/11/2019 Date
<div>DocuSigned by: <i>Shawnie Rechtenbaugh</i> Shawnie Rechtenbaugh</div>	State - Office of the Secretary	7/11/2019 Date

Approved Template CJB 05/29/2019
Approved Contract CJB 07/10/2019

Agreement # **4195-607-003 20**Contract Description Code 500

State Agency Coding:

CFDA Number 93.369

Company	<u>1000</u>	<u>2003</u>	<u>3046</u>	<u>1000</u>
Account	<u>520607009/Z</u>	<u>520607009/Z</u>	<u>520607009/Z</u>	<u>520607000</u>
Center Req	<u>1950050</u>	<u>1950050</u>	<u>1950050</u>	<u>1950050</u>
Center User	<u>132</u>	<u>132</u>	<u>764</u>	
Dollar Total	<u>\$8,304.04</u>	<u>\$74,736.32</u>	<u>\$72,353.44</u>	<u>\$4,479.48</u>
SVC PO Code	<u>5300</u>	<u>5301</u>	<u>5302</u>	

Company				
Account				
Center Req				
Center User				
Dollar Total				
SVC PO Code				

Company				
Account				
Center Req				
Center User				
Dollar Total				
SVC PO Code				

DHS Program Contact Person Bernie Grimme
 Phone (605) 773-3195

DHS Fiscal Contact Person Alan Fickbohm
 Phone (605) 773-5990

Provider Program Contact Person Jen Red Bear
 Phone (605) 718-1930

Provider Fiscal Contact Person Jen Red Bear
 Phone (605) 718-1930

Agreement# 4195-607-003 20
 PO# 20SC195003
 Vendor # 12041771
 Group

Appendix A HIPAA Business Associate Agreement

A. Definitions of Terms

1. Agreement means the agreement to which this Business Associate Agreement is attached to including this attachment entitled HIPAA Business Associate Agreement.

2. Business Associate shall have the meaning given to such term in 45 C.F.R. section 160.103 and 42 U.S.C. section 17938, and in reference to the party of this agreement, shall mean the Provider, Consultant, or other entity contracting with the State of South Dakota, Department of Human Services as set forth more fully in the Agreement this Business Associate Agreement is attached.

3. C.F.R. shall mean the Code of Federal Regulations.

4. Department shall mean South Dakota Department of Human Services

5. Designated Record Set shall have the meaning given to such term in 45 C.F.R. section 164.501.

6. Covered Entity shall have the meaning given to such term in 45 C.F.R. section 160.103, and in reference to the party to this agreement, shall mean South Dakota Department of Human Services.

7. Protected Health Information or PHI shall have the meaning given to such term in 45 C.F.R. section 164.103 and section 164.501, and is limited to the Protected Health Information received from, or received or created on behalf of Covered Entity by Business Associate pursuant to performance of the Services under the Agreement.

8. Regulations shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E, Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 160 and 164, Subparts A and C, 45 CFR 164.314, and as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) §§ 13400-13424, 42 U.S.C. §§ 17921-17954 (2009) as it directly applies, as in effect on the date of this Business Associate Agreement.

B. Obligations of the Business Associate.

1. Security Safeguards. The Business Associate shall implement a documented information security program that includes administrative, technical and physical safeguards designed to prevent the accidental or otherwise unauthorized use or disclosure of PHI, and that reasonably protect the confidentiality, integrity, and availability

of any electronic Protected Health Information that it creates, receives, maintains or transmits to or on behalf of Covered Entity as required by the Regulations. The Business Associate agrees to comply with the requirements of the Privacy and Security Rules directly applicable to Business Associates including the HITECH Act.

2. Affiliates, Agents, Subsidiaries and Sub-Contractors. The Business Associate shall require that any agents, employees, affiliates, subsidiaries or sub-contractors, to whom it provides PHI received from, or created or received by the Business Associate on behalf of the Department agree in writing to the same use and disclosure restrictions imposed on the Business Associate by this Agreement.

3. Reporting and Mitigating Unauthorized Uses and Disclosures of PHI. Immediately upon notice to the Business Associate, the Business Associate shall report to the Department any uses or disclosures of PHI not authorized by this Agreement. The Business Associate shall also notify the affected individual of the breach. If the breach affects more than 500 individuals, the Business Associate must contact the U.S. Health and Human Services Secretary and the media, under the American Recovery and Reinvestment Act of 2009. The Business Associate shall use its best efforts to mitigate the deleterious effects of any use or disclosure of PHI not authorized by this Agreement. Further, in the notice provided to the Department by the Business Associate regarding unauthorized uses and/or disclosures of PHI, the Business Associate shall describe the remedial or other actions undertaken or proposed to be undertaken regarding the unauthorized use or disclosure of PHI.

4. Permitted Uses and Disclosures. The Business Associate may not use or disclose PHI received or created pursuant to this Agreement except as follows:

(a) The Business Associate's Operations – Permitted Uses of PHI. The Business Associate may use the PHI it receives in its capacity for the proper management and administration of the Business Associate or to carry out the Business Associate's legal responsibilities.

(b) The Business Associate's Operations – Permitted Disclosures of PHI. The Business Associate may disclose the PHI it obtains in its capacity as a Business Associate if such disclosure is necessary for the Business Associate's proper management and administration or to carry out the Business Associate's legal responsibilities, and:

(i) The disclosure is required by law; or

(ii) The Business Associate obtains reasonable assurances from the person or entity to whom the PHI is disclosed that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person or entity notifies the Business Associate (and the Business Associate in turn notifies the Department) of any instances of which it is aware in which the confidentiality of the PHI has been breached.

5. Disclosure Accounting. In the event that the Business Associate makes any disclosures of PHI related to the business associate function under this Agreement that are subject to the accounting requirements of 45 C.F.R. section 164.528, the Business Associate promptly shall maintain a record of each disclosure, including the date of the disclosure, the name and if available, the address of the recipient of the PHI, a brief description of the PHI disclosed and a brief description of the purpose of the disclosure. The Business Associate shall maintain this record for a period of six (6) years and make available to the Department upon request in an electronic format so that the Department may meet its disclosure accounting obligations under 45 C.F.R. section 164.528.

6. Access to PHI by Individuals. The Business Associate shall cooperate with the Department to fulfill all requests by individuals for access to the individual's PHI that are approved by the Department. The Business Associate shall cooperate with the Department in all respects necessary for the Department to comply with 45 C.F.R. section 164.524. If the Business Associate receives a request from an individual for access to PHI that affects funding eligibility, the Business Associate immediately shall forward such request to the Department within (10) business days. The Department shall be solely responsible for determining the scope of PHI and Designated Record Set to be released with respect to each request by an individual to access or obtain copies of the individual's PHI covered by this Agreement and in accordance with C.F.R. 164.524. The Business Associate shall make the PHI available in the format requested by the individual and approved by the Department, unless the PHI is not readily producible in such format, in which case the PHI shall be produced in hard copy format.

7. Access by the Department to the Business Associate's Books and Records. The Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of the Department available to the Department and the Secretary of the Department of Health and Human Services for purposes of determining the Department's compliance with the HIPAA laws and regulations. Upon reasonable notice to the Business Associate and during the Business Associate's normal business hours, the Business Associate shall make such internal practices, books and records available to the Department to inspect for purposes of determining compliance with this Agreement.

8. Amendment of PHI. As directed and in accordance with the time frames specified by the Department, the Business Associate shall incorporate all amendments to PHI received from the Department. The Business Associate shall provide written notice to the Department within ten (10) business days confirming that the Business Associate has made the amendments to PHI as directed by the Department. This confirmation shall also contain any other information that may be necessary for the Department to provide adequate notice to the individual in accordance with 45 C.F.R., section 164.526. The Department warrants that all time frames specified will be made in good faith and reasonable length so that the Business Associate can comply with the timeframe.

C. Obligations of the Department

1. The Department shall notify Business Associate of any limitation(s) in its notice of privacy practices of the Department in accordance with 45 CFR 164.520 to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

2. The Department shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI to the extent that such changes may affect Business Associates use or disclosure of PHI.

3. The Department shall notify Business Associate of any restriction to use or disclosure of PHI that the Department has agreed to in accordance with 45 CFR 164.522 to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

D. Term and Termination.

1. Term. The term of this Agreement shall be effective as of and shall terminate on the dates set forth in the primary Agreement this Business Associate Agreement is attached to or on the date the primary Agreement terminates, whichever is sooner

2. Termination by Breach. The Department may immediately terminate the primary Agreement this Business Associate Agreement is attached to if the Business Associate has breached a material term of this Business Associate Agreement. Alternatively, the department may choose to

(i) provide Business Associate with five (5) days written notice of the existence of an alleged material breach; and

(ii) afford Business Associate an opportunity to cure said alleged material breach to the satisfaction of Department within five (5) days.

Business Associate's failure to cure shall be grounds for immediate termination of the primary Agreement to which the Business Associate Agreement is attached. Department's remedies under this Agreement are cumulative, and the exercise of any remedy shall not preclude the exercise of any other. However, in the event that the Department determines that termination of the Agreement is not feasible, the Department shall have the right to report the breach to the Secretary of the Department of Health and Human Services, notwithstanding any other provisions of this Agreement to the contrary.

3. Effects of Termination; Disposal of PHI. Upon termination of the primary Agreement to which this Business Associate Agreement is attached, the Business Associate shall recover all PHI that is in the possession of the Business Associate's agents, affiliates, subsidiaries or sub-contractors. The Business Associate shall return to the Department or destroy all PHI that the Business Associate obtained or maintained pursuant to this Agreement on behalf of the Department. If the parties agree at that time that the return or destruction of PHI is not feasible, the Business Associate shall extend

the protections provided under this Agreement to such PHI, and limit further use or disclosure of the PHI to those purposes that make the return or destruction of the PHI infeasible. If the parties agree at the time of termination of this Agreement that it is infeasible for the Business Associate to recover all PHI in the possession of the Business Associate's agents, affiliates, subsidiaries or sub-contractors, the Business Associate shall provide written notice to the Department regarding the nature of the unfeasibility and the Business Associate shall require that its agents, affiliates, subsidiaries and sub-contractors agree to the extension of all protections, limitations and restrictions required of the Business Associate hereunder.

E. Miscellaneous.

1. The Business Associate's Compliance with HIPAA. The Department makes no warranty or representation that compliance by the Business Associate with this Agreement, HIPAA or the HIPAA regulations will be adequate or satisfactory for the Business Associate's own purposes or that any information in the Business Associate's possession or control, or transmitted or received by the Business Associate, is or will be secure from unauthorized use or disclosure. The Business Associate is solely responsible for all decisions made by the Business Associate regarding the safeguarding of PHI.

2. Change in Law. In the event that there are subsequent changes or clarifications of statutes, regulations or rules relating to this Agreement, the Department shall notify the Business Associate of any actions it reasonably deems are necessary to comply with such changes, and the Business Associate promptly shall take such actions. In the event that there shall be a change in the federal or state laws, rules or regulations, or any interpretation or any such law, rule, regulation or general instructions which may render any of the material terms of this Agreement unlawful or unenforceable, or materially affects the financial arrangement contained in this Agreement, the Business Associate may, by providing advanced written notice, propose an amendment to this Agreement addressing such issues.

3. Assignment/Subcontracting. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective legal representatives, successors and assigns. The Business Associate may not assign or subcontract the rights or obligations under this Agreement without the express written consent of the Department. The Department may assign its rights and obligations under this Agreement to any successor or affiliated entity.

4. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

5. Assistance in Litigation or Administrative Proceedings. The Business Associate shall make itself and any agents, affiliates, subsidiaries, sub-contractors or employees assisting the Business Associate in the fulfillment of its obligations under this Agreement, available to the Department, at no cost to the Department, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings resulting from the performance of this Agreement being commenced against the Department, its directors, officers, or employees, except where the Business Associate or its agents, affiliates, subsidiaries, sub-contractors or employees are a named adverse party.

The Department shall make itself and any agents, affiliates, subsidiaries, sub-contractors or employees assisting the Department in the fulfillment of its obligations under this Agreement, available to the Business Associate, at no cost to the Business Associate, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings resulting from the performance of this Agreement being commenced against the Business Associate, its directors, officers, or employees, except where the Department or its agents, affiliates, subsidiaries, sub-contractors or employees are a named adverse party.

6. Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA rules.

7. Conflicts. In the event of a conflict in between the terms of this Business Associate Agreement and the primary Agreement to which Business Associate Agreement is attached, the terms of this Business Associate Agreement shall prevail to the extent such an interpretation ensures compliance with the HIPAA Rules.

Exhibit A

- A. Subrecipient Name Western Resources for Independent Living
 Subrecipient DUNS 606192110
 Subrecipient Primary Location of Performance is:
 Street 529 Kansas City St. Ste 203
 City, State, ZIP Rapid City, South Dakota 57701-3693
- B. This award does not include Research and Development (R & D).
- C. Subrecipient Indirect Cost Rate The Subrecipient has an Indirect Rate ending 05/31/20.
- D. The following information identifies Federal funding for the Agreement:

CFDA # 93.369

This grant is awarded under Rehabilitation Act of 1973, as amended, Title VII, Chapter 1, Part B. The purpose of the grant is to provide financial assistance to States for expanding and improving the provision of independent living (IL) services to individuals with significant disabilities by promoting and maximizing their full integration and inclusion into the mainstream of American society. Funds received under this program may be used to carry out the purposes of the Independent Living State Grants Program described in section 713 of the Rehabilitation Act and 34 CFR Section 365.1 of the IL program regulations. These purposes include to support the operation of the Statewide Independent Living Council (SILC), to provide individuals with significant disabilities the core independent living services to demonstrate ways to expand and improve independent living services; to support the operations of centers for independent living that are in compliance with the standards and assurances in section 725 (b) and (c) of the Rehabilitation Act; to support activities to increase the capacities of public or nonprofit agencies and organizations and other entities to develop comprehensive approaches or systems for providing independent living services; to conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policymakers in order to enhance independent living services for individuals with significant disabilities; to train individuals with significant disabilities, individuals with disabilities, and individuals providing services to individuals with disabilities and other persons regarding the independent living philosophy; and to provide outreach to populations that are unserved or underserved by programs under Title VII of the Rehabilitation Act, including minority groups and urban and rural populations.

Total FEDERAL Funding Obligated to Subrecipient Under CFDA number	93.369.		
Year One (1) Funding	\$72,353.44	Year Four (4) Funding	N/A
Year Two (2) Funding	N/A	Year Five (5) Funding	N/A
Year Three (3) Funding	N/A	Total Amount of Funds Committed	\$72,353.44

(Funding Subject to Availability and Satisfactory Progress of the Project)

Federal Agency	0
	0
CFDA#	93.369
CFDA Name	0
Federal Award Date	0

Federal Award Identification Number	0
Total Amount of Federal Award	\$0
Current Award Amount for New Agreement or New Amendment	\$72,353.44
Previous Cumulative Award Amount	\$0.00
Unobligated Balance from Prior Budget Periods	\$0.00
Adjustment by State in Obligating Funds	\$0.00
Cumulative Award Amount	\$72,353.44

Western Resources for Independent Living
Independent Living Contract
FY 2020

The provider agrees to:

1. Provide independent living services to individuals in accordance with all independent living program requirements as referenced in this contract and the Independent Living Manual.
2. Provide 16,894 units (15 minutes) of service units as identified as a goal for the provider to deliver through this contract.
3. The 2017-2019 State Plan for Independent Living states "Part B funds utilized in State contracts with CILs will supplement Part C funds and not duplicate the funding of services supported by Part C funds. The State contract will make monthly payments above the required units of services that are funded by Part C funds."

Month	1	2	3	4	5	6
Part C units to be provided first	632	1,264	1,896	2,528	3,160	3,792
Month	7	8	9	10	11	12
Part C units to be provided first	4,424	5,056	5,688	6,320	6,952	7,584

4. The Statewide Independent Living Council approved the use of up to 15% of combined Part C and state funds to be set aside from the Part C budget to provide home modifications and assistive devices (HMAD) to independent living clients. WRIL has elected to use the maximum 15% for SFY 2020 and must provide \$61,079.29 in HMAD to be delivered through this contract.
5. Services are provided statewide. Clients have the right to choose their service provider, are notified of the provider in their geographic area, and can designate a different provider for their independent living services by completing an Authorization of Provider Choice form DHS-IL-313-10/07.
6. Accomplish the foregoing in accordance with the goals and objectives outlined in the South Dakota State Plan for Independent Living (SPIL). The current approved SPIL is available on the DRS web page <http://dhs.sd.gov/rehabservices>.
 - a. Independent living services shall be provided to individuals with significant disabilities in accordance with an independent living plan mutually agreed upon by an appropriate staff member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary;

- b. All service providers will use formats that are accessible to notify individuals seeking or receiving IL services under chapter 1 of title VII about:
 - 1. the availability of the CAP authorized by section 112 of the Act;
 - 2. the purposes of the services provided under the CAP; and
 - 3. how to contact the CAP;
- c. Participating service providers meet all applicable State licensure or certification requirements;
- d. Service providers apply eligibility requirements without regard to age, color, creed, gender, national origin, race, religion or type of significant disability of the individual applying for IL services;
- e. Service providers do not impose any State or local residence requirement that excludes any individual who is present in the State and who is otherwise eligible for IL services from receiving IL services;
- f. Service provider staff includes personnel who are specialists in the development and provision of IL services and in the development and support of centers;
- g. To the maximum extent feasible, a service provider makes available personnel able to communicate:
 - 1. with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication, nonverbal communication devices, Braille or audio tapes, and who apply for or receive IL services under title VII of the Act; and
 - 2. in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act;
- h. Service providers establish and maintain a program of staff development for all classes of positions involved in providing IL services and, if appropriate, in administering the CIL program. The staff development programs emphasize improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy;
- i. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will take affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act;
- j. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will comply with applicable EDGAR fiscal and accounting requirements and will adopt those fiscal control and fund accounting procedures

as may be necessary to ensure the proper disbursement of and accounting for those funds;

- k. In addition to complying with applicable EDGAR recordkeeping requirements, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will maintain records that fully disclose and document:
 - 1. the amount and disposition by the recipient of that financial assistance;
 - 2. The total cost of the project or undertaking in connection with which the financial assistance is given or used;
 - 3. the amount of that portion of the cost of the project or undertaking supplied by other sources;
 - 4. compliance with the requirements of chapter 1 of title VII of the Act and Part 364 of the regulations; and
 - 5. other information that the Commissioner determines to be appropriate to facilitate an effective audit;
 - l. With respect to the records that are required by 34 CFR 364.35, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will submit reports that the Commissioner determines to be appropriate;
 - m. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will provide access to the Commissioner and the Comptroller General, or any of their duly authorized representatives, to the records listed in 34 CFR 364.37 for the purpose of conducting audits, examinations, and compliance reviews;
 - n. Each service provider will adopt and implement policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names in accordance with the requirements of 34 CFR 364.56(a)(1-6).
- 7. Ensure all services pursuant to this agreement shall be performed to the satisfaction of the State, as determined at the sole discretion of the State, and in accordance with all federal, state, and local laws, ordinances, rules, policies and licensure or certification requirements. Provider shall not receive payment for services not in accordance to the above requirements.
 - 8. Bill for services within 30 days following the month services were provided. Payments will not be processed until reports are accurately submitted.
 - a. Services are paid at the following rate: \$17.18 per 15 minute unit of services. Billable services are defined in Attachment 2. There cannot be more billable time (including services billed to other programs) than the employee's work time.
 - b. Billing for Information and Referral is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquires not related to an active client's case per day. Phone calls billings for active IL client's cases can be more than 15 minutes for this service if fully justified and support the service and time being billed. Phone calls billed exceeding 60 minutes in length are subject to review of phone logs.

