PROGRAM: Developmental Disabilities SUBJECT: Program Specific Payable (X) ACTION REQUESTED: I respectfully request permission for finance to pay Therap, \$16,438.95 for the annual fee for the software It is respectfully requested that Therap be paid program used for case management and provider \$16,438.95. review and oversite. <u>ATTACHMENTS</u>: Invoice and payable. Date: (7/28/23) Submitted By: (Kim Beck) ***********For Internal Use Only******* Checkoffs: To be notified of Meeting:) Exec. Asst.) Dept. Head (copy)) Human Resources (copy)) Budget (copy)) Fiscal) Legal (copy)) Other-List: Needed at Meeting: PLEASE RETURN THIS FORM AND ATTACHMENTS TO OFFICE MANAGER Scheduled for meeting on: August 2, 2023

AGENDA ITEM FOR ADMINISTRATIVE MEETING

FROM (DEPT/ DIVISION): Developmental Disabilities

Action taken:

Follow-up:

() Discussion only

(X) Action

UMATILLA COUNTY PAYMENT REQUEST

	DATE PAID			RETURN - HOLD	FINANCE CODES									d: Routine:	Bids:				
AUTHORIZATION-APPROVAL	87.00	Sather		712812023	INVOICE DATE	07-28-23								Contract Reviewed:	Quotes: Bi				
AUTHORIZATION	2016	-3x + xm		L E	Į. E	Į.	E	7128	INVOICE TOTAL	\$16,438.95								Auth rec:	
	DEPARTMENT	СБО	BOARD	SUBMITTED	INVOICE NUMBER	T76095								Office Use: Pretravel Auth rec:	Office Use: Tax ID Reviewed:				
(1911年) (1911年) (1911年) (1911年)	ICES LLC	333 KENNEDY DRIVE, SUITE - R101		CT 06790-3060	DESCRIPTION	MAINT. CONTRACT-COMPUTER					I								
12034-01	THERAP SERVICES LLC	333 KENNEDY I		TORRINGTON, CT 06790-3060	ACCOUNT #	5490-55081								\$16,438.95 PAGE TOTAL	\$16,438.95 GRAND TOTAL				
PEID-AC	NAME	ADDRESS	ADDRESS	CITY, STATE, ZIP	AMOUNT	\$16,438.95								\$16,438.95	\$16,438.95				





Invoice #: T76095 Kim Beck, Program Manager Invoice Date: 7/28/2023 CDDP of Umatilla County: Oversight Provider 817 SE 13th Pendleton, OR 97801 Invoice due date to get discount: 8/17/2023 Email: kim.beck@umatillacounty.gov

Provider Code	Total No. of Individuals	Billing Year	Start Date	End Date		
HPI-OR (Oversight Account)				August 31, 2024		
PCL-OR (Oversight Account)	#3					
RISE-OR (Oversight Account)	++5:	13th	September 1, 2023			
TREND-OR (Oversight Account)	₩1					
UMA-OR	368 (UMA2-OR)					

Product Code	Product/ Support Type	No. of Individuals	Base Rate/ Individual	Base Total Before CPI adjustment	CPI Increase to Apply*	Total After CPI Adjustment	Discount	Total After