- c. Billings are based on 15 minute increments when working with one individual at a time. When providing IL services to more than one IL client at the same time, the billing time must be split between the individuals.
9. Provide annual cost report of expenditures in accordance with the Department of Human Services cost reporting guidelines, by the end of the fourth month following the close of the most current fiscal year ending (September 30).
 10. Meet the requirements of Title VII, Chapter 1, Part B of the Rehabilitation Act and CFR 34 § 364, 365 and 366.
 11. Send emails with personal health information or personally identifiable information through Voltage SecureMail in order to protect personally identifiable information. This can be utilized by requesting DRS staff to send an email using Voltage SecureMail to the provider to get it set up.
 12. Give Net-Cil or CILs First access to the State's Independent Living Program Specialist to review billings for services.
 13. Report Program Income at the end of the Federal Fiscal year. Because the Independent Living funds were used to fund the services to generate this income, any income would be considered as Program Income and would need to comply with CFR 34 §364.5 and CFR 34 §364.6. Centers for Independent Living need to identify the amount of these reimbursement funds and how they are reused in the Independent Living Program.
 14. Submit reports identified below to the State by the due date:

Report	Frequency	Report Due
Client Satisfaction Summary Attachment 3	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
CIL Report for State Plan Attachment 4	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
Detail Services Billing Report	Monthly	Before the end of the following month
704 Report	Once	December 31st
Cost Report of Expenditures	Once	September 30 th
Report on Program Income and how the funds were reinvested to provide IL Services	Once	December 31st
Other reports or data as requested by the State		

15. Individuals counted on the 704 report provided to the State must be IL clients (except for Information and Referral Services). Individuals reported on the 704 report to the State are subject to annual reviews and must meet all case management requirements identified in this contract.

Non-billable Time

Services that are not billable are:

- Time involved in reviewing cases or other administrative functions that do not involve any of the services listed above.
- Information & Referral Services for non-IL Clients exceeding 15 minutes per day.
- Phone call attempts to IL Clients, unless a voicemail message is left, then 15 minutes can be billed for that phone call. If there is no message left, there will be no billing for the attempted phone contact. This must be documented, for example, "Attempted contact, left voicemail".
- Services funded from other programs such as Assistive Daily Living Services Waiver, Adult Day Care, drug & alcohol prevention programs, or other disability programs funded by the US Veteran's Administration, SD Department of Human Services or the SD Department of Social Services. Information & Referral inquires/phone calls relating to these programs will not be billed on Net-Cil/CILs First and this contract.

Note: Net-Cil or CILs First can be used as a case management system for other programs/billings, but in order to NOT bill for IL services, the units of service will need to be left blank and any billing information can be documented within the case notes identifying the services and billing details.

Documentation needs to fully justify and support the service and time billed. Documentation for Information and Referral services when agencies inquire about services will include the name of the agency, person making the inquiry and their phone number. Documentation for travel time will include the start and destination of the travel. Additional requirements may be added to ensure all units of services are appropriately documented. Documentation and access to review and verify information includes, but is not limited to, time forms, phone records, case notes, etc. The State reserves the right to review, access, and verify information prior to payment.

Staffing

- All IL staff providing services through this contract must be an employee of the provider agency, and provision of IL services cannot be subcontracted out.
- Provider must maintain adequate staffing levels to provide the units of services identified in section 2 above.
- Training of IL staff to meet the requirements of the contract and Regulations CFR 34 § 364, 365 and 366 are the responsibility of the Center for Independent Living.

Vendors hired through the contracted provider agency to provide Vehicle Modifications/Adaptations and Environmental Accessibility Adaptations as ADLS waiver services must meet the following qualifications:

Vendors of vehicle adaptations shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of vehicle adaptations and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible.

Vendors of home modifications shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of home modifications and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible. Vendors must be knowledgeable of and comply with the Americans with Disabilities Act Accessibility Guidelines.

INDEPENDENT LIVING SERVICES

Contract FY2020

CORE SERVICES

Information and Referral - Services provided in relation to an individual's rights, resources, and responsibilities. These services offer individuals information on a wide range of disability-related topics. Services to assist an individual to obtain adaptive modifications that address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, and transportation. Identify all individuals who requested this type of assistance. This is the only service (other than services to family members) that may be provided to all individuals, whether or not the individual has a disability. Billing for this service is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquiries not related to an active client's case per day. Billings for active IL client's cases can be more than 15 minutes for this service but must be reasonable and documentation needs to fully justify and support the service and time billed.

Independent Skills Training and Life Skill Training Services - Training to assist individuals to make the most of their abilities and to increase self-reliance and self-confidence. This is done by teaching individuals how to take control of their lives. Skills can be taught at the center, in a classroom or workshop setting, or in the community. In some cases, skills training is provided in the individual home to help and individual learn new tasks in a familiar setting. These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities. This section should not include teaching an individual to use an adaptive device such as an emergency dialer, reacher, nail clippers or shower chair as the primary independent living goal. These can be secondary goals. Billings for this service are for active IL clients only.

Peer Counseling – A peer counselor helps to promote personal growth by sharing their own experiences and explaining how they have coped with the “ups and downs” of having a disability. Counseling, teaching, information sharing, and similar kinds of contact provided to clients by other people with disabilities. Billings for this service are for active IL clients only.

Individual and Systems Advocacy - These services assist an individual in developing the skills needed to advocate on their own behalf within the independent living services process and in all activities of daily living. Includes community awareness programs to enhance the understanding and integration into society of individuals with disabilities. Assistance and/or representation in obtaining access to benefits, services and programs to which a client may be entitled. Billings for this service are for active IL clients only.

NH Transition - Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services. The goal of Transition is to help

INDEPENDENT LIVING SERVICES Contract FY2020

an individual live in a more independent and integrated setting. Nursing facility transition is based on the Americans with Disabilities Act, in which the most integrated setting is defined as "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible." Transition planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only. Transition plan components include:

- Housing
- Personal Assistance
- Assistive Technology
- Health Services
- Mental Health/Addiction Supports
- Transportation
- Volunteering/Employment
- Roles of Family and Friends
- Social, Faith, Recreation
- Community Integration
- Advocacy/Self Advocacy
- Finances

NH Deter -Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals remain in the community. It is particularly important for the IL Specialist to be knowledgeable of programs and services available in the community that can prevent an individual from entering a nursing home. Examples include referral and enrollment into waiver programs, Department of Social Services, Meals on Wheels, assistive technology, and home modifications that will enable them to continue to remain living independently in their own homes. Deterrence planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only.

Youth PS - Facilitate the transition of youth who are individuals with significant disabilities who are eligible for individualized education programs under Section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C 14149d), and who have completed their secondary education or otherwise left school, to postsecondary life. Assistance includes referring the youth to Vocational Rehabilitation services for training and other employment services, as well as assistance with housing, independent living skills training, and self-advocacy skills training. Billings for this service are for active IL clients only.

INDEPENDENT LIVING SERVICES Contract FY2020

OTHER SERVICES

Children's Services - These services are available for children under the age of 14 to supplement services already offered by the school system to foster the child's learning and ability to function independently. The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14. Billings for this service are for active IL clients only.

Housing and Shelter Services - Services related to securing housing or shelter, adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by individuals with significant disabilities). Note: A CIL may not provide housing or shelter as an IL service on either a temporary or long term basis unless the housing or shelter is incidental to the overall operation of the CIL and is provided to any individual for a period not to exceed eight weeks during any six-month period. Billings for this service are for active IL clients only.

Mobility Training - A variety of services involving assisting an individual to get around their home and community. Billings for this service are for active IL clients only.

Personal Assistance Services - These include, but are not limited to, assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Personal Attendant services from other programs/funding sources.

Preventive Services - Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Preventive services from other programs/funding sources.

Recreational Services – Provision or identification of opportunities for the involvement of clients in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities that may be competitive, active, or quiet. Billings for this service are for active IL clients only.

Transportation Services - Services that assist an individual to secure reliable and safe transportation. Billings for this service are for active IL clients only.

Youth Transition Services - Services for youth 14-24 that promote self-awareness, self-esteem, develop advocacy and self-empowerment skills. Assists an individual to explore career options, including transition from school to post school activities such as post-secondary education, vocational training, employment, continuing and adult education, adult services, independent living or community participation.

INDEPENDENT LIVING SERVICES

Contract FY2020

Youth/Transition Services category should only be used for a service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24. For example, a 20 year old asking about any of the services listed in that category would not be assigned to that category unless they were coming through a program designed specifically for youth transitioning. Typically individuals assigned to this service category come through some particular program designed by a CIL to target this population with specific transition services.

Communication Services – Services directed to enable clients to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services. Billings for this service are for active IL clients only.

Family Services – Services provided to the family members of an individual with a significant disability when necessary for improving the individual's ability to live and function more independently, or ability to engage or continue in employment. Such services may include respite care. Billings for this service are for active IL clients only.

Rehabilitation Technology Services – Any service that assists an individual with a disability in the selection, acquisition or use of applied technologies, engineering methodologies or scientific principles to meet the needs of the individual and address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, transportation, IL and/or recreation. Billings for this service are for active IL clients only.

Employment/Vocational Services – Any services designed to achieve or maintain employment. Billings for this service are for active IL clients only.

HMAD & AT

Assistive Technology (AT) - Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain or improve functional capabilities of individuals with disabilities and any assistive technology services that assists an individual with a disability in the selection, acquisition or use of an assistive technology device. Billings for this service are for active IL clients only.

Home Modifications and Assistive Devices (HMAD)-Devices and modifications that assist and teach a client to function independently in the family or community or to obtain, maintain, or advance in employment. Billings for this service are for active IL clients only.

INDEPENDENT LIVING SERVICES
Contract FY2020

TAD

Telecommunications Adaptive Devices (TAD) - Devices that assist a client to independently communicate or to answer the phone. These services billed are directly to the State's TAD Program. Billings for this service are for active IL clients only.

Travel

Travel - Core – Billings for services are the travel time to deliver services to active IL clients only. Travel time should reflect no more than 15 minutes more than the travel time between the distances calculated on an online mapping service such as MapQuest or Google Maps. If the travel is local, and only a 15 minute increment is billed each direction of travel, online mapping documentation is not required.

Independent Living Client Satisfaction Survey

Reporting Period _____

Agency: _____

Staff Person Submitting Report: _____

Number of clients with goals met this quarter: _____

Number of clients closed where goals were not met: _____

Number of survey responses: _____

	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Blank
1. I feel that because of Independent Living Services I am living more independently.					
2. I am satisfied with the Independent Living services I received.					
3. I had choices with the services to meet my Independent Living goals.					
4. I would refer others for Independent Living Services.					

5. What was most helpful in your experience with Independent Living Services?

6. What was least helpful in your experience with Independent Living Services?

1. Effective June 1, 2014 CILs are required to include the attached 6 survey questions in their existing consumer satisfaction surveys.
2. The survey should be sent to all IL clients whose case was closed "goals met" and "goals not met".
3. Surveys are to be sent to the consumer within 30 days after the consumer's service record (CSR) is closed.
4. CILS will provide a quarterly report to the Division of Rehabilitation Services (DRS), Independent Living Specialist by the end of the month after the quarter ends. Due dates are September 30th, December 31st, March 31st, and June 30th.
5. The report will include information on:
 - o Number of consumers whose goals were met,
 - o Number of consumers whose goals were not met,
 - o Number of surveys responses,
 - o Average rating for questions 1-4. The rating scale consists of 4: Strongly Agree, 3: Agree, 2: Disagree, 1: Strongly Disagree,
 - o Any comments from narrative questions 5 & 6 with consumer and staff identifiable information removed.
6. The DRS Program Specialist will report the consumer satisfaction information to the Statewide Independent Living Council (SILC) at the meeting following the above stated due dates.

Center for Independent Living Quarterly Report Based on 2017-2019 State Plan for Independent Living

Center for Independent Living: _____

Reporting Quarter: _____

Office Locations: _____

Counties Served: _____

Person Completing Report: _____

Date Submitted: _____

State Plan for Independent Living Goal:

The SILC, CILs and DSE will work to ensure that IL services in South Dakota remain effective, efficient and responsive to all eligible individuals.

1. Identify in the table below the units of services and number of individuals receiving core services.

Core Service	This Quarter		Since June 1st	
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services
Advocacy Services				
IL Skills Training				
Inform. & Referral				
Peer Counseling				
Nursing Home Trans.				
Nursing Home Deter.				
Post-Secondary Trans.				
Total				

State Plan for Independent Living Goal:

The SILC and CILs will ensure all eligible South Dakotans have equal access to IL services.

1. Identify in the table below outreach activities to minorities or minorities organizations that the CIL has participated in or organized this quarter.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

2. Identify in the table below activities this quarter that the CIL has participated in or organized in working with youth with disabilities.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

3. Identify in the table below the number of new applicants and total clients under 25 years old at application.

Category	This Quarter	Since June 1st
New applicants who are under 25 years old		
Total current clients being served who are under 25 years old at application		

State Plan for Independent Living Goal:

The SILC will address systemic issues e.g., housing, transportation through a process of researching current practices, identifying emerging trends and promoting new approaches with state and federal policymakers.

1. Identify in the table below the unit of services and number of clients receiving housing services, HMAD and Assistive Devices.

Service	This Quarter		Since June 1st	
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services
HMAD				
Assistive Devices				
Housing				

2. Identify in the table below activities this quarter that the CIL has participated in or organized to expand the availability of accessible and affordable housing for individuals with disabilities.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

3. Identify below systems advocacy activities this quarter that the CIL has participated in or organized for individuals with disabilities.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

Note: **Systems advocacy** is generally used to change the policies of agencies, organizations or departments which are part of government or are established by government grants or contracts and operated under laws or governmental rules and policies. Frequently, these businesses provide unique services to specific populations, and you can't just take your business elsewhere if you aren't happy with the service. The advocacy effort could be directed at a local, state, or national agency and it could be directed at changing a written or unwritten policy, or at changing a law. Where the effort is directed will depend on the nature of the problem and which organization has authority over the problem area.

State Plan for Independent Living Goal:

The SILC and CILs will increase understanding of the IL philosophy with those served supporting them to assume greater direct control and responsibility for their services, goals and lives.

1. Identify in the following table activities this quarter that the CIL has participated in or organized to increase the public and policymakers awareness of IL services and IL philosophy.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

State Plan for Independent Living Goal:

The SILC and CILs will improve service outcomes for those served by ensuring services are provided by qualified and motivated staff.

1. Identify in the table below the training activities that CIL staff have participated in during this quarter.

Description of Training	Training hours	Date of Training	Location of Training	# of Staff Attending

--	--	--	--	--

2. Identify changes in ILC staff and current vacancies during this quarter.

Information for the State Fiscal Years below: Column A	Column B	Column C	Column D
Time Period	Total FTE of Direct IL Services Staff	Total Number of staff on your payroll during this period providing Direct IL Services	Total Number of people in column C whose employment ended.

Note: The staffing information is only on the Independent Living Specialists who are being funded by the Part C and the State contract funds. Column C would be considered how many of your ILS staff would be on the payroll during this period and would be issued a W2. Column D is how many of the people in Column C ended their employment during this time period.

3. Include a current organizational chart with this report.

Agreement # **4195-657-002 21**

Service PO # **21SC195002**

**STATE OF SOUTH DAKOTA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES**

**Purchase of Services Sub-recipient Agreement
Between**

Western Resources for Independent
Living
529 Kansas City St., Ste. 203
Rapid City, SD 57701
Referred to as Provider

State of South Dakota
Department of Human Services
Division of Rehabilitation Services
Hillsview Plaza, East Highway 34
c/o 500 East Capitol
Pierre SD 57501-5070
Referred to as State

1. This is an agreement for an award of Federal and/or State financial assistance to a sub-recipient. While performing services hereunder, Provider is an independent contractor and not an officer, agent, or employee of the State of South Dakota. See Exhibit A for additional sub-recipient information.
2. DESCRIPTIONS, METHODS AND LOCATIONS OF SERVICES:
 - A. This agreement is made for the purpose of providing independent living services. Refer to Attachment 1 for provider responsibilities, Attachment 2 for individual services being provided, Attachment 3 for Client Satisfaction Survey, and Attachment 4 for CIL quarterly report. IL services coverage areas include: Butte, Custer, Fall River, Harding, Haakon, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, and Tripp counties.
 - B. Does this Agreement involve Protected Health Information (PHI)? YES (X) NO ()
If PHI is involved, a Business Associate Agreement is attached and is fully incorporated herein as part of the Agreement (see Appendix A).
3. PERIOD OF PERFORMANCE:

This agreement shall be effective as of June 1, 2020 and shall end on May 31, 2021, unless sooner terminated pursuant to the terms hereof.

4. BASIS OF AGREEMENT AMOUNTS:

The rate and amount for services purchased have been determined on the following basis:

The TOTAL AGREEMENT AMOUNT will not exceed \$17.52 per unit (15 minutes).

The total amount of this agreement will not exceed \$163,070.75.

5. METHOD AND SOURCE OF PROVIDER PAYMENT:

Provider agrees to submit an initial bill for services within 30 days following the end of the **month** in which services were provided. If the provider cannot submit a bill within the 30-day timeframe, a written request for an extension of time must be provided to the State. If a bill has not been received by the State, the State reserves the right to refuse payment. Final billing for agreements ending May 31, 2021 must be received by the State by June 7, 2021.

An exception to this is when a provider is waiting for program/funding eligibility determination and billing cannot be made within 30 days. Valid adjustments and/or voiding of claims can continue to occur past the 30-day timeframe.

6. TECHNICAL ASSISTANCE:

The State agrees to provide technical assistance regarding Department of Human Services' rules, regulations and policies to the Provider and to assist in the correction of problem areas identified by the State's monitoring activities.

7. LICENSING AND STANDARD COMPLIANCE:

The Provider agrees to comply in full with all licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance in which the service and/or care is provided for the duration of this agreement. Liability resulting from noncompliance with licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance or through the Provider's failure to ensure the safety of all individuals served is assumed entirely by the Provider.

8. ASSURANCE REQUIREMENTS:

The Provider agrees to abide by all applicable provisions of the following assurances: Byrd Anti Lobbying Amendment (31 USC 1352), Debarment and Suspension (Executive Orders 12549 and 12689 and 2 C.F.R. 180), Drug-Free Workplace, Executive Order 11246 Equal Employment Opportunity as amended by Executive Order 11375 and implementing regulations at 41 C.F.R. part 60, Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1968, Section 504 of the Rehabilitation Act of 1973 as amended, Title IX of the Education Amendments of 1972, Drug Abuse Office and Treatment Act of 1972, Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment and Rehabilitation Act of 1970, Age Discrimination Act of 1975, Americans with Disabilities Act of 1990, Pro-

Children Act of 1994, Hatch Act, Health Insurance Portability and Accountability Act (HIPAA) of 1996 as amended, Clean Air Act, Federal Water Pollution Control Act, Charitable Choice Provisions and Regulations, Equal Treatment for Faith-Based Religions at Title 28 Code of Federal Regulations Part 38, the Violence Against Women Reauthorization Act of 2013, and American Recovery and Reinvestment Act of 2009, as applicable; and any other nondiscrimination provisions of any other nondiscrimination statute (s) which may apply to the award.

9. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION:

Provider certifies, by signing this agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the federal government or any state or local government department or agency. Provider further agrees that it will immediately notify the State, if during the term of this Agreement, the Provider or its principals become subject to debarment, suspension, proposed for debarment, or declared ineligible from participating in transactions by the federal government, or by any state or local government department or agency.

10. OFFICE OF INSPECTOR GENERAL EXCLUSIONARY LIST REQUIREMENTS:

Providers, who utilize federal Medicaid or Medicare funds, agree to screen all employees and contractors, prior to hiring or contracting and on a regular basis, to determine whether any of them are listed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities. Provider shall maintain documentation to support the screenings were performed and shall immediately report to DHS all cases in which employees are found on the exclusionary list. Provider understands that no payment shall be made for any goods or services furnished, ordered, or prescribed by an excluded individual or entity and any payment made for services provided by excluded parties will be recouped; and recoupment may include penalties.

11. RETENTION AND INSPECTION OF RECORDS:

The Provider agrees to maintain or supervise the maintenance of records necessary for the proper and efficient operation of the program, including records and documents regarding applications, determination of eligibility (when applicable), the provision of services, administrative costs, statistical, fiscal, other records, and information necessary for reporting and accountability required by the State. The Provider shall retain such records for six years following termination of the agreement. If such records are under pending audit, the Provider agrees to hold such records for a longer period upon notification from the State. The State, through any authorized representative, will have access to and the right to examine and copy all records, books, papers or documents related to services rendered under this agreement.

All payments to the Provider by the State are subject to site review and audit as prescribed and carried out by the State. Any over payment of this agreement shall be returned to the State within thirty days after written notification to the Provider.

All reports, recommendations, documents, drawings, plans, specifications, technical data and information, copyrights, patents, licenses, or other products produced as a result of the services rendered under this agreement will become the sole property of the State. The State hereby grants the Provider the unrestricted right to retain copies of and use these materials and the information contained therein in the normal course of the Provider's business for any lawful purpose. Either the originals, or reproducible copies satisfactory to the State, of all technical data, evaluations, reports and other work product of the Provider shall be delivered to the State upon completion or termination of services under this agreement.

12. TERMINATION:

This agreement may be terminated by either party hereto upon thirty (30) days written notice, and may be terminated by the State for cause at any time, with or without notice. On termination of this agreement all accounts and payments shall be processed according to financial arrangements set forth herein for services rendered to date of termination.

13. FUNDING:

This agreement depends upon the continued availability of appropriated funds and expenditure authority from the Legislature for this purpose. If for any reason the Legislature fails to appropriate funds or grant expenditure authority, or funds become unavailable by operation of law or federal funds reduction, this agreement will be terminated by the State. Termination for any of these reasons is not a default by the State nor does it give rise to a claim against the State.

14. AMENDMENTS:

This agreement may not be assigned without the express prior written consent of the State. This agreement may not be amended except in writing, which writing shall be expressly identified as a part hereof, and be signed by an authorized representative of each of the parties hereto.

15. CONTROLLING LAW:

This agreement shall be governed by and construed in accordance with the laws of the State of South Dakota. Any lawsuit pertaining to or affecting this agreement shall be venued in Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.

16. SUPERCESSION:

All other prior discussions, communications and representations concerning the subject matter of this agreement are superseded by the terms of this agreement, and except as

specifically provided herein, this agreement constitutes the entire agreement with respect to the subject matter hereof.

17. SEVERABILITY:

In the event that any provision of this agreement shall be held unenforceable or invalid by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision hereof.

18. NOTICE:

Any notice or other communication required under this agreement shall be in writing and sent to the address set forth above. Notices shall be given by and to the Division being contracted with on behalf of the State, and by the Provider, or such authorized designees as either party may from time to time designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail, provided that notice of default or termination shall be sent by registered or certified mail, or, if personally delivered, when received by such party.

19. SUBCONTRACTOR:

Provider may not use subcontractors to perform the services described herein without the express prior written consent of the State. Provider will include provisions in its subcontracts requiring its subcontractors to comply with the applicable provisions of this agreement, to indemnify the State, and to have insurance coverage in a manner consistent with this agreement. Provider will cause its subcontractors, agents, and employees to comply with applicable federal, state and local laws, regulations, ordinances, guidelines, permits and requirements and will adopt such review and inspection procedures as are necessary to assure such compliance.

20. HOLD HARMLESS:

The Provider agrees to hold harmless and indemnify the State of South Dakota, its officers, agents and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of performing services hereunder. This section does not require the Provider to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.

21. INSURANCE:

Before beginning work under this agreement, Provider shall furnish the State with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this agreement and which provide that such insurance may not be canceled except on 30 days prior written notice to the State. Provider shall furnish copies of insurance policies if requested by the State.

a. Commercial General Liability Insurance:

Provider shall maintain occurrence-based commercial general liability insurance or an equivalent form with a limit of not less than \$ 1,000,000.00 for each occurrence. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two times the occurrence limit.

b. Business Automobile Liability Insurance:

Provider shall maintain business automobile liability insurance or an equivalent form with a limit of not less than \$ 500,000.00 for each accident. Such insurance shall include coverage for owned, hired, and non-owned vehicles.

c. Workers' Compensation Insurance:

Provider shall procure and maintain workers' compensation and employers' liability insurance as required by South Dakota law.

d. Professional Liability Insurance:

Provider agrees to procure and maintain professional liability insurance with a limit not less than \$ 1,000,000.00.

22. REPORTING:

Provider agrees to immediately report to the Department any event or incident encountered in the course of performance of this agreement which results in injury to any person or property, or which may otherwise subject Provider, or the State of South Dakota or its officers, agents or employees to liability. Provider shall report any such event to the State immediately upon discovery.

Provider's obligation under this section shall only be to report the occurrence of any event to the State and to make any other report provided for by their duties or applicable law. Provider's obligation to report shall not require disclosure of any information subject to privilege or confidentiality under law. Reporting to the State under this section shall not excuse or satisfy any obligation of Provider to report any event to law enforcement or other entities under the requirements of any applicable law.

23. CONFLICT OF INTEREST:

Provider agrees to establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal organizational conflict of interest, or personal gain as contemplated by SDCL 5-18A-17 through 5-18A-17.6. Any potential conflict of interest must be disclosed in writing. In the event of a conflict of interest, the Provider expressly agrees to be bound by the conflict resolution process set forth in SDCL 5-18A-17 through 5-18A-17.6.

24. RESTRICTION OF BOYCOTT OF ISRAEL:

Pursuant Executive Order 2020-01, for providers with five (5) or more employees who enter into an agreement with the State of South Dakota that involves the expenditure of one hundred thousand dollars (\$100,000) or more, by signing this Agreement the Provider certifies and agrees that it has not refused to transact business activities, have not terminated business activities, and has not taken other similar actions intended to limit its commercial relations, related to the subject matter of the agreement, with a person or entity that is either the State of Israel, or a company doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel to do business, or doing business in the State of Israel, with the specific intent to accomplish a boycott or divestment of Israel in a discriminatory manner. It is understood and agreed that, if this certification is false, such false certification will constitute grounds for the State to terminate this agreement. The Provider further agrees to provide immediate written notice to the State if during the term of the agreement it no longer complies with this certification and agrees such noncompliance may be grounds for contract termination.

25. CONFIDENTIALITY OF INFORMATION:

For the purpose of the sub-paragraph, "State Proprietary Information" shall include all information disclosed to the Provider by the State. Provider acknowledges that it shall have a duty to not disclose any State Proprietary Information to any third person for any reason without the express written permission of a State officer or employee with authority to authorize the disclosure. Provider shall not: (i) disclose any State Proprietary information to any third person unless otherwise specifically allowed under this contract; (ii) make any use of State Proprietary Information except to exercise rights and perform obligations under this contract; (iii) make State Proprietary Information available to any of its employees, officers, agents or consultants except those who have agreed to obligations of confidentiality at least as strict as those set out in this contract and who have a need to know such information. Provider is held to the same standard of care in guarding State Proprietary Information as it applies to its own confidential or proprietary information and materials of a similar nature, and no less than holding State Proprietary Information in the strictest confidence. Provider shall protect confidentiality of the State's Information from the time of receipt to the time that such information is either returned to the State or destroyed to the extent that it cannot be recalled or reproduced. State Proprietary Information shall not include information that (i) was in the public domain at the time it was disclosed to Provider; (ii) was known to Provider without restriction at the time of disclosure from the State; (iii) that is disclosed with the prior written approval of the State's officers or employees having authority to disclose such information; (iv) was independently developed by Provider without the benefit of influence of the State's information; (v) becomes known to provider without restriction from a source not connected to the State of South Dakota. State's proprietary Information shall include names, social security numbers, employer numbers, addresses and all other data about applicants, employers or other clients to whom the State provides services of any kind. Provider understands that this information is confidential and protected under applicable State law at SDCL 1-27-1.5, modified by 1-27-1.6, SDCL 1-36A-27, SDCL 27B-

7-30, SDCL 27B-8-46, SDCL 27B-8-47, SDCL 27B-8-48, and SDCL 27B-8-49, as applicable, federal regulation and agrees to immediately notify the State of the information disclosure, either intentionally or inadvertently. The parties mutually agree that neither of them shall disclose the contents of the agreement except as required by applicable law or as necessary to carry out the terms of the agreement or to enforce that party's rights under this agreement. Provider acknowledges that the state and its agencies are public entities and thus bound by the South Dakota open meetings and open records laws. It is therefore not a breach of this contract for the State to take any action that the State reasonably believes is necessary to comply with the South Dakota open records or open meetings laws, including but not limited to posting this Agreement on the State's website. If work assignments performed in the course of this agreement require additional security requirements or clearance, the Provider will be required to undergo investigation.

Provider acknowledges that the State shares general information, including performance information, about Provider among and between other State agencies upon request of such agencies for the purpose of making determinations of the risk involved with potential, subsequent awards and for other purposes. Provider expressly consents and agrees to such uses by the State.

26. AUDIT REQUIREMENTS:

If the total of all Department of Human Service funding is greater than \$750,000 during the Provider's fiscal year, the Provider agrees to submit to the State a copy of an annual entity-wide, independent financial audit. The audit shall be completed and filed with the Department of Human Services by the end of the fourth month following the end of the fiscal year being audited or 30 days after receipt of the auditor's report, whichever is earlier. The audit should be sent to:

Department of Human Services
Provider Reimbursements and Grants
3800 East Highway 34
c/o 500 East Capitol
Pierre, SD 57501

If federal funds of \$750,000 or more have been received by the Provider the audit shall be conducted in accordance with OMB Uniform Guidance 2 CFR Chapter I, Chapter II, Part 200, et al Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards by an auditor approved by the Auditor General to perform the audit. On continuing audit engagements, the Auditor General's approval should be obtained annually. Audits shall be completed and filed with the Department of Legislative Audit by the end of the fourth month following the end of the fiscal year being audited or 30 days after receipt of the Auditor's report, whichever is earlier. For a Uniform Guidance audit, approval must be obtained by forwarding a copy of the audit engagement letter to:

Department of Legislative Audit
427 South Chapelle
% 500 East Capitol
Pierre, SD 57501-5070

For either an entity-wide, independent financial audit or a Uniform Guidance audit, the Provider assures resolution of all interim audit findings. The Provider shall facilitate and aid any such reviews, examinations, agreed upon procedures etc., the Department or its' contractor(s)/sub-recipient(s) may perform.

Failure to complete audit(s) as required will result in the disallowance of audit costs as direct or indirect charges to programs. Additionally, a percentage of awards may be withheld, overhead costs may be disallowed, and/or awards may be suspended, until the audit is completely satisfied.

27. COST PRINCIPLES:

Provider, as a sub-recipient, agrees to comply in full with the applicable cost principles as outlined in OMB Uniform Guidance 2 CFR Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

28. FEDERAL FUNDING ACCOUNTING AND TRANSPARENCY ACT:

The Sub-recipient agrees to:

- a. Assist and support State in complying with Federal Funding Accounting and Transparency Act (FFATA) requirements by providing any and all information the State must report to be compliant with FFATA. More information about FFATA reporting requirements can be found at www.frs.gov.
- b. Indemnify and hold harmless State for any amount of costs for non-compliance with FFATA requirements due to Sub-recipient (Provider) non-compliance or failure to comply with subsection (a) of this Provision. Sub-recipient understands and agrees that it is liable to State for any costs determined to be not allowed by the United States government for non-compliance with FFATA requirements due to Sub-recipient's failure to supply State with any requested information necessary to comply with FFATA.

29. AWARD RECIPIENT ATTESTATION:

The award recipient or sub-recipient attest to meeting the following requirements per SDCL 1-56-10:

- a. A conflict of interest policy is enforced within the recipient's or sub-recipient's organization;

- b. The Internal Revenue Service Form 990 has been filed, if applicable, in compliance with federal law, and is displayed immediately after filing on the recipient's or sub-recipient's website;
- c. An effective internal control system is employed by the recipient's or sub-recipient's organization; and
- d. If applicable, the recipient or sub-recipient is in compliance with the federal Single Audit Act, in compliance with § 4-11-2.1, and audits are displayed on the recipient's or sub-recipient's website.

30. PROPERTY MANAGEMENT STANDARDS:

The Provider agrees to observe Federal government uniform standards governing the utilization of property whose cost was charged to a project supported by a federal grant.

31. RISK ASSESSMENTS, MONITORING AND REMEDIES:

Risk assessments will be ongoing throughout the project period. Sub-recipient agrees to allow the State to monitor Sub-recipient to ensure compliance with program requirements, to identify any deficiencies in the administration and performance of the award and to facilitate the same. At the discretion of the State, monitoring may include but is not limited to the following: On-site visits, follow-up, document and/or desk reviews, third-party evaluations, virtual monitoring, technical assistance and informal monitoring such as email and telephone interviews. As appropriate, the cooperative audit resolution process may be applied.

Sub-recipient agrees to comply with ongoing risk assessments, to facilitate the monitoring process, and further, Sub-recipient understands and agrees that the requirements and conditions under the grant award may change as a result of the risk assessment/monitoring process.

In the event of noncompliance or failure to perform under the grant award, the State has the authority to apply remedies, including but not limited to: temporary withholding payments, disallowances, suspension or termination of the federal award, suspension of other federal awards received by Sub-recipient, debarment, or other remedies including civil and/or criminal penalties as appropriate.

32. CLOSEOUT:

The Sub-recipient agrees:

- a. For purposes of this Agreement, "Date of Completion" shall mean the date when the Agreement expires pursuant to its terms or is terminated in accordance with Section 12.

- b. The Sub-recipient shall submit a final financial report to the State. Within the limits of the Agreement amount, the State may make upward or downward cost adjustments on the basis of the information contained in the report. Agreement obligations will remain in force until all final reports are reviewed and approved by the State.
- c. The Sub-recipient, along with the final financial report, will refund to the State any unexpended funds or unobligated (unencumbered) cash advances.
- d. All outstanding obligations (encumbered funds) which have not been paid out as of the Date of Completion must be liquidated prior to the submission of the final report.
- e. Whether or not audits were conducted during the Agreement term, a final financial and compliance audit may be initiated up to three years after the date the State approves the final financial report.
- f. If either the final financial report or the final audit discloses an overpayment to the Sub-recipient, the State may, at its option, either require the Sub-recipient to repay the overpayment to the State or deduct the amount of the overpayment from monies due the Sub-recipient under this Agreement or under any other agreement between the Sub-recipient and the State.
- g. The Sub-recipient shall provide, along with the final financial report, a written accounting of property acquired with Agreement funds or received from the State.
- h. All close-out requirements must be completed within 30 (thirty) days after the "Date of Completion."

Agreement # **4195-657-002 21**

33. AUTHORIZED SIGNATURES: In witness hereto, the parties signify their agreement by affixing their signatures hereto.

DocuSigned by: <u>Jen Red Bear</u> Jen Red Bear	6/21/2020
Provider Signature	Date
DocuSigned by: <u>Eric Weiss</u> ERIC WEISS	6/18/2020
State - DHS Division Director	Date
DocuSigned by: <u>Denise Houlette</u> Denise Houlette	6/18/2020
State - DHS Office of Budget and Finance	Date
DocuSigned by: <u>Shawnie Rechtenbaugh</u> Shawnie Rechtenbaugh	6/18/2020
State - Office of the Secretary	Date

This template is approved as to form:

/s/Carole J. Boos 01/24/2020

Special Assistant Attorney General

Final agreement reviewed and recommendations made to Secretary.

Do sign recommendation: CJB 05/19/2020

Agreement # **4195-657-002 21**

Contract Description Code	500			
State Agency Coding:				
CFDA Number	93.369			
Company	1000	2003	3046	
Account	52060700Z/1	52060700Z/1	52060700Z/1	
Center Req	1950050	1950050	1950050	
Center User	132	132	764	
Dollar Total	\$8,751.98	\$78,767.86	\$75,550.91	
SVC PO Code	5300	5301	5302	

DHS Program Contact Person Jennifer Lewis
 Phone 605-773-7164

DHS Fiscal Contact Person Alan Fickbohm
 Phone (605) 773-5990

Provider Program Contact Person Jennifer Red Bear
 Phone (605) 718-1930

Provider Fiscal Contact Person Jen Red Bear
 Phone (605) 718-1930

Agreement# 4195-657-002 21
 PO# 21SC195002
 Vendor # 12041771
 Group

Agreement # **4195-657-002 21**

THIS PAGE LEFT INTENTIONALLY BLANK.

Appendix A HIPAA Business Associate Agreement

A. Definitions of Terms

1. Agreement means the agreement to which this Business Associate Agreement is attached to including this attachment entitled HIPAA Business Associate Agreement.

2. Business Associate shall have the meaning given to such term in 45 C.F.R. section 160.103 and 42 U.S.C. section 17938, and in reference to the party of this agreement, shall mean the Provider, Consultant, or other entity contracting with the State of South Dakota, Department of Human Services as set forth more fully in the Agreement this Business Associate Agreement is attached.

3. C.F.R. shall mean the Code of Federal Regulations.

4. Department shall mean South Dakota Department of Human Services

5. Designated Record Set shall have the meaning given to such term in 45 C.F.R. section 164.501.

6. Covered Entity shall have the meaning given to such term in 45 C.F.R. section 160.103, and in reference to the party to this agreement, shall mean South Dakota Department of Human Services.

7. Protected Health Information or PHI shall have the meaning given to such term in 45 C.F.R. section 164.103 and section 164.501, and is limited to the Protected Health Information received from, or received or created on behalf of Covered Entity by Business Associate pursuant to performance of the Services under the Agreement.

8. Regulations shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E, Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 160 and 164, Subparts A and C, 45 CFR 164.314, and as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) §§ 13400-13424, 42 U.S.C. §§ 17921-17954 (2009) as it directly applies, as in effect on the date of this Business Associate Agreement.

B. Obligations of the Business Associate.

1. Security Safeguards. The Business Associate shall implement a documented information security program that includes administrative, technical and physical safeguards designed to prevent the accidental or otherwise unauthorized use or

disclosure of PHI, and that reasonably protect the confidentiality, integrity, and availability of any electronic Protected Health Information that it creates, receives, maintains or transmits to or on behalf of Covered Entity as required by the Regulations. The Business Associate agrees to comply with the requirements of the Privacy and Security Rules directly applicable to Business Associates including the HITECH Act.

2. Affiliates, Agents, Subsidiaries and Sub-Contractors. The Business Associate shall require that any agents, employees, affiliates, subsidiaries or sub-contractors, to whom it provides PHI received from, or created or received by the Business Associate on behalf of the Department agree in writing to the same use and disclosure restrictions imposed on the Business Associate by this Agreement.

3. Reporting and Mitigating Unauthorized Uses and Disclosures of PHI. Immediately upon notice to the Business Associate, the Business Associate shall report to the Department any uses or disclosures of PHI not authorized by this Agreement. The Business Associate shall also notify the affected individual of the breach. If the breach affects more than 500 individuals, the Business Associate must contact the U.S. Health and Human Services Secretary and the media, under the American Recovery and Reinvestment Act of 2009. The Business Associate shall use its best efforts to mitigate the deleterious effects of any use or disclosure of PHI not authorized by this Agreement. Further, in the notice provided to the Department by the Business Associate regarding unauthorized uses and/or disclosures of PHI, the Business Associate shall describe the remedial or other actions undertaken or proposed to be undertaken regarding the unauthorized use or disclosure of PHI.

4. Permitted Uses and Disclosures. The Business Associate may not use or disclose PHI received or created pursuant to this Agreement except as follows:

(a) The Business Associate's Operations – Permitted Uses of PHI. The Business Associate may use the PHI it receives in its capacity for the proper management and administration of the Business Associate or to carry out the Business Associate's legal responsibilities.

(b) The Business Associate's Operations – Permitted Disclosures of PHI. The Business Associate may disclose the PHI it obtains in its capacity as a Business Associate if such disclosure is necessary for the Business Associate's proper management and administration or to carry out the Business Associate's legal responsibilities, and:

(i) The disclosure is required by law; or

(ii) The Business Associate obtains reasonable assurances from the person or entity to whom the PHI is disclosed that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person or entity notifies the Business Associate (and the

Business Associate in turn notifies the Department) of any instances of which it is aware in which the confidentiality of the PHI has been breached.

5. Disclosure Accounting. In the event that the Business Associate makes any disclosures of PHI related to the business associate function under this Agreement that are subject to the accounting requirements of 45 C.F.R. section 164.528, the Business Associate promptly shall maintain a record of each disclosure, including the date of the disclosure, the name and if available, the address of the recipient of the PHI, a brief description of the PHI disclosed and a brief description of the purpose of the disclosure. The Business Associate shall maintain this record for a period of six (6) years and make available to the Department upon request in an electronic format so that the Department may meet its disclosure accounting obligations under 45 C.F.R. section 164.528.

6. Access to PHI by Individuals. The Business Associate shall cooperate with the Department to fulfill all requests by individuals for access to the individual's PHI that are approved by the Department. The Business Associate shall cooperate with the Department in all respects necessary for the Department to comply with 45 C.F.R. section 164.524. If the Business Associate receives a request from an individual for access to PHI that affects funding eligibility, the Business Associate immediately shall forward such request to the Department within (10) business days. The Department shall be solely responsible for determining the scope of PHI and Designated Record Set to be released with respect to each request by an individual to access or obtain copies of the individual's PHI covered by this Agreement and in accordance with C.F.R. 164.524. The Business Associate shall make the PHI available in the format requested by the individual and approved by the Department, unless the PHI is not readily producible in such format, in which case the PHI shall be produced in hard copy format.

7. Access by the Department to the Business Associate's Books and Records. The Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of the Department available to the Department and the Secretary of the Department of Health and Human Services for purposes of determining the Department's compliance with the HIPAA laws and regulations. Upon reasonable notice to the Business Associate and during the Business Associate's normal business hours, the Business Associate shall make such internal practices, books and records available to the Department to inspect for purposes of determining compliance with this Agreement.

8. Amendment of PHI. As directed and in accordance with the time frames specified by the Department, the Business Associate shall incorporate all amendments to PHI received from the Department. The Business Associate shall provide written notice to the Department within ten (10) business days confirming that the Business Associate has made the amendments to PHI as directed by the Department. This confirmation shall also contain any other information that may be necessary for the Department to provide adequate notice to the individual in accordance with 45 C.F.R., section 164.526. The Department warrants that all time frames specified will be made in good faith and reasonable length so that the Business Associate can comply with the timeframe.

C. Obligations of the Department

1. The Department shall notify Business Associate of any limitation(s) in its notice of privacy practices of the Department in accordance with 45 CFR 164.520 to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

2. The Department shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI to the extent that such changes may affect Business Associates use or disclosure of PHI.

3. The Department shall notify Business Associate of any restriction to use or disclosure of PHI that the Department has agreed to in accordance with 45 CFR 164.522 to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

D. Term and Termination.

1. Term. The term of this Agreement shall be effective as of and shall terminate on the dates set forth in the primary Agreement this Business Associate Agreement is attached to or on the date the primary Agreement terminates, whichever is sooner

2. Termination by Breach. The Department may immediately terminate the primary Agreement this Business Associate Agreement is attached to if the Business Associate has breached a material term of this Business Associate Agreement. Alternatively, the department may choose to

(i) provide Business Associate with five (5) days written notice of the existence of an alleged material breach; and

(ii) afford Business Associate an opportunity to cure said alleged material breach to the satisfaction of Department within five (5) days.

Business Associate's failure to cure shall be grounds for immediate termination of the primary Agreement to which the Business Associate Agreement is attached. Department's remedies under this Agreement are cumulative, and the exercise of any remedy shall not preclude the exercise of any other. However, in the event that the Department determines that termination of the Agreement is not feasible, the Department shall have the right to report the breach to the Secretary of the Department of Health and Human Services, notwithstanding any other provisions of this Agreement to the contrary.

3. Effects of Termination; Disposal of PHI. Upon termination of the primary Agreement to which this Business Associate Agreement is attached, the Business Associate shall recover all PHI that is in the possession of the Business Associate's agents, affiliates, subsidiaries or sub-contractors. The Business Associate shall return to the Department or destroy all PHI that the Business Associate obtained or maintained

pursuant to this Agreement on behalf of the Department. If the parties agree at that time that the return or destruction of PHI is not feasible, the Business Associate shall extend the protections provided under this Agreement to such PHI, and limit further use or disclosure of the PHI to those purposes that make the return or destruction of the PHI infeasible. If the parties agree at the time of termination of this Agreement that it is infeasible for the Business Associate to recover all PHI in the possession of the Business Associate's agents, affiliates, subsidiaries or sub-contractors, the Business Associate shall provide written notice to the Department regarding the nature of the unfeasibility and the Business Associate shall require that its agents, affiliates, subsidiaries and sub-contractors agree to the extension of all protections, limitations and restrictions required of the Business Associate hereunder.

E. Miscellaneous.

1. The Business Associate's Compliance with HIPAA. The Department makes no warranty or representation that compliance by the Business Associate with this Agreement, HIPAA or the HIPAA regulations will be adequate or satisfactory for the Business Associate's own purposes or that any information in the Business Associate's possession or control, or transmitted or received by the Business Associate, is or will be secure from unauthorized use or disclosure. The Business Associate is solely responsible for all decisions made by the Business Associate regarding the safeguarding of PHI.

2. Change in Law. In the event that there are subsequent changes or clarifications of statutes, regulations or rules relating to this Agreement, the Department shall notify the Business Associate of any actions it reasonably deems are necessary to comply with such changes, and the Business Associate promptly shall take such actions. In the event that there shall be a change in the federal or state laws, rules or regulations, or any interpretation or any such law, rule, regulation or general instructions which may render any of the material terms of this Agreement unlawful or unenforceable, or materially affects the financial arrangement contained in this Agreement, the Business Associate may, by providing advanced written notice, propose an amendment to this Agreement addressing such issues.

3. Assignment/Subcontracting. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective legal representatives, successors and assigns. The Business Associate may not assign or subcontract the rights or obligations under this Agreement without the express written consent of the Department. The Department may assign its rights and obligations under this Agreement to any successor or affiliated entity.

4. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

5. Assistance in Litigation or Administrative Proceedings. The Business Associate shall make itself and any agents, affiliates, subsidiaries, sub-contractors or employees assisting the Business Associate in the fulfillment of its obligations under this Agreement, available to the Department, at no cost to the Department, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings resulting from the performance of this Agreement being commenced against the Department, its directors, officers, or employees, except where the Business Associate or its agents, affiliates, subsidiaries, sub-contractors or employees are a named adverse party.

The Department shall make itself and any agents, affiliates, subsidiaries, sub-contractors or employees assisting the Department in the fulfillment of its obligations under this Agreement, available to the Business Associate, at no cost to the Business Associate, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings resulting from the performance of this Agreement being commenced against the Business Associate, its directors, officers, or employees, except where the Department or its agents, affiliates, subsidiaries, sub-contractors or employees are a named adverse party.

6. Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA rules.

7. Conflicts. In the event of a conflict in between the terms of this Business Associate Agreement and the primary Agreement to which Business Associate Agreement is attached, the terms of this Business Associate Agreement shall prevail to the extent such an interpretation ensures compliance with the HIPAA Rules.

Western Resources for Independent Living
Independent Living Contract
SFY 2021

The provider agrees to:

1. Provide independent living services to individuals in accordance with all independent living program requirements as referenced in this contract and the Independent Living Manual.
2. Provide 19,469 units (15 minutes) of service units as identified as a goal for the provider to deliver through this contract.
3. The current State Plan for Independent Living states "Part B funds utilized in State contracts with CILs will supplement Part C funds and not duplicate the funding of services supported by Part C funds. The State contract will make monthly payments above the required units of services that are funded by Part C funds."

Month	1	2	3	4	5	6
Part C units to be provided first	847	1,694	2,541	3,388	4,235	5,082
Month	7	8	9	10	11	12
Part C units to be provided first	5,929	6,776	7,623	8,470	9,317	10,164

4. The Statewide Independent Living Council approved the use of up to 15% of combined Part C and state funds to be set aside from the Part C budget to provide home modifications and assistive devices (HMAD) to independent living clients. WRIL has elected to use the \$0 for SFY 2021.
5. Services are provided statewide. Clients have the right to choose their service provider, are notified of the provider in their geographic area, and can designate a different provider for their independent living services by completing an Authorization of Provider Choice form DHS-IL-313-10/07.
6. Accomplish the foregoing in accordance with the goals and objectives outlined in the South Dakota State Plan for Independent Living (SPIL). The current approved SPIL is available on the DRS web page <http://dhs.sd.gov/rehabservices>.
 - a. Independent living services shall be provided to individuals with significant disabilities in accordance with an independent living plan mutually agreed upon by an appropriate staff member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary;

- b. All service providers will use formats that are accessible to notify individuals seeking or receiving IL services under chapter 1 of title VII about:
 - 1. the availability of the CAP authorized by section 112 of the Act;
 - 2. the purposes of the services provided under the CAP; and
 - 3. how to contact the CAP;
- c. Participating service providers meet all applicable State licensure or certification requirements;
- d. Service providers apply eligibility requirements without regard to age, color, creed, gender, national origin, race, religion or type of significant disability of the individual applying for IL services;
- e. Service providers do not impose any State or local residence requirement that excludes any individual who is present in the State and who is otherwise eligible for IL services from receiving IL services;
- f. Service provider staff includes personnel who are specialists in the development and provision of IL services and in the development and support of centers;
- g. To the maximum extent feasible, a service provider makes available personnel able to communicate:
 - 1. with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication, nonverbal communication devices, Braille or audio tapes, and who apply for or receive IL services under title VII of the Act; and
 - 2. in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act;
- h. Service providers establish and maintain a program of staff development for all classes of positions involved in providing IL services and, if appropriate, in administering the CIL program. The staff development programs emphasize improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy;
- i. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will take affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act;
- j. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will comply with applicable EDGAR fiscal and accounting requirements and will adopt those fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for those funds;

- k. In addition to complying with applicable EDGAR recordkeeping requirements, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will maintain records that fully disclose and document:
 - 1. the amount and disposition by the recipient of that financial assistance;
 - 2. The total cost of the project or undertaking in connection with which the financial assistance is given or used;
 - 3. the amount of that portion of the cost of the project or undertaking supplied by other sources;
 - 4. compliance with the requirements of chapter 1 of title VII of the Act and Part 364 of the regulations; and
 - 5. other information that the Commissioner determines to be appropriate to facilitate an effective audit;
 - l. With respect to the records that are required by 34 CFR 364.35, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will submit reports that the Commissioner determines to be appropriate;
 - m. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will provide access to the Commissioner and the Comptroller General, or any of their duly authorized representatives, to the records listed in 34 CFR 364.37 for the purpose of conducting audits, examinations, and compliance reviews;
 - n. Each service provider will adopt and implement policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names in accordance with the requirements of 34 CFR 364.56(a)(1-6).
7. Ensure all services pursuant to this agreement shall be performed to the satisfaction of the State, as determined at the sole discretion of the State, and in accordance with all federal, state, and local laws, ordinances, rules, policies and licensure or certification requirements. Provider shall not receive payment for services not in accordance to the above requirements.
8. Bill for services within 30 days following the month services were provided. Payments will not be processed until reports are accurately submitted.
- a. Services are paid at the following rate: \$17.52 per 15 minute unit of services. Billable services are defined in Attachment 2. There cannot be more billable time (including services billed to other programs) than the employee's work time.
 - b. Billing for Information and Referral is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquires not related to an active client's case per day. Phone calls billings for active IL client's cases can be more than 15 minutes for this service if fully justified and support the service and time being billed. Phone calls billed exceeding 60 minutes in length are subject to review of phone logs.
 - c. Billings are based on 15 minute increments when working with one individual at a time. When providing IL services to more than one IL client at the same time, the billing time must be split between the individuals.

9. Provide annual cost report of expenditures in accordance with the Department of Human Services cost reporting guidelines, by the end of the fourth month following the close of the most current fiscal year ending (September 30).
10. Meet the requirements of Title VII, Chapter 1, Part B of the Rehabilitation Act and CFR 34 § 364, 365 and 366.
11. Send emails with personal health information or personally identifiable information through Voltage SecureMail in order to protect personally identifiable information. This can be utilized by requesting DRS staff to send an email using Voltage SecureMail to the provider to get it set up.
12. Give Net-Cil or CILs First access to the State's Independent Living Program Specialist to review billings for services.
13. Report Program Income at the end of the Federal Fiscal year. Because the Independent Living funds were used to fund the services to generate this income, any income would be considered as Program Income and would need to comply with CFR 34 §364.5 and CFR 34 §364.6. Centers for Independent Living need to identify the amount of these reimbursement funds and how they are reused in the Independent Living Program.
14. Submit reports identified below to the State by the due date:

Report	Frequency	Report Due
Client Satisfaction Summary Attachment 3	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
CIL Report for State Plan Attachment 4	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
Detail Services Billing Report	Monthly	Before the end of the following month
704 Report	Once	December 31st
Cost Report of Expenditures	Once	September 30 th
Report on Program Income and how the funds were reinvested to provide IL Services	Once	December 31st
Other reports or data as requested by the State		

15. Individuals counted on the 704 report provided to the State must be IL clients (except for Information and Referral Services). Individuals reported on the 704 report to the State are subject to annual reviews and must meet all case management requirements identified in this contract.

Non-billable Time

Services that are not billable are:

- Time involved in reviewing cases or other administrative functions that do not involve any of the services listed above.
- Information & Referral Services for non-IL Clients exceeding 15 minutes per day.

- Phone call attempts to IL Clients, unless a voicemail message is left, then 15 minutes can be billed for that phone call. If there is no message left, there will be no billing for the attempted phone contact. This must be documented, for example, "Attempted contact, left voicemail".
- Services funded from other programs such as Assistive Daily Living Services Waiver, Adult Day Care, drug & alcohol prevention programs, or other disability programs funded by the US Veteran's Administration, SD Department of Human Services or the SD Department of Social Services. Information & Referral inquires/phone calls relating to these programs will not be billed on Net-Cil/CILs First and this contract.

Note: Net-Cil or CILs First can be used as a case management system for other programs/billings, but in order to NOT bill for IL services, the units of service will need to be left blank and any billing information can be documented within the case notes identifying the services and billing details.

Documentation needs to fully justify and support the service and time billed. Documentation for Information and Referral services when agencies inquire about services will include the name of the agency, person making the inquiry and their phone number. Documentation for travel time will include the start and destination of the travel. Additional requirements may be added to ensure all units of services are appropriately documented. Documentation and access to review and verify information includes, but is not limited to, time forms, phone records, case notes, etc. The State reserves the right to review, access, and verify information prior to payment.

Staffing

- All IL staff providing services through this contract must be an employee of the provider agency, and provision of IL services cannot be subcontracted out.
- Provider must maintain adequate staffing levels to provide the units of services identified in section 2 above.
- Training of IL staff to meet the requirements of the contract and Regulations CFR 34 § 364, 365 and 366 are the responsibility of the Center for Independent Living.

Vendors hired through the contracted provider agency to provide Vehicle Modifications/Adaptations and Environmental Accessibility Adaptations as ADLS waiver services must meet the following qualifications:

Vendors of vehicle adaptations shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of vehicle adaptations and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible.

Vendors of home modifications shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of home modifications and shall also be authorized by the

manufacturer to install, repair, and maintain such systems where possible. Vendors must be knowledgeable of and comply with the Americans with Disabilities Act Accessibility Guidelines.

INDEPENDENT LIVING SERVICES

Contract FY2021

CORE SERVICES

Information and Referral - Services provided in relation to an individual's rights, resources, and responsibilities. These services offer individuals information on a wide range of disability-related topics. Services to assist an individual to obtain adaptive modifications that address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, and transportation. Identify all individuals who requested this type of assistance. This is the only service (other than services to family members) that may be provided to all individuals, whether or not the individual has a disability. Billing for this service is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquiries not related to an active client's case per day. Billings for active IL client's cases can be more than 15 minutes for this service but must be reasonable and documentation needs to fully justify and support the service and time billed.

Independent Skills Training and Life Skill Training Services - Training to assist individuals to make the most of their abilities and to increase self-reliance and self-confidence. This is done by teaching individuals how to take control of their lives. Skills can be taught at the center, in a classroom or workshop setting, or in the community. In some cases, skills training is provided in the individual home to help and individual learn new tasks in a familiar setting. These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities. This section should not include teaching an individual to use an adaptive device such as an emergency dialer, reacher, nail clippers or shower chair as the primary independent living goal. These can be secondary goals. Billings for this service are for active IL clients only.

Peer Counseling – A peer counselor helps to promote personal growth by sharing their own experiences and explaining how they have coped with the “ups and downs” of having a disability. Counseling, teaching, information sharing, and similar kinds of contact provided to clients by other people with disabilities. Billings for this service are for active IL clients only.

Individual and Systems Advocacy - These services assist an individual in developing the skills needed to advocate on their own behalf within the independent living services process and in all activities of daily living. Includes community awareness programs to enhance the understanding and integration into society of individuals with disabilities. Assistance and/or representation in obtaining access to benefits, services and programs to which a client may be entitled. Billings for this service are for active IL clients only.

NH Transition - Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services. The goal of Transition is to help

INDEPENDENT LIVING SERVICES Contract FY2021

an individual live in a more independent and integrated setting. Nursing facility transition is based on the Americans with Disabilities Act, in which the most integrated setting is defined as "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible." Transition planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only. Transition plan components include:

- Housing
- Personal Assistance
- Assistive Technology
- Health Services
- Mental Health/Addiction Supports
- Transportation
- Volunteering/Employment
- Roles of Family and Friends
- Social, Faith, Recreation
- Community Integration
- Advocacy/Self Advocacy
- Finances

NH Deter -Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals remain in the community. It is particularly important for the IL Specialist to be knowledgeable of programs and services available in the community that can prevent an individual from entering a nursing home. Examples include referral and enrollment into waiver programs, Department of Social Services, Meals on Wheels, assistive technology, and home modifications that will enable them to continue to remain living independently in their own homes. Deterrence planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only.

Youth PS - Facilitate the transition of youth who are individuals with significant disabilities who are eligible for individualized education programs under Section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C 14149d), and who have completed their secondary education or otherwise left school, to postsecondary life. Assistance includes referring the youth to Vocational Rehabilitation services for training and other employment services, as well as assistance with housing, independent living skills training, and self-advocacy skills training. Billings for this service are for active IL clients only.

INDEPENDENT LIVING SERVICES Contract FY2021

OTHER SERVICES

Children's Services - These services are available for children under the age of 14 to supplement services already offered by the school system to foster the child's learning and ability to function independently. The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14. Billings for this service are for active IL clients only.

Housing and Shelter Services - Services related to securing housing or shelter, adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by individuals with significant disabilities). Note: A CIL may not provide housing or shelter as an IL service on either a temporary or long term basis unless the housing or shelter is incidental to the overall operation of the CIL and is provided to any individual for a period not to exceed eight weeks during any six-month period. Billings for this service are for active IL clients only.

Mobility Training - A variety of services involving assisting an individual to get around their home and community. Billings for this service are for active IL clients only.

Personal Assistance Services - These include, but are not limited to, assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Personal Attendant services from other programs/funding sources.

Preventive Services - Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Preventive services from other programs/funding sources.

Recreational Services – Provision or identification of opportunities for the involvement of clients in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities that may be competitive, active, or quiet. Billings for this service are for active IL clients only.

Transportation Services - Services that assist an individual to secure reliable and safe transportation. Billings for this service are for active IL clients only.

Youth Transition Services - Services for youth 14-24 that promote self-awareness, self-esteem, develop advocacy and self-empowerment skills. Assists an individual to explore career options, including transition from school to post school activities such as post-secondary education, vocational training, employment, continuing and adult education, adult services, independent living or community participation.

INDEPENDENT LIVING SERVICES

Contract FY2021

Youth/Transition Services category should only be used for a service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24. For example, a 20 year old asking about any of the services listed in that category would not be assigned to that category unless they were coming through a program designed specifically for youth transitioning. Typically individuals assigned to this service category come through some particular program designed by a CIL to target this population with specific transition services.

Communication Services – Services directed to enable clients to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services. Billings for this service are for active IL clients only.

Family Services – Services provided to the family members of an individual with a significant disability when necessary for improving the individual's ability to live and function more independently, or ability to engage or continue in employment. Such services may include respite care. Billings for this service are for active IL clients only.

Rehabilitation Technology Services – Any service that assists an individual with a disability in the selection, acquisition or use of applied technologies, engineering methodologies or scientific principles to meet the needs of the individual and address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, transportation, IL and/or recreation. Billings for this service are for active IL clients only.

Employment/Vocational Services – Any services designed to achieve or maintain employment. Billings for this service are for active IL clients only.

HMAD & AT

Assistive Technology (AT) - Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain or improve functional capabilities of individuals with disabilities and any assistive technology services that assists an individual with a disability in the selection, acquisition or use of an assistive technology device. Billings for this service are for active IL clients only. This service does not fund home maintenance or automobile repairs.

Home Modifications and Assistive Devices (HMAD)-Devices and modifications that assist and teach a client to function independently in the family or community or to obtain, maintain, or advance in employment. Billings for this service are for active IL clients only.

INDEPENDENT LIVING SERVICES
Contract FY2021

TAD

Telecommunications Adaptive Devices (TAD) - Devices that assist a client to independently communicate or to answer the phone. These services billed are directly to the State's TAD Program. Billings for this service are for active IL clients only.

Travel

Travel - Core – Billings for services are the travel time to deliver services to active IL clients only. Travel time should reflect no more than 15 minutes more than the travel time between the distances calculated on an online mapping service such as MapQuest or Google Maps. If the travel is local, and only a 15 minute increment is billed each direction of travel, online mapping documentation is not required.

Independent Living Client Satisfaction Survey

Reporting Period _____

Agency: _____

Staff Person Submitting Report: _____

Number of clients with goals met this quarter: _____

Number of clients closed where goals were not met: _____

Number of survey responses: _____

	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Blank
1. I feel that because of Independent Living Services I am living more independently.					
2. I am satisfied with the Independent Living services I received.					
3. I had choices with the services to meet my Independent Living goals.					
4. I would refer others for Independent Living Services.					

5. What was most helpful in your experience with Independent Living Services?

6. What was least helpful in your experience with Independent Living Services?

1. Effective June 1, 2014 CILs are required to include the attached 6 survey questions in their existing consumer satisfaction surveys.
2. The survey should be sent to all IL clients whose case was closed "goals met" and "goals not met".
3. Surveys are to be sent to the consumer within 30 days after the consumer's service record (CSR) is closed.
4. CILS will provide a quarterly report to the Division of Rehabilitation Services (DRS), Independent Living Specialist by the end of the month after the quarter ends. Due dates are September 30th, December 31st, March 31st, and June 30th.
5. The report will include information on:
 - o Number of consumers whose goals were met,
 - o Number of consumers whose goals were not met,
 - o Number of surveys responses,
 - o Average rating for questions 1-4. The rating scale consists of 4: Strongly Agree, 3: Agree, 2: Disagree, 1: Strongly Disagree,
 - o Any comments from narrative questions 5 & 6 with consumer and staff identifiable information removed.
6. The DRS Program Specialist will report the consumer satisfaction information to the Statewide Independent Living Council (SILC) at the meeting following the above stated due dates.

Center for Independent Living Quarterly Report
Based on 2017-2019 State Plan for Independent Living

Center for Independent Living: _____

Reporting Quarter: _____

Office Locations: _____

Counties Served: _____

Person Completing Report: _____

Date Submitted: _____

State Plan for Independent Living Goal:

The SILC, CILs and DSE will work to ensure that IL services in South Dakota remain effective, efficient and responsive to all eligible individuals.

1. Identify in the table below the units of services and number of individuals receiving core services.

Core Service	This Quarter		Since June 1st	
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services
Advocacy Services				
IL Skills Training				
Inform. & Referral				
Peer Counseling				
Nursing Home Trans.				
Nursing Home Deter.				
Post-Secondary Trans.				
Total				

State Plan for Independent Living Goal:

The SILC and CILs will ensure all eligible South Dakotans have equal access to IL services.

1. Identify in the table below outreach activities to minorities or minorities organizations that the CIL has participated in or organized this quarter.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

2. Identify in the table below activities this quarter that the CIL has participated in or organized in working with youth with disabilities.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

3. Identify in the table below the number of new applicants and total clients under 25 years old at application.

Category	This Quarter	Since June 1st
New applicants who are under 25 years old		
Total current clients being served who are under 25 years old at application		

State Plan for Independent Living Goal:

The SILC will address systemic issues e.g., housing, transportation through a process of researching current practices, identifying emerging trends and promoting new approaches with state and federal policymakers.

1. Identify in the table below the unit of services and number of clients receiving housing services, HMAD and Assistive Devices.

Service	This Quarter		Since June 1st	
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services
HMAD				
Assistive Devices				
Housing				

2. Identify in the table below activities this quarter that the CIL has participated in or organized to expand the availability of accessible and affordable housing for individuals with disabilities.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

3. Identify below systems advocacy activities this quarter that the CIL has participated in or organized for individuals with disabilities.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

Note: **Systems advocacy** is generally used to change the policies of agencies, organizations or departments which are part of government or are established by government grants or contracts and operated under laws or governmental rules and policies. Frequently, these businesses provide unique services to specific populations, and you can't just take your business elsewhere if you aren't happy with the service. The advocacy effort could be directed at a local, state, or national agency and it could be directed at changing a written or unwritten policy, or at changing a law. Where the effort is directed will depend on the nature of the problem and which organization has authority over the problem area.

State Plan for Independent Living Goal:

The SILC and CILs will increase understanding of the IL philosophy with those served supporting them to assume greater direct control and responsibility for their services, goals and lives.

1. Identify in the following table activities this quarter that the CIL has participated in or organized to increase the public and policymakers awareness of IL services and IL philosophy.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

State Plan for Independent Living Goal:

The SILC and CILs will improve service outcomes for those served by ensuring services are provided by qualified and motivated staff.

1. Identify in the table below the training activities that CIL staff have participated in during this quarter.

Description of Training	Training hours	Date of Training	Location of Training	# of Staff Attending

--	--	--	--	--

2. Identify changes in ILC staff and current vacancies during this quarter.

Information for the State Fiscal Years below: Column A	Column B	Column C	Column D
Time Period	Total FTE of Direct IL Services Staff	Total Number of staff on your payroll during this period providing Direct IL Services	Total Number of people in column C whose employment ended.

Note: The staffing information is only on the Independent Living Specialists who are being funded by the Part C and the State contract funds. Column C would be considered how many of your ILS staff would be on the payroll during this period and would be issued a W2. Column D is how many of the people in Column C ended their employment during this time period.

3. Include a current organizational chart with this report.

Exhibit A

- A. Subrecipient Name Western Resources for Independent Living
 Subrecipient DUNS 606192110
 Subrecipient Primary Location of Performance is:
 Street 529 Kansas City Stret
 City, State, ZIP Rapid City, SD 57701
- B. This award does not include Research and Development (R & D).
- C. Subrecipient Indirect Cost Rate The subrecipient has an indirect cost rate.
 Subrecipient Indirect Cost Rate June 1, 2016 - May 31, 2018= 15.70%
- D. The following information identifies Federal funding for the Agreement:

CFDA # 84.126A

This grant is awarded under Title I, Part A and B, Section 100-111 of the Rehabilitation Act of 1973, as amended, P.L. 113-128. The purpose of the Rehabilitation Act is to assist States in operating comprehensive, coordinated, effective, efficient and accountable programs of vocational rehabilitation (VR); to assess, plan, develop, and provide VR services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice so they may prepare for and engage in competitive integrated employment. Funds are used to cover the costs of providing VR services, which include: assessment, counseling, vocational and other training, job placement, reader services for the blind, interpreter services for the deaf, medical and related services and prosthetic and orthotic devices, rehabilitation technology, transportation to secure VR services, maintenance during rehabilitation, and other goods and services necessary for an individual with a disability to achieve an employment outcome. Services are provided to families of disabled individuals when such services contribute substantially to the rehabilitation of such individuals who are receiving VR services. Funds can also be used to provide VR services for the benefit of groups of individuals with disabilities including the construction and establishment of community rehabilitation programs.

Total FEDERAL Funding Obligated to Subrecipient Under CFDA number	84.126A.	
Year One (1) Funding	\$78,767.86	Year Four (4) Funding N/A
Year Two (2) Funding	N/A	Year Five (5) Funding N/A
Year Three (3) Funding	N/A	Total Amount of Funds Committed \$78,767.86

(Funding Subject to Availability and Satisfactory Progress of the Project)

Federal Agency	Dept. of Education Office of Special Education and Rehabilitative Services
CFDA#	84.126A
CFDA Name	Rehabilitation Services - Vocational Rehabilitation Grants to States
Federal Award Date	10/21/19
Federal Award Identification Number	H126A200062
Total Amount of Federal Award	\$8,938,127
Current Award Amount for New Contract or New Amendment	\$78,767.86
Previous Cumulative Award Amount	\$0.00
Unobligated Balance from Prior Budget Periods	\$0.00
Adjustment by State in Obligating Funds	\$0.00
Cumulative Award Amount	\$78,767.86

**STATE OF SOUTH DAKOTA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES**

AMENDMENT # 1

AGREEMENT # 4195-657-002 22

Between

Western Resources For Independent Living 529 Kansas City Street Suite 203 Rapid City, SD, 57701	State of South Dakota Department of Human Services Division of Rehabilitation Services Hillsview Plaza, East Highway 34
<hr/> Referred to as Provider	<hr/> c/o 500 East Capitol Pierre SD 57501-5070 Referred to as State

1. This agreement is amended between the Provider and the State effective for services provided on or after November 16, 2021 to change the following and shall be attached to the original agreement. All other terms and conditions of this agreement remain unchanged.
 2. Page 1, Section 2 is changed from:
 - A. This agreement is made for the purpose of independent living services. Refer to Attachment 1 for provider responsibilities, Attachment 2 for individual services being provided, Attachment 3 for Client Satisfaction Survey, Attachment 4 for CIL quarterly report and Attachment 5 for the Home Modifications and Assistive Devices for the Home Approval Form. IL services coverage areas include: Butte, Custer, Fall River, Harding, Haakon, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, and Tripp counties.
- to read:
- A. This agreement is made for the purpose of independent living services. Refer to Attachment 6 for provider responsibilities, Attachment 2 for individual services being provided, Attachment 3 for Client Satisfaction Survey, Attachment 4 for CIL quarterly report and Attachment 5 for the Home Modifications and Assistive Devices for the Home Approval Form. All the above Attachments are attached to the Agreement, and hereby

incorporated by reference. IL services coverage areas include: Butte, Custer, Fall River, Harding, Haakon, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, and Tripp counties.

Page 1, Section 3 is changed from:

This agreement shall be effective as of June 1, 2021 and shall end on November 30, 2021 unless sooner terminated pursuant to the terms herof.

to read:

This agreement shall be effective as of June 1, 2021 and shall end on May 31, 2022 unless sooner terminated pursuant to the terms hereof.

Page 2, Section 4 is changed from:

The rate and amount for services purchased have been determined on the following basis:

- \$31,589.14 is for approved Home Modifications and Assistive Devices
- \$51,903.09 is for 2,893 service units (15 minutes) to be paid after 4,962 service units have been provided first from Part C funds.

The TOTAL AGREEMENT AMOUNT will not exceed \$83,492.23.

To read:

The rate and amount for services purchased have been determined on the following basis:

- \$63,196.27 is for approved Home Modifications and Assistive Devices
- \$103,788.18 is for 5785 service units (15 minutes) to be paid after 9,924 service units have been provided first from Part C funds.

The TOTAL AGREEMENT AMOUNT will not exceed \$166,984.45.

3. AUTHORIZED SIGNATURES: in witness hereto, the parties signify their agreement by affixing their signatures hereto.

DocuSigned by: <u>Alan Adel</u> A3FAD2C47F...	Signature	12/6/2021 Date
DocuSigned by: <u>Eric Weiss</u> 559652493795...	State - DHS Division Director	12/6/2021 Date
DocuSigned by: <u>Steven Kohler</u> 559652493795...	State - DHS Office of Budget and Finance	12/6/2021 Date
DocuSigned by: <u>Shawnie Rechtenbaugh</u> 559652493795...	State - Office of the Secretary	12/6/2021 Date

Current amendment reviewed and recommendations made to Secretary.

Do sign recommendation JEH 12-2-21

State Agency Coding: 500

CFDA Number:	93.369			
Company	1000	2003	3046	1000
Account	52060700Z/1	52060700Z/1	52060700Z/1	520607000
		1		
Center Req	1950050	1950050	1950050	19500050
Center User	132	132	764	
Dollars	\$2,317.00	\$20,853.00	\$118,814.45	\$25,000.00
SVC PO Code	5300	5301	5302	
Company				
Account				
Center Req				
Center User				
Dollars				
SVC PO Code				
Company				
Account				
Center Req				
Center User				
Dollars				
SVC PO Code				

Agreement # **4195-657-002 22**

Service PO # **22SC195002**

**STATE OF SOUTH DAKOTA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES**

**Purchase of Services Sub-recipient Agreement
Between**

Western Resources for Independent Living 529 Kansas City St, Ste 203 Rapid City, SD 57701	State of South Dakota Department of Human Services Division of Rehabilitation Services Hillsview Plaza, East Highway 34 c/o 500 East Capitol Pierre SD 57501-5070
Referred to as Provider	Referred to as State

1. This is an agreement for an award of Federal and/or State financial assistance to a sub-recipient. While performing services hereunder, Provider is an independent contractor and not an officer, agent, or employee of the State of South Dakota. See Exhibit A for additional sub-recipient information.

2. DESCRIPTIONS, METHODS AND LOCATIONS OF SERVICES:

- A. This agreement is made for the purpose of independent living services. Refer to Attachment 1 for provider responsibilities, Attachment 2 for individual services being provided, Attachment 3 for Client Satisfaction Survey, Attachment 4 for CIL quarterly report and Attachment 5 for the Home Modifications and Assistive Devices for the Home Approval Form. IL services coverage areas include: Butte, Custer, Fall River, Harding, Haakon, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, and Tripp counties.
- B. Does this Agreement involve Protected Health Information (PHI)? YES (X) NO ()
If PHI is involved, a Business Associate Agreement is attached and is fully incorporated herein as part of the Agreement (see Appendix A).

3. PERIOD OF PERFORMANCE:

This agreement shall be effective as of June 1, 2021 and shall end on November 30, 2021, unless sooner terminated pursuant to the terms hereof.

4. BASIS OF AGREEMENT AMOUNTS:

The rate and amount for services purchased have been determined on the following basis:

- \$31,589.14 is for approved Home Modifications and Assistive Devices
- \$51,903.09 is for 2,893 service units (15 minutes) to be paid after 4,962 service units have been provided first from Part C funds.

The TOTAL AGREEMENT AMOUNT will not exceed \$83,492.23.

5. METHOD AND SOURCE OF PROVIDER PAYMENT:

Provider agrees to submit an initial bill for services within 30 days following the end of the **month** in which services were provided. If the provider cannot submit a bill within the 30-day timeframe, a written request for an extension of time must be provided to the State. If a bill has not been received by the State, the State reserves the right to refuse payment. Final billing for agreements ending May 31, 2022 must be received by the State by June 7, 2022.

An exception to this is when a provider is waiting for program/funding eligibility determination and billing cannot be made within 30 days. Valid adjustments and/or voiding of claims can continue to occur past the 30-day timeframe.

6. TECHNICAL ASSISTANCE:

The State agrees to provide technical assistance regarding Department of Human Services' rules, regulations and policies to the Provider and to assist in the correction of problem areas identified by the State's monitoring activities.

7. LICENSING AND STANDARD COMPLIANCE:

The Provider agrees to comply in full with all licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance in which the service and/or care is provided for the duration of this agreement. Liability resulting from noncompliance with licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance or through the Provider's failure to ensure the safety of all individuals served is assumed entirely by the Provider.

8. ASSURANCE REQUIREMENTS:

The Provider agrees to abide by all applicable provisions of the following assurances: Byrd Anti Lobbying Amendment (31 USC 1352), Debarment and Suspension (Executive Orders 12549 and 12689 and 2 C.F.R. 180), Drug-Free Workplace, Executive Order 11246 Equal Employment Opportunity as amended by Executive Order 11375 and implementing regulations at 41 C.F.R. part 60, Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1968, Section 504 of the Rehabilitation Act of 1973 as amended, Title IX of the Education Amendments of 1972, Drug Abuse Office and Treatment Act of 1972,

Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment and Rehabilitation Act of 1970, Age Discrimination Act of 1975, Americans with Disabilities Act of 1990, Pro-Children Act of 1994, Hatch Act, Health Insurance Portability and Accountability Act (HIPAA) of 1996 as amended, Clean Air Act, Federal Water Pollution Control Act, Charitable Choice Provisions and Regulations, Equal Treatment for Faith-Based Religions at Title 28 Code of Federal Regulations Part 38, the Violence Against Women Reauthorization Act of 2013, and American Recovery and Reinvestment Act of 2009, as applicable; and any other nondiscrimination provisions of any other nondiscrimination statute (s) which may apply to the award.

9. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION:

Provider certifies, by signing this agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the federal government or any state or local government department or agency. Provider further agrees that it will immediately notify the State, if during the term of this Agreement, the Provider or its principals become subject to debarment, suspension, proposed for debarment, or declared ineligible from participating in transactions by the federal government, or by any state or local government department or agency.

10. OFFICE OF INSPECTOR GENERAL EXCLUSIONARY LIST REQUIREMENTS:

Providers, who utilize federal Medicaid or Medicare funds, agree to screen all employees and contractors, prior to hiring or contracting and on a regular basis, to determine whether any of them are listed on the Office of Inspector General (OIG) List of Excluded Individuals/Entities. Provider shall maintain documentation to support the screenings were performed and shall immediately report to DHS all cases in which employees are found on the exclusionary list. Provider understands that no payment shall be made for any goods or services furnished, ordered, or prescribed by an excluded individual or entity and any payment made for services provided by excluded parties will be recouped; and recoupment may include penalties.

11. RETENTION AND INSPECTION OF RECORDS:

The Provider agrees to maintain or supervise the maintenance of records necessary for the proper and efficient operation of the program, including records and documents regarding applications, determination of eligibility (when applicable), the provision of services, administrative costs, statistical, fiscal, other records, and information necessary for reporting and accountability required by the State. The Provider shall retain such records for six years following termination of the agreement. If such records are under pending audit, the Provider agrees to hold such records for a longer period upon notification from the State. The State, through any authorized representative, will have access to and the right to examine and copy all records, books, papers or documents related to services rendered under this agreement.

All payments to the Provider by the State are subject to site review and audit as prescribed and carried out by the State. Any over payment of this agreement shall be returned to the State within thirty days after written notification to the Provider.

All reports, recommendations, documents, drawings, plans, specifications, technical data and information, copyrights, patents, licenses, or other products produced as a result of the services rendered under this agreement will become the sole property of the State. The State hereby grants the Provider the unrestricted right to retain copies of and use these materials and the information contained therein in the normal course of the Provider's business for any lawful purpose. Either the originals, or reproducible copies satisfactory to the State, of all technical data, evaluations, reports and other work product of the Provider shall be delivered to the State upon completion or termination of services under this agreement.

12. TERMINATION:

This agreement may be terminated by either party hereto upon thirty (30) days written notice, and may be terminated by the State for cause at any time, with or without notice. On termination of this agreement all accounts and payments shall be processed according to financial arrangements set forth herein for services rendered to date of termination.

13. FUNDING:

This agreement depends upon the continued availability of appropriated funds and expenditure authority from the Legislature for this purpose. If for any reason the Legislature fails to appropriate funds or grant expenditure authority, or funds become unavailable by operation of law or federal funds reduction, this agreement will be terminated by the State. Termination for any of these reasons is not a default by the State nor does it give rise to a claim against the State.

14. AMENDMENTS:

This agreement may not be assigned without the express prior written consent of the State. This agreement may not be amended except in writing, which writing shall be expressly identified as a part hereof, and be signed by an authorized representative of each of the parties hereto.

15. CONTROLLING LAW:

This agreement shall be governed by and construed in accordance with the laws of the State of South Dakota. Any lawsuit pertaining to or affecting this agreement shall be venued in Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.

16. SUPERCESSION:

All other prior discussions, communications and representations concerning the subject matter of this agreement are superseded by the terms of this agreement, and except as

specifically provided herein, this agreement constitutes the entire agreement with respect to the subject matter hereof.

17. SEVERABILITY:

In the event that any provision of this agreement shall be held unenforceable or invalid by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision hereof.

18. NOTICE:

Any notice or other communication required under this agreement shall be in writing and sent to the address set forth above. Notices shall be given by and to the Division being contracted with on behalf of the State, and by the Provider, or such authorized designees as either party may from time to time designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail, provided that notice of default or termination shall be sent by registered or certified mail, or, if personally delivered, when received by such party.

19. SUBCONTRACTOR:

Provider may not use subcontractors to perform the services described herein without the express prior written consent of the State. Provider will include provisions in its subcontracts requiring its subcontractors to comply with the applicable provisions of this agreement, to indemnify the State, and to have insurance coverage in a manner consistent with this agreement. Provider will cause its subcontractors, agents, and employees to comply with applicable federal, state and local laws, regulations, ordinances, guidelines, permits and requirements and will adopt such review and inspection procedures as are necessary to assure such compliance.

20. HOLD HARMLESS:

The Provider agrees to hold harmless and indemnify the State of South Dakota, its officers, agents and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of performing services hereunder. This section does not require the Provider to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.

21. INSURANCE:

Before beginning work under this agreement, Provider shall furnish the State with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this agreement and which provide that such insurance may not be canceled except on 30 days prior written notice to the State. Provider shall furnish copies of insurance policies if requested by the State.

a. Commercial General Liability Insurance:

Provider shall maintain occurrence-based commercial general liability insurance or an equivalent form with a limit of not less than \$ 1,000,000.00 for each occurrence. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two times the occurrence limit.

b. Business Automobile Liability Insurance:

Provider shall maintain business automobile liability insurance or an equivalent form with a limit of not less than \$ 500,000.00 for each accident. Such insurance shall include coverage for owned, hired, and non-owned vehicles.

c. Workers' Compensation Insurance:

Provider shall procure and maintain workers' compensation and employers' liability insurance as required by South Dakota law.

d. Professional Liability Insurance:

Provider agrees to procure and maintain professional liability insurance with a limit not less than \$ 1,000,000.00.

22. REPORTING:

Provider agrees to immediately report to the Department any event or incident encountered in the course of performance of this agreement which results in injury to any person or property, or which may otherwise subject Provider, or the State of South Dakota or its officers, agents or employees to liability. Provider shall report any such event to the State immediately upon discovery.

Provider's obligation under this section shall only be to report the occurrence of any event to the State and to make any other report provided for by their duties or applicable law. Provider's obligation to report shall not require disclosure of any information subject to privilege or confidentiality under law. Reporting to the State under this section shall not excuse or satisfy any obligation of Provider to report any event to law enforcement or other entities under the requirements of any applicable law.

23. CONFLICT OF INTEREST:

Provider agrees to establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal organizational conflict of interest, or personal gain as contemplated by SDCL 5-18A-17 through 5-18A-17.6. Any potential conflict of interest must be disclosed in writing. In the event of a conflict of interest, the Provider expressly agrees to be bound by the conflict resolution process set forth in SDCL 5-18A-17 through 5-18A-17.6.

24. RESTRICTION OF BOYCOTT OF ISRAEL:

Pursuant Executive Order 2020-01, for providers with five (5) or more employees who enter into an agreement with the State of South Dakota that involves the expenditure of one hundred thousand dollars (\$100,000) or more, by signing this Agreement the Provider certifies and agrees that it has not refused to transact business activities, have not terminated business activities, and has not taken other similar actions intended to limit its commercial relations, related to the subject matter of the agreement, with a person or entity that is either the State of Israel, or a company doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel to do business, or doing business in the State of Israel, with the specific intent to accomplish a boycott or divestment of Israel in a discriminatory manner. It is understood and agreed that, if this certification is false, such false certification will constitute grounds for the State to terminate this agreement. The Provider further agrees to provide immediate written notice to the State if during the term of the agreement it no longer complies with this certification and agrees such noncompliance may be grounds for contract termination.

25. CONFIDENTIALITY OF INFORMATION:

For the purpose of the sub-paragraph, "State Proprietary Information" shall include all information disclosed to the Provider by the State. Provider acknowledges that it shall have a duty to not disclose any State Proprietary Information to any third person for any reason without the express written permission of a State officer or employee with authority to authorize the disclosure. Provider shall not: (i) disclose any State Proprietary information to any third person unless otherwise specifically allowed under this contract; (ii) make any use of State Proprietary Information except to exercise rights and perform obligations under this contract; (iii) make State Proprietary Information available to any of its employees, officers, agents or consultants except those who have agreed to obligations of confidentiality at least as strict as those set out in this contract and who have a need to know such information. Provider is held to the same standard of care in guarding State Proprietary Information as it applies to its own confidential or proprietary information and materials of a similar nature, and no less than holding State Proprietary Information in the strictest confidence. Provider shall protect confidentiality of the State's Information from the time of receipt to the time that such information is either returned to the State or destroyed to the extent that it cannot be recalled or reproduced. State Proprietary Information shall not include information that (i) was in the public domain at the time it was disclosed to Provider; (ii) was known to Provider without restriction at the time of disclosure from the State; (iii) that is disclosed with the prior written approval of the State's officers or employees having authority to disclose such information; (iv) was independently developed by Provider without the benefit of influence of the State's information; (v) becomes known to provider without restriction from a source not connected to the State of South Dakota. State's proprietary Information shall include names, social security numbers, employer numbers, addresses and all other data about applicants, employers or other clients to whom the State provides services of any kind. Provider understands that this information is confidential and protected under applicable State law at SDCL 1-27-1.5, modified by 1-27-1.6, SDCL 1-36A-27, SDCL 27B-

7-30, SDCL 27B-8-46, SDCL 27B-8-47, SDCL 27B-8-48, and SDCL 27B-8-49, as applicable, federal regulation and agrees to immediately notify the State of the information disclosure, either intentionally or inadvertently. The parties mutually agree that neither of them shall disclose the contents of the agreement except as required by applicable law or as necessary to carry out the terms of the agreement or to enforce that party's rights under this agreement. Provider acknowledges that the state and its agencies are public entities and thus bound by the South Dakota open meetings and open records laws. It is therefore not a breach of this contract for the State to take any action that the State reasonably believes is necessary to comply with the South Dakota open records or open meetings laws, including but not limited to posting this Agreement on the State's website. If work assignments performed in the course of this agreement require additional security requirements or clearance, the Provider will be required to undergo investigation.

Provider acknowledges that the State shares general information, including performance information, about Provider among and between other State agencies upon request of such agencies for the purpose of making determinations of the risk involved with potential, subsequent awards and for other purposes. Provider expressly consents and agrees to such uses by the State.

26. AUDIT REQUIREMENTS:

If the total of all Department of Human Service funding is greater than \$750,000 during the Provider's fiscal year, the Provider agrees to submit to the State a copy of an annual entity-wide, independent financial audit. The audit shall be completed and filed with the Department of Human Services by the end of the fourth month following the end of the fiscal year being audited or 30 days after receipt of the auditor's report, whichever is earlier. The audit should be sent to:

Department of Human Services
Provider Reimbursements and Grants
3800 East Highway 34
c/o 500 East Capitol
Pierre, SD 57501

If federal funds of \$750,000 or more have been received by the Provider the audit shall be conducted in accordance with OMB Uniform Guidance 2 CFR Chapter I, Chapter II, Part 200, et al Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards by an auditor approved by the Auditor General to perform the audit. On continuing audit engagements, the Auditor General's approval should be obtained annually. Audits shall be completed and filed with the Department of Legislative Audit by the end of the fourth month following the end of the fiscal year being audited or 30 days after receipt of the Auditor's report, whichever is earlier. For a Uniform Guidance audit, approval must be obtained by forwarding a copy of the audit engagement letter to:

Department of Legislative Audit
427 South Chapelle
% 500 East Capitol
Pierre, SD 57501-5070

For either an entity-wide, independent financial audit or a Uniform Guidance audit, the Provider assures resolution of all interim audit findings. The Provider shall facilitate and aid any such reviews, examinations, agreed upon procedures etc., the Department or its' contractor(s)/sub-recipient(s) may perform.

Failure to complete audit(s) as required will result in the disallowance of audit costs as direct or indirect charges to programs. Additionally, a percentage of awards may be withheld, overhead costs may be disallowed, and/or awards may be suspended, until the audit is completely satisfied.

27. COST PRINCIPLES:

Provider, as a sub-recipient, agrees to comply in full with the applicable cost principles as outlined in OMB Uniform Guidance 2 CFR Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

28. FEDERAL FUNDING ACCOUNTING AND TRANSPARENCY ACT:

The Sub-recipient agrees to:

- a. Assist and support State in complying with Federal Funding Accounting and Transparency Act (FFATA) requirements by providing any and all information the State must report to be compliant with FFATA. More information about FFATA reporting requirements can be found at www.fsrs.gov.
- b. Indemnify and hold harmless State for any amount of costs for non-compliance with FFATA requirements due to Sub-recipient (Provider) non-compliance or failure to comply with subsection (a) of this Provision. Sub-recipient understands and agrees that it is liable to State for any costs determined to be not allowed by the United States government for non-compliance with FFATA requirements due to Sub-recipient's failure to supply State with any requested information necessary to comply with FFATA.

29. AWARD RECIPIENT ATTESTATION:

The award recipient or sub-recipient attest to meeting the following requirements per SDCL 1-56-10:

- a. A conflict of interest policy is enforced within the recipient's or sub-recipient's organization;

- b. The Internal Revenue Service Form 990 has been filed, if applicable, in compliance with federal law, and is displayed immediately after filing on the recipient's or sub-recipient's website;
- c. An effective internal control system is employed by the recipient's or sub-recipient's organization; and
- d. If applicable, the recipient or sub-recipient is in compliance with the federal Single Audit Act, in compliance with § 4-11-2.1, and audits are displayed on the recipient's or sub-recipient's website.

30. PROPERTY MANAGEMENT STANDARDS:

The Provider agrees to observe Federal government uniform standards governing the utilization of property whose cost was charged to a project supported by a federal grant.

31. RISK ASSESSMENTS, MONITORING AND REMEDIES:

Risk assessments will be ongoing throughout the project period. Sub-recipient agrees to allow the State to monitor Sub-recipient to ensure compliance with program requirements, to identify any deficiencies in the administration and performance of the award and to facilitate the same. At the discretion of the State, monitoring may include but is not limited to the following: On-site visits, follow-up, document and/or desk reviews, third-party evaluations, virtual monitoring, technical assistance and informal monitoring such as email and telephone interviews. As appropriate, the cooperative audit resolution process may be applied.

Sub-recipient agrees to comply with ongoing risk assessments, to facilitate the monitoring process, and further, Sub-recipient understands and agrees that the requirements and conditions under the grant award may change as a result of the risk assessment/monitoring process.

In the event of noncompliance or failure to perform under the grant award, the State has the authority to apply remedies, including but not limited to: temporary withholding payments, disallowances, suspension or termination of the federal award, suspension of other federal awards received by Sub-recipient, debarment, or other remedies including civil and/or criminal penalties as appropriate.

32. CLOSEOUT:

The Sub-recipient agrees:

- a. For purposes of this Agreement, "Date of Completion" shall mean the date when the Agreement expires pursuant to its terms or is terminated in accordance with Section 12.

- b. The Sub-recipient shall submit a final financial report to the State. Within the limits of the Agreement amount, the State may make upward or downward cost adjustments on the basis of the information contained in the report. Agreement obligations will remain in force until all final reports are reviewed and approved by the State.
- c. The Sub-recipient, along with the final financial report, will refund to the State any unexpended funds or unobligated (unencumbered) cash advances.
- d. All outstanding obligations (encumbered funds) which have not been paid out as of the Date of Completion must be liquidated prior to the submission of the final report.
- e. Whether or not audits were conducted during the Agreement term, a final financial and compliance audit may be initiated up to three years after the date the State approves the final financial report.
- f. If either the final financial report or the final audit discloses an overpayment to the Sub-recipient, the State may, at its option, either require the Sub-recipient to repay the overpayment to the State or deduct the amount of the overpayment from monies due the Sub-recipient under this Agreement or under any other agreement between the Sub-recipient and the State.
- g. The Sub-recipient shall provide, along with the final financial report, a written accounting of property acquired with Agreement funds or received from the State.
- h. All close-out requirements must be completed within 30 (thirty) days after the "Date of Completion."

Agreement # **4195-657-002 22**

33. AUTHORIZED SIGNATURES: In witness hereto, the parties signify their agreement by affixing their signatures hereto.

DocuSigned by: Alan K Adel	6/29/2021
Alan K Adel Provider Signature	Date
DocuSigned by: Eric Weiss	6/29/2021
Eric Weiss State - DHS Division Director	Date
DocuSigned by: Thomas E Martinec	6/29/2021
Thomas E Martinec State - DHS Office of Budget and Finance	Date
DocuSigned by: Shawnie Rechtenbaugh	6/29/2021
Shawnie Rechtenbaugh State - Office of the Secretary	Date

This template is approved as to form:

Carole J. Boos 02/16/2021

Special Assistant Attorney General

Final agreement reviewed and recommendations made to Secretary.

Do sign recommendation: **BK** 05/27/2021

Agreement # **4195-657-002 22**

Contract Description Code	<u>500</u>			
State Agency Coding:				
CFDA Number	<u>93.369</u>			
Company	<u>1000</u>	<u>2003</u>	<u>3046</u>	<u>1000</u>
Account	<u>52060700Z/1</u>	<u>52060700Z/</u>	<u>52060700Z/</u>	<u>520607000</u>
		<u>1</u>	<u>1</u>	
Center Req	<u>1950050</u>	<u>1950050</u>	<u>1950050</u>	<u>1950050</u>
Center User	<u>132</u>	<u>132</u>	<u>764</u>	
Dollar Total	<u>\$1,158.50</u>	<u>\$10,426.50</u>	<u>\$59,407.23</u>	<u>\$12,500.00</u>
SVC PO Code				
Company				
Account				
Center Req				
Center User				
Dollar Total				
SVC PO Code				
Company				
Account				
Center Req				
Center User				
Dollar Total				
SVC PO Code				

DHS Program Contact Person Jennifer Lewis
 Phone 605-773-7164

DHS Fiscal Contact Person Alan Fickbohm
 Phone (605) 773-5990

Provider Program Contact Person Jen Red Bear
 Phone 605-718-1930

Provider Fiscal Contact Person Jen Red Bear
 Phone 605-718-1930

Agreement# 4195-657-002 22
 PO# 22SC195002
 Vendor # 12041771
 Group

Agreement # **4195-657-002 22**

THIS PAGE LEFT INTENTIONALLY BLANK.

Appendix A
HIPAA Business Associate Agreement

A. Definitions of Terms

1. Agreement means the agreement to which this Business Associate Agreement is attached to including this attachment entitled HIPAA Business Associate Agreement.

2. Business Associate shall have the meaning given to such term in 45 C.F.R. section 160.103 and 42 U.S.C. section 17938, and in reference to the party of this agreement, shall mean the Provider, Consultant, or other entity contracting with the State of South Dakota, Department of Human Services as set forth more fully in the Agreement this Business Associate Agreement is attached.

3. C.F.R. shall mean the Code of Federal Regulations.

4. Department shall mean South Dakota Department of Human Services

5. Designated Record Set shall have the meaning given to such term in 45 C.F.R. section 164.501.

6. Covered Entity shall have the meaning given to such term in 45 C.F.R. section 160.103, and in reference to the party to this agreement, shall mean South Dakota Department of Human Services.

7. Protected Health Information or PHI shall have the meaning given to such term in 45 C.F.R. section 164.103 and section 164.501, and is limited to the Protected Health Information received from, or received or created on behalf of Covered Entity by Business Associate pursuant to performance of the Services under the Agreement.

8. Regulations shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E, Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 160 and 164, Subparts A and C, 45 CFR 164.314, and as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) §§ 13400-13424, 42 U.S.C. §§ 17921-17954 (2009) as it directly applies, as in effect on the date of this Business Associate Agreement.

B. Obligations of the Business Associate.

1. Security Safeguards. The Business Associate shall implement a documented information security program that includes administrative, technical and physical safeguards designed to prevent the accidental or otherwise unauthorized use or

disclosure of PHI, and that reasonably protect the confidentiality, integrity, and availability of any electronic Protected Health Information that it creates, receives, maintains or transmits to or on behalf of Covered Entity as required by the Regulations. The Business Associate agrees to comply with the requirements of the Privacy and Security Rules directly applicable to Business Associates including the HITECH Act.

2. Affiliates, Agents, Subsidiaries and Sub-Contractors. The Business Associate shall require that any agents, employees, affiliates, subsidiaries or sub-contractors, to whom it provides PHI received from, or created or received by the Business Associate on behalf of the Department agree in writing to the same use and disclosure restrictions imposed on the Business Associate by this Agreement.

3. Reporting and Mitigating Unauthorized Uses and Disclosures of PHI. Immediately upon notice to the Business Associate, the Business Associate shall report to the Department any uses or disclosures of PHI not authorized by this Agreement. The Business Associate shall also notify the affected individual of the breach. If the breach affects more than 500 individuals, the Business Associate must contact the U.S. Health and Human Services Secretary and the media, under the American Recovery and Reinvestment Act of 2009. The Business Associate shall use its best efforts to mitigate the deleterious effects of any use or disclosure of PHI not authorized by this Agreement. Further, in the notice provided to the Department by the Business Associate regarding unauthorized uses and/or disclosures of PHI, the Business Associate shall describe the remedial or other actions undertaken or proposed to be undertaken regarding the unauthorized use or disclosure of PHI.

4. Permitted Uses and Disclosures. The Business Associate may not use or disclose PHI received or created pursuant to this Agreement except as follows:

(a) The Business Associate's Operations – Permitted Uses of PHI. The Business Associate may use the PHI it receives in its capacity for the proper management and administration of the Business Associate or to carry out the Business Associate's legal responsibilities.

(b) The Business Associate's Operations – Permitted Disclosures of PHI. The Business Associate may disclose the PHI it obtains in its capacity as a Business Associate if such disclosure is necessary for the Business Associate's proper management and administration or to carry out the Business Associate's legal responsibilities, and:

(i) The disclosure is required by law; or

(ii) The Business Associate obtains reasonable assurances from the person or entity to whom the PHI is disclosed that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person or entity notifies the Business Associate (and the

Business Associate in turn notifies the Department) of any instances of which it is aware in which the confidentiality of the PHI has been breached.

5. Disclosure Accounting. In the event that the Business Associate makes any disclosures of PHI related to the business associate function under this Agreement that are subject to the accounting requirements of 45 C.F.R. section 164.528, the Business Associate promptly shall maintain a record of each disclosure, including the date of the disclosure, the name and if available, the address of the recipient of the PHI, a brief description of the PHI disclosed and a brief description of the purpose of the disclosure. The Business Associate shall maintain this record for a period of six (6) years and make available to the Department upon request in an electronic format so that the Department may meet its disclosure accounting obligations under 45 C.F.R. section 164.528.

6. Access to PHI by Individuals. The Business Associate shall cooperate with the Department to fulfill all requests by individuals for access to the individual's PHI that are approved by the Department. The Business Associate shall cooperate with the Department in all respects necessary for the Department to comply with 45 C.F.R. section 164.524. If the Business Associate receives a request from an individual for access to PHI that affects funding eligibility, the Business Associate immediately shall forward such request to the Department within (10) business days. The Department shall be solely responsible for determining the scope of PHI and Designated Record Set to be released with respect to each request by an individual to access or obtain copies of the individual's PHI covered by this Agreement and in accordance with C.F.R. 164.524. The Business Associate shall make the PHI available in the format requested by the individual and approved by the Department, unless the PHI is not readily producible in such format, in which case the PHI shall be produced in hard copy format.

7. Access by the Department to the Business Associate's Books and Records. The Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of the Department available to the Department and the Secretary of the Department of Health and Human Services for purposes of determining the Department's compliance with the HIPAA laws and regulations. Upon reasonable notice to the Business Associate and during the Business Associate's normal business hours, the Business Associate shall make such internal practices, books and records available to the Department to inspect for purposes of determining compliance with this Agreement.

8. Amendment of PHI. As directed and in accordance with the time frames specified by the Department, the Business Associate shall incorporate all amendments to PHI received from the Department. The Business Associate shall provide written notice to the Department within ten (10) business days confirming that the Business Associate has made the amendments to PHI as directed by the Department. This confirmation shall also contain any other information that may be necessary for the Department to provide adequate notice to the individual in accordance with 45 C.F.R., section 164.526. The Department warrants that all time frames specified will be made in good faith and reasonable length so that the Business Associate can comply with the timeframe.

C. Obligations of the Department

1. The Department shall notify Business Associate of any limitation(s) in its notice of privacy practices of the Department in accordance with 45 CFR 164.520 to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

2. The Department shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI to the extent that such changes may affect Business Associates use or disclosure of PHI.

3. The Department shall notify Business Associate of any restriction to use or disclosure of PHI that the Department has agreed to in accordance with 45 CFR 164.522 to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

D. Term and Termination.

1. Term. The term of this Agreement shall be effective as of and shall terminate on the dates set forth in the primary Agreement this Business Associate Agreement is attached to or on the date the primary Agreement terminates, whichever is sooner

2. Termination by Breach. The Department may immediately terminate the primary Agreement this Business Associate Agreement is attached to if the Business Associate has breached a material term of this Business Associate Agreement. Alternatively, the department may choose to

(i) provide Business Associate with five (5) days written notice of the existence of an alleged material breach; and

(ii) afford Business Associate an opportunity to cure said alleged material breach to the satisfaction of Department within five (5) days.

Business Associate's failure to cure shall be grounds for immediate termination of the primary Agreement to which the Business Associate Agreement is attached. Department's remedies under this Agreement are cumulative, and the exercise of any remedy shall not preclude the exercise of any other. However, in the event that the Department determines that termination of the Agreement is not feasible, the Department shall have the right to report the breach to the Secretary of the Department of Health and Human Services, notwithstanding any other provisions of this Agreement to the contrary.

3. Effects of Termination; Disposal of PHI. Upon termination of the primary Agreement to which this Business Associate Agreement is attached, the Business Associate shall recover all PHI that is in the possession of the Business Associate's agents, affiliates, subsidiaries or sub-contractors. The Business Associate shall return to the Department or destroy all PHI that the Business Associate obtained or maintained

pursuant to this Agreement on behalf of the Department. If the parties agree at that time that the return or destruction of PHI is not feasible, the Business Associate shall extend the protections provided under this Agreement to such PHI, and limit further use or disclosure of the PHI to those purposes that make the return or destruction of the PHI infeasible. If the parties agree at the time of termination of this Agreement that it is infeasible for the Business Associate to recover all PHI in the possession of the Business Associate's agents, affiliates, subsidiaries or sub-contractors, the Business Associate shall provide written notice to the Department regarding the nature of the unfeasibility and the Business Associate shall require that its agents, affiliates, subsidiaries and sub-contractors agree to the extension of all protections, limitations and restrictions required of the Business Associate hereunder.

E. Miscellaneous.

1. The Business Associate's Compliance with HIPAA. The Department makes no warranty or representation that compliance by the Business Associate with this Agreement, HIPAA or the HIPAA regulations will be adequate or satisfactory for the Business Associate's own purposes or that any information in the Business Associate's possession or control, or transmitted or received by the Business Associate, is or will be secure from unauthorized use or disclosure. The Business Associate is solely responsible for all decisions made by the Business Associate regarding the safeguarding of PHI.

2. Change in Law. In the event that there are subsequent changes or clarifications of statutes, regulations or rules relating to this Agreement, the Department shall notify the Business Associate of any actions it reasonably deems are necessary to comply with such changes, and the Business Associate promptly shall take such actions. In the event that there shall be a change in the federal or state laws, rules or regulations, or any interpretation or any such law, rule, regulation or general instructions which may render any of the material terms of this Agreement unlawful or unenforceable, or materially affects the financial arrangement contained in this Agreement, the Business Associate may, by providing advanced written notice, propose an amendment to this Agreement addressing such issues.

3. Assignment/Subcontracting. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective legal representatives, successors and assigns. The Business Associate may not assign or subcontract the rights or obligations under this Agreement without the express written consent of the Department. The Department may assign its rights and obligations under this Agreement to any successor or affiliated entity.

4. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

5. Assistance in Litigation or Administrative Proceedings. The Business Associate shall make itself and any agents, affiliates, subsidiaries, sub-contractors or employees assisting the Business Associate in the fulfillment of its obligations under this Agreement, available to the Department, at no cost to the Department, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings resulting from the performance of this Agreement being commenced against the Department, its directors, officers, or employees, except where the Business Associate or its agents, affiliates, subsidiaries, sub-contractors or employees are a named adverse party.

The Department shall make itself and any agents, affiliates, subsidiaries, sub-contractors or employees assisting the Department in the fulfillment of its obligations under this Agreement, available to the Business Associate, at no cost to the Business Associate, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings resulting from the performance of this Agreement being commenced against the Business Associate, its directors, officers, or employees, except where the Department or its agents, affiliates, subsidiaries, sub-contractors or employees are a named adverse party.

6. Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA rules.

7. Conflicts. In the event of a conflict in between the terms of this Business Associate Agreement and the primary Agreement to which Business Associate Agreement is attached, the terms of this Business Associate Agreement shall prevail to the extent such an interpretation ensures compliance with the HIPAA Rules.

Western Resources for Independent Living
Independent Living Contract
FY 2022

The provider agrees to:

1. Provide independent living services to individuals in accordance with all independent living program requirements as referenced in this contract and the Independent Living Manual.
2. Provide 4962 units (15 minutes) of service units through Part C Funds and 2,893 units of services from the State Contract. The total units to provide is 7,855 units.
3. The current State Plan for Independent Living states "Part B funds utilized in State contracts with CILs will supplement Part C funds and not duplicate the funding of services supported by Part C funds. The State contract will make monthly payments above the required units of services that are funded by Part C funds."

Month	1	2	3	4	5	6
Part C units to be provided first	827	1,654	2,481	3,308	4,135	4,962
Month	7	8	9	10	11	12
Part C units to be provided first						

4. The Statewide Independent Living Council approved the use of up to 15% of combined Part C and state funds to be set aside to provide home modifications and assistive devices (HMAD) to independent living clients. WRIL has elected to use the maximum 15% for SFY 2022. \$31,598.14 has been budgeted for HMAD to be delivered through this contract. WRIL will complete and submit Attachment 5 (Home Modifications and Assistive Devices for the Home: Pre-Approval Form) to the State for prior approval of HMAD requests. If approved, WRIL will provide the services and when complete submit an invoice to the State for payment.
5. Services are provided statewide. Clients have the right to choose their service provider, are notified of the provider in their geographic area, and can designate a different provider for their independent living services by completing an Authorization of Provider Choice form DHS-IL-313-07/15.
6. Accomplish the foregoing in accordance with the goals and objectives outlined in the South Dakota State Plan for Independent Living (SPIL). The current approved SPIL is available on the DRS web page <http://dhs.sd.gov/rehabservices>.
 - a. Independent living services shall be provided to individuals with significant disabilities in accordance with an independent living plan mutually agreed upon

by an appropriate staff member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary;

- b. All service providers will use formats that are accessible to notify individuals seeking or receiving IL services under chapter 1 of title VII about:
 - 1. the availability of the CAP authorized by section 112 of the Act;
 - 2. the purposes of the services provided under the CAP; and
 - 3. how to contact the CAP;
- c. Participating service providers meet all applicable State licensure or certification requirements;
- d. Service providers apply eligibility requirements without regard to age, color, creed, gender, national origin, race, religion or type of significant disability of the individual applying for IL services;
- e. Service providers do not impose any State or local residence requirement that excludes any individual who is present in the State and who is otherwise eligible for IL services from receiving IL services;
- f. Service provider staff includes personnel who are specialists in the development and provision of IL services and in the development and support of centers;
- g. To the maximum extent feasible, a service provider makes available personnel able to communicate:
 - 1. with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication, nonverbal communication devices, Braille or audio tapes, and who apply for or receive IL services under title VII of the Act; and
 - 2. in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act;
- h. Service providers establish and maintain a program of staff development for all classes of positions involved in providing IL services and, if appropriate, in administering the CIL program. The staff development programs emphasize improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy;
- i. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will take affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act;
- j. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will comply with applicable EDGAR fiscal and accounting

requirements and will adopt those fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for those funds;

- k. In addition to complying with applicable EDGAR recordkeeping requirements, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will maintain records that fully disclose and document:
 - 1. the amount and disposition by the recipient of that financial assistance;
 - 2. The total cost of the project or undertaking in connection with which the financial assistance is given or used;
 - 3. the amount of that portion of the cost of the project or undertaking supplied by other sources;
 - 4. compliance with the requirements of chapter 1 of title VII of the Act and Part 364 of the regulations; and
 - 5. other information that the Commissioner determines to be appropriate to facilitate an effective audit;
 - l. With respect to the records that are required by 45 CFR 1329, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will submit reports that the Commissioner determines to be appropriate;
 - m. All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will provide access to the Commissioner and the Comptroller General, or any of their duly authorized representatives, to the records listed in 45 CFR 1329 for the purpose of conducting audits, examinations, and compliance reviews;
 - n. Each service provider will adopt and implement policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names in accordance with the requirements of 45 CFR 1329.
7. Ensure all services pursuant to this agreement shall be performed to the satisfaction of the State, as determined at the sole discretion of the State, and in accordance with all federal, state, and local laws, ordinances, rules, policies and licensure or certification requirements. Provider shall not receive payment for services not in accordance to the above requirements.
8. Bill for services within 30 days following the month services were provided. Payments will not be processed until reports are accurately submitted.
- a. Services are paid at the following rate: \$17.94 per 15 minute unit of services. Billable services are defined in Attachment 2. There cannot be more billable time (including services billed to other programs) than the employee's work time.
 - b. Billing for Information and Referral is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquiries not related to an active client's case per day. Phone calls billings for active IL client's cases can be more than 15 minutes for this service if fully justified and support the service and time being billed. Phone calls billed exceeding 60 minutes in length are subject to review of phone logs.

- c. Billings are based on 15 minute increments when working with one individual at a time. When providing IL services to more than one IL client at the same time, the billing time must be split between the individuals.
9. Provide annual cost report of expenditures in accordance with the Department of Human Services cost reporting guidelines, by the end of the fourth month following the close of the most current fiscal year ending (September 30).
 10. Meet the requirements of Title VII, Chapter 1, Part B of the Rehabilitation Act and 45 CFR 1329.
 11. Send emails with personal health information or personally identifiable information through Voltage SecureMail in order to protect personally identifiable information. This can be utilized by requesting DRS staff to send an email using Voltage SecureMail to the provider to get it set up.
 12. Give Net-Cil or CILs First access to the State's Independent Living Program Specialist to review billings for services.
 13. Report Program Income at the end of the Federal Fiscal year. Because the Independent Living funds were used to fund the services to generate this income, any income would be considered as Program Income and would need to comply 45 CFR 1329. Centers for Independent Living need to identify the amount of these reimbursement funds and how they are reused in the Independent Living Program.
 14. Submit reports identified below to the State by the due date:

Report	Frequency	Report Due
Client Satisfaction Summary Attachment 3	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
CIL Report for State Plan Attachment 4	Quarterly	30 days after the quarter ends. Due dates are September 30, December 31, March 31, and June 30.
Detail Services Billing Report	Monthly	Before the end of the following month
PPR Program Performance Report	Once	December 31st
Cost Report of Expenditures	Once	September 30 th
Report on Program Income and how the funds were reinvested to provide IL Services	Once	December 31st
Other reports or data as requested by the State		

15. Individuals counted on the PPR/Program Performance Report provided to the State must be IL clients (except for Information and Referral Services). Individuals reported on the PPR report to the State are subject to annual reviews and must meet all case management requirements identified in this contract.

Non-billable Time

Services that are not billable are:

- Time involved in reviewing cases or other administrative functions that do not involve any of the services listed above.
- Information & Referral Services for non-IL Clients exceeding 15 minutes per day.
- Phone call attempts to IL Clients, unless a voicemail message is left, then 15 minutes can be billed for that phone call. If there is no message left, there will be no billing for the attempted phone contact. This must be documented, for example, "Attempted contact, left voicemail".
- Services funded from other programs such as Assistive Daily Living Services Waiver, Adult Day Care, drug & alcohol prevention programs, or other disability programs funded by the US Veteran's Administration, SD Department of Human Services or the SD Department of Social Services. Information & Referral inquires/phone calls relating to these programs will not be billed on Net-Cil/CILs First and this contract.

Note: Net-Cil or CILs First can be used as a case management system for other programs/billings, but in order to NOT bill for IL services, the units of service will need to be left blank and any billing information can be documented within the case notes identifying the services and billing details.

Documentation needs to fully justify and support the service and time billed. Documentation for Information and Referral services when agencies inquire about services will include the name of the agency, person making the inquiry and their phone number. Documentation for travel time will include the start and destination of the travel. Additional requirements may be added to ensure all units of services are appropriately documented. Documentation and access to review and verify information includes, but is not limited to, time forms, phone records, case notes, etc. The State reserves the right to review, access, and verify information prior to payment.

Staffing

- All IL staff providing services through this contract must be an employee of the provider agency, and provision of IL services cannot be subcontracted out.
- Provider must maintain adequate staffing levels to provide the units of services identified in section 2 above.
- Training of IL staff to meet the requirements of the contract and Regulations 45 CFR 1329 are the responsibility of the Center for Independent Living.

Vendors hired through the contracted provider agency to provide Vehicle Modifications/Adaptations and Environmental Accessibility Adaptations as ADLS waiver services must meet the following qualifications:

Vendors of vehicle adaptations shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of vehicle adaptations and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible.

Vendors of home modifications shall have a current license, certification, or registration as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located. Vendors shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance of home modifications and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible. Vendors must be knowledgeable of and comply with the Americans with Disabilities Act Accessibility Guidelines.

INDEPENDENT LIVING SERVICES

Contract FY2022

CORE SERVICES

Information and Referral - Services provided in relation to an individual's rights, resources, and responsibilities. These services offer individuals information on a wide range of disability-related topics. Services to assist an individual to obtain adaptive modifications that address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, and transportation. Identify all individuals who requested this type of assistance. This is the only service (other than services to family members) that may be provided to all individuals, whether or not the individual has a disability. Billing for this service is limited to a maximum of one unit (15 minutes) for phone calls/contacts or other inquiries not related to an active client's case per day. Billings for active IL client's cases can be more than 15 minutes for this service but must be reasonable and documentation needs to fully justify and support the service and time billed.

Independent Skills Training and Life Skill Training Services - Training to assist individuals to make the most of their abilities and to increase self-reliance and self-confidence. This is done by teaching individuals how to take control of their lives. Skills can be taught at the center, in a classroom or workshop setting, or in the community. In some cases, skills training is provided in the individual home to help and individual learn new tasks in a familiar setting. These may include instruction to develop independent living skills in areas such as personal care, coping, financial management, social skills, and household management. This may also include education and training necessary for living in the community and participating in community activities. This section should not include teaching an individual to use an adaptive device such as an emergency dialer, reacher, nail clippers or shower chair as the primary independent living goal. These can be secondary goals. Billings for this service are for active IL clients only.

Peer Counseling – A peer counselor helps to promote personal growth by sharing their own experiences and explaining how they have coped with the “ups and downs” of having a disability. Counseling, teaching, information sharing, and similar kinds of contact provided to clients by other people with disabilities. Billings for this service are for active IL clients only.

Individual and Systems Advocacy - These services assist an individual in developing the skills needed to advocate on their own behalf within the independent living services process and in all activities of daily living. Includes community awareness programs to enhance the understanding and integration into society of individuals with disabilities. Assistance and/or representation in obtaining access to benefits, services and programs to which a client may be entitled. Billings for this service are for active IL clients only.

NH Transition - Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services. The goal of Transition is to help

INDEPENDENT LIVING SERVICES

Contract FY2022

an individual live in a more independent and integrated setting. Nursing facility transition is based on the Americans with Disabilities Act, in which the most integrated setting is defined as "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible." Transition planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only. Transition plan components include:

- Housing
- Personal Assistance
- Assistive Technology
- Health Services
- Mental Health/Addiction Supports
- Transportation
- Volunteering/Employment
- Roles of Family and Friends
- Social, Faith, Recreation
- Community Integration
- Advocacy/Self Advocacy
- Finances

NH Deter -Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals remain in the community. It is particularly important for the IL Specialist to be knowledgeable of programs and services available in the community that can prevent an individual from entering a nursing home. Examples include referral and enrollment into waiver programs, Department of Social Services, Meals on Wheels, assistive technology, and home modifications that will enable them to continue to remain living independently in their own homes. Deterrence planning services do not include placing and maintaining individuals in segregated day settings. Billings for this service are for active IL clients only.

Youth PS - Facilitate the transition of youth who are individuals with significant disabilities who are eligible for individualized education programs under Section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C 14149d), and who have completed their secondary education or otherwise left school, to postsecondary life. Assistance includes referring the youth to Vocational Rehabilitation services for training and other employment services, as well as assistance with housing, independent living skills training, and self-advocacy skills training. Billings for this service are for active IL clients only.

INDEPENDENT LIVING SERVICES

Contract FY2022

OTHER SERVICES

Children's Services - These services are available for children under the age of 14 to supplement services already offered by the school system to foster the child's learning and ability to function independently. The provision of specific IL services designed to serve individuals with significant disabilities under the age of 14. Billings for this service are for active IL clients only.

Housing and Shelter Services - Services related to securing housing or shelter, adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by individuals with significant disabilities). Note: A CIL may not provide housing or shelter as an IL service on either a temporary or long term basis unless the housing or shelter is incidental to the overall operation of the CIL and is provided to any individual for a period not to exceed eight weeks during any six-month period. Billings for this service are for active IL clients only.

Mobility Training - A variety of services involving assisting an individual to get around their home and community. Billings for this service are for active IL clients only.

Personal Assistance Services - These include, but are not limited to, assistance with personal bodily functions; communicative, household, mobility, work, emotional, cognitive, personal, and financial affairs; community participation; parenting; leisure; and other related needs. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Personal Attendant services from other programs/funding sources.

Preventive Services - Services intended to prevent additional disabilities, or to prevent an increase in the severity of an existing disability. Billings for this service are for active IL clients only. Time billed for this service should not include time in providing Preventive services from other programs/funding sources.

Recreational Services – Provision or identification of opportunities for the involvement of clients in meaningful leisure time activities. These may include such things as participation in community affairs and other recreation activities that may be competitive, active, or quiet. Billings for this service are for active IL clients only.

Transportation Services - Services that assist an individual to secure reliable and safe transportation. Billings for this service are for active IL clients only.

Youth Transition Services - Services for youth 14-24 that promote self-awareness, self-esteem, develop advocacy and self-empowerment skills. Assists an individual to explore career options, including transition from school to post school activities such as post-secondary education, vocational training, employment, continuing and adult education, adult services, independent living or community participation.

INDEPENDENT LIVING SERVICES

Contract FY2022

Youth/Transition Services category should only be used for a service that develops skills specifically designed for youth with significant disabilities between the ages of 14 and 24. For example, a 20 year old asking about any of the services listed in that category would not be assigned to that category unless they were coming through a program designed specifically for youth transitioning. Typically individuals assigned to this service category come through some particular program designed by a CIL to target this population with specific transition services.

Communication Services – Services directed to enable clients to better communicate, such as interpreter services, training in communication equipment use, Braille instruction, and reading services. Billings for this service are for active IL clients only.

Family Services – Services provided to the family members of an individual with a significant disability when necessary for improving the individual's ability to live and function more independently, or ability to engage or continue in employment. Such services may include respite care. Billings for this service are for active IL clients only.

Rehabilitation Technology Services – Any service that assists an individual with a disability in the selection, acquisition or use of applied technologies, engineering methodologies or scientific principles to meet the needs of the individual and address the barriers confronted by individuals with significant disabilities with respect to education, rehabilitation, employment, transportation, IL and/or recreation. Billings for this service are for active IL clients only.

Employment/Vocational Services – Any services designed to achieve or maintain employment. Billings for this service are for active IL clients only.

HMAD & AT

Assistive Technology (AT) - Any assistive technology device, that is, any item, piece of equipment or product system that is used to increase, maintain or improve functional capabilities of individuals with disabilities and any assistive technology services that assists an individual with a disability in the selection, acquisition or use of an assistive technology device. Billings for this service are for active IL clients only. This service does not fund home maintenance or automobile repairs.

Home Modifications and Assistive Devices (HMAD)-Devices and modifications that assist and teach a client to function independently in the family or community or to obtain, maintain, or advance in employment. Billings for this service are for active IL clients only.

INDEPENDENT LIVING SERVICES
Contract FY2022

TAD

Telecommunications Adaptive Devices (TAD) - Devices that assist a client to independently communicate or to answer the phone. These services billed are directly to the State's TAD Program. Billings for this service are for active IL clients only.

Travel

Travel - Core – Billings for services are the travel time to deliver services to active IL clients only. Travel time should reflect no more than 15 minutes more than the travel time between the distances calculated on an online mapping service such as MapQuest or Google Maps. If the travel is local, and only a 15 minute increment is billed each direction of travel, online mapping documentation is not required.

Independent Living Client Satisfaction Survey

Reporting Period _____

Agency: _____

Staff Person Submitting Report: _____

Number of clients with goals met this quarter: _____

Number of clients closed where goals were not met: _____

Number of survey responses: _____

	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Blank
1. I feel that because of Independent Living Services I am living more independently.					
2. I am satisfied with the Independent Living services I received.					
3. I had choices with the services to meet my Independent Living goals.					
4. I would refer others for Independent Living Services.					

5. What was most helpful in your experience with Independent Living Services?

6. What was least helpful in your experience with Independent Living Services?

1. Effective June 1, 2014 CILs are required to include the attached 6 survey questions in their existing consumer satisfaction surveys.
2. The survey should be sent to all IL clients whose case was closed "goals met" and "goals not met".
3. Surveys are to be sent to the consumer within 30 days after the consumer's service record (CSR) is closed.
4. CILS will provide a quarterly report to the Division of Rehabilitation Services (DRS), Independent Living Specialist by the end of the month after the quarter ends. Due dates are September 30th, December 31st, March 31st, and June 30th.
5. The report will include information on:
 - o Number of consumers whose goals were met,
 - o Number of consumers whose goals were not met,
 - o Number of surveys responses,
 - o Average rating for questions 1-4. The rating scale consists of 4: Strongly Agree, 3: Agree, 2: Disagree, 1: Strongly Disagree,
 - o Any comments from narrative questions 5 & 6 with consumer and staff identifiable information removed.
6. The DRS Program Specialist will report the consumer satisfaction information to the Statewide Independent Living Council (SILC) at the meeting following the above stated due dates.

Center for Independent Living Quarterly Report
Based on FY 2021-2023 State Plan for Independent Living

Center for Independent Living: _____

Reporting Quarter: _____

Office Locations: _____

Counties Served: _____

Person Completing Report: _____

Date Submitted: _____

1. Identify in the table below the units of services and number of individuals receiving core services.

Core Service	This Quarter		Since June 1st	
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services
Advocacy Services				
IL Skills Training				
Inform. & Referral				
Peer Counseling				
Nursing Home Trans.				
Nursing Home Deter.				
Post-Secondary Trans.				
Total				

2. Identify in the table below the unit of services and number of clients receiving housing services, HMAD and Assistive Devices.

Service	This Quarter		Since June 1st	
	Hours of Services	Individuals Receiving Services	Hours of Services	Individuals Receiving Services
HMAD				
Assistive Devices				
Housing				

State Plan for Independent Living:

Increase Awareness of independent living services in South Dakota.

(Increase the number of people in South Dakota who receive IL services by 10% over 3 years).

1. Identify in the table below the number of new applicants, number of new applicants under the age of 25, and total clients served.

Category	This Quarter	Since Oct 1 st
Total new applicants		
Number of total applicants who are under 25 years old		
Total clients being served		

2. Identify in the following table activities that IL partners have participated in or organized to talk about IL Service or provide resources this quarter(i.e. Community events, health fairs, city commission, transit provider board meeting).

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

3. Identify in the table below how participant learned of IL services this quarter:

Category	This Quarter	Since June 1st
Former IL Participant		
Family Member/Friend		
School		
Online/Website/Facebook		
Medical Personnel (i.e., doctor, nurse, therapist)		
Radio/Newspaper Advertisement		
Vocational Rehabilitation Counselor		
Benefits Specialist		
Long Term Care Benefit Specialist (DSS)		
Disability Rights South Dakota		
Other / please identify		

State Plan for Independent Living Goal:

Ensure people with disabilities residing in South Dakota have access to IL services.

1. Identify in the table below public comment or other received communication learned or obtained about underserved populations and/or locations this quarter.

Information Learned or Obtained	How was information learned or obtained	What action taken or follow up conducted

2. Identify in the table below information related to assistance provided with completing the Authorization of Client Choice Form (DHS-IL-313) consumer choice of another CIL to provide services this quarter.

Individual resides in what Town/City:	IL Services Referral Form completed/sent to the Intake staff of new CIL: Yes or No	Did new CIL accept referral: Yes or No

3. Identify in the table below activities conducted with local school districts to disseminate IL information to students/families this quarter:

School/School District/Educational Cooperative/Other	County/Town	Information shared (i.e., brochures, newsletters, business cards) & how many items shared

4. Identify in the table below activities this quarter that the CIL has participated in or organized in working with youth with Transition Services Liaison Project(TSLP).

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

5. Identify in the table below activities conducted with Long Term Care Facility/Nursing Home/Assisted Living/Rehabilitation Centers to share information on IL services this quarter:

Facility/Type/Location	Date of Activity	Information shared

State Plan for Independent Living Goal:
The SILC and CILs will identify systemic issues with housing and transportation.

1. Identify in the table below activities that the CIL staff have participated in where accessible housing and/or transportation needs for people with disabilities were discussed this quarter:

Activity/Event/Meeting	Date of Activity	Location of Activity	Issues identified or addressed

2. Identify in the table below tasks related to arranging speakers with expertise in accessible housing and transportation for presentation at SILC or CIL meetings.

Description of Activity	Date/Location	Number of attendees	Participate or Organize

Note: **Systems advocacy** is generally used to change the policies of agencies, organizations or departments which are part of government or are established by government grants or contracts and operated under laws or governmental rules and policies. Frequently, these businesses provide unique services to specific populations, and you can't just take your business elsewhere if you aren't happy with the service. The advocacy effort could be directed at a local, state, or national agency and it could be directed at changing a written or unwritten policy, or at changing a law. Where the effort is directed will depend on the nature of the problem and which organization has authority over the problem area.

1. Identify below other systems advocacy activities this quarter that the CIL has participated in or organized for individuals with disabilities.

Description of Activity	Date of Activity	Location of Activity	Participate or Organize

2. Identify in the table below the training activities that CIL staff have participated in during this quarter.

Description of Training	Training hours	Date of Training	Location of Training	# of Staff Attending

3. Identify changes in CIL staff and current vacancies during this quarter.

Information for the State Fiscal Years below: Column A	Column B	Column C	Column D
Time Period	Total FTE of Direct IL Services Staff	Total Number of staff on your payroll during this period providing Direct IL Services	Total Number of people in column C whose employment ended.

Note: The staffing information is only the Independent Living Specialists who are funded by the Part C and the State contract funds. Column C would be considered how many of your ILS staff would be on the payroll during this period and would be issued a W2. Column D is how many of the people in Column C ended their employment during this time period.

4. Include a current organizational chart with this report.

Home Modifications and Assistive Devices for the Home: Pre-Approval Form

This form is to be submitted to the Division of Rehabilitation Services (DRS) Independent Living (IL) Specialist for pre-approval to receive funding for home modifications or assistive devices for an Independent Living client's home. Centers for Independent Living (CIL) must provide information regarding the open IL client, description/costs of items and justification of need for equipment/modification. Completion of this form must include a quote for the cost of the equipment/modification from a vendor. IL Clients must meet financial need, and other comparable benefits, such as the Telecommunication Adaptive Devices Program or the Vocational Rehabilitation Program, must be considered prior to considering this option. Upon approval by DRS staff, the CIL can purchase, provide and install the equipment, and DRS will reimburse the CIL when provided with proof of payment.

Pre-approval of home modifications and Assistive Devices for the home is contingent upon available funding.

Client ID: Click here to enter text.

Name of IL Client: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Center requesting reimbursement: Click here to enter text.

Justification for need of assistive devices/home modifications: Click here to enter text.

Comparable benefits considered?

☐ Yes

☐ No

What efforts were made to pursue other comparable benefits first? Click here to enter text.

Meets financial need?

☐ Yes

☐ No

Item	Cost of Item
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Print name of CIL staff requesting reimbursement: [Click here](#) to enter text.

Signature: _____ **Date:** _____

****Quote from Vendor must be included with this form in order to be considered for approval.**

For DRS Internal Use Only		
Reimbursement Approval?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Approved By:	Date:	

Exhibit A

A. Subrecipient Name Western Resources for Independent Living
 Subrecipient DUNS 606192110
 Subrecipient Primary Location of Performance is:
 Street 529 Kansas City St Ste 203
 City, State, ZIP Rapid City, SD 57701

B. This award does not include Research and Development (R & D).

C. Subrecipient Indirect Cost Rate No Indirect Cost Rate
 0

D. The following information identifies Federal funding for the Agreement:

CFDA # 93.369

This grant is awarded under Rehabilitation Act of 1973, as amended, Title VII, Chapter 1, Part B. The purpose of the grant is to provide financial assistance to States for expanding and improving the provision of independent living (IL) services to individuals with significant disabilities by promoting and maximizing their full integration and inclusion into the mainstream of American society. Funds received under this program may be used to carry out the purposes of the Independent Living State Grants Program described in section 713 of the Rehabilitation Act and 34 CFR Section 365.1 of the IL program regulations. These purposes include to support the operation of the Statewide Independent Living Council (SILC), to provide individuals with significant disabilities the core independent living services to demonstrate ways to expand and improve independent living services; to support the operations of centers for independent living that are in compliance with the standards and assurances in section 725 (b) and (c) of the Rehabilitation Act; to support activities to increase the capacities of public or nonprofit agencies and organizations and other entities to develop comprehensive approaches or systems for providing independent living services; to conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policymakers in order to enhance independent living services for individuals with significant disabilities; to train individuals with significant disabilities, individuals with disabilities, and individuals providing services to individuals with disabilities and other persons regarding the independent living philosophy; and to provide outreach to populations that are unserved or underserved by programs under Title VII of the Rehabilitation Act, including minority groups and urban and rural populations.

Total FEDERAL Funding Obligated to Project Under CFDA Number	93.369 .
Year One (1) Funding	N/A
Year Two (2) Funding	N/A
Year Three (3) Funding	N/A
Year Four (4) Funding	\$10,426.50
Year Five (5) Funding	N/A
Total Amount of Funds Committed	\$10,426.50

(Funding Subject to Availability and Satisfactory Progress of the Project)

Federal Agency	Dept of Health and Human Services Administration for Community Living
CFDA#	93.369
CFDA Name	ACL Independent Living State Grants

Federal Award Date		12/16/19
Federal Award Identification Number		2001SDILSG
Total Amount of Federal Award		\$338,717
Current Award Amount for New Agreement or New Agreement Amendment		\$10,426.50
Previous Cumulative Award Amount		\$0.00
Unobligated Balance from Prior Budget Periods		\$0.00
Adjustment by State in Obligating Funds		\$0.00
Current Agreement Year Cumulative Award Amount for CFDA	93.369	\$10,426.50

**STATE OF SOUTH DAKOTA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES**

AMENDMENT # 1

AGREEMENT # 4195-657-002 22

Between

Western Resources For Independent
Living
529 Kansas City Street Suite 203
Rapid City, SD, 57701
Referred to as Provider

State of South Dakota
Department of Human Services
Division of Rehabilitation Services
Hillsview Plaza, East Highway 34
c/o 500 East Capitol
Pierre SD 57501-5070
Referred to as State

1. This agreement is amended between the Provider and the State effective for services provided on or after November 16, 2021 to change the following and shall be attached to the original agreement. All other terms and conditions of this agreement remain unchanged.
 2. Page 1, Section 2 is changed from:
 - A. This agreement is made for the purpose of independent living services. Refer to Attachment 1 for provider responsibilities, Attachment 2 for individual services being provided, Attachment 3 for Client Satisfaction Survey, Attachment 4 for CIL quarterly report and Attachment 5 for the Home Modifications and Assistive Devices for the Home Approval Form. IL services coverage areas include: Butte, Custer, Fall River, Harding, Haakon, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, and Tripp counties.
- to read:
- A. This agreement is made for the purpose of independent living services. Refer to Attachment 6 for provider responsibilities, Attachment 2 for individual services being provided, Attachment 3 for Client Satisfaction Survey, Attachment 4 for CIL quarterly report and Attachment 5 for the Home Modifications and Assistive Devices for the Home Approval Form. All the above Attachments are attached to the Agreement, and hereby

incorporated by reference. IL services coverage areas include: Butte, Custer, Fall River, Harding, Haakon, Hughes, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Stanley, Sully, and Tripp counties.

Page 1, Section 3 is changed from:

This agreement shall be effective as of June 1, 2021 and shall end on November 30, 2021 unless sooner terminated pursuant to the terms herof.

to read:

This agreement shall be effective as of June 1, 2021 and shall end on May 31, 2022 unless sooner terminated pursuant to the terms hereof.

Page 2, Section 4 is changed from:

The rate and amount for services purchased have been determined on the following basis:

- \$31,589.14 is for approved Home Modifications and Assistive Devices
- \$51,903.09 is for 2,893 service units (15 minutes) to be paid after 4,962 service units have been provided first from Part C funds.

The TOTAL AGREEMENT AMOUNT will not exceed \$83,492.23.

To read:

The rate and amount for services purchased have been determined on the following basis:

- \$63,196.27 is for approved Home Modifications and Assistive Devices
- \$103,788.18 is for 5785 service units (15 minutes) to be paid after 9,924 service units have been provided first from Part C funds.

The TOTAL AGREEMENT AMOUNT will not exceed \$166,984.45.

3. AUTHORIZED SIGNATURES: in witness hereto, the parties signify their agreement by affixing their signatures hereto.

DocuSigned by: <u>Alan Adel</u> Alan Adel	Signature	12/6/2021 Date
DocuSigned by: <u>Eric Weiss</u> Eric Weiss	State - DHS Division Director	12/6/2021 Date
DocuSigned by: <u>Steve Kohler</u> Steve Kohler	State - DHS Office of Budget and Finance	12/6/2021 Date
DocuSigned by: <u>Shawnie Rechtenbaugh</u> Shawnie Rechtenbaugh	State - Office of the Secretary	12/6/2021 Date

Current amendment reviewed and recommendations made to Secretary.

Do sign recommendation JEH 12-2-21

State Agency Coding: 500

CFDA Number: 93.369

Company	1000	2003	3046	1000
Account	52060700Z/1	52060700Z/1	52060700Z/1	520607000
Center Req	1950050	1950050	1950050	19500050
Center User	132	132	764	
Dollars	\$2,317.00	\$20,853.00	\$118,814.45	\$25,000.00
SVC PO Code	5300	5301	5302	

Company				
Account				
Center Req				
Center User				
Dollars				
SVC PO Code				

Company				
Account				
Center Req				
Center User				
Dollars				
SVC PO Code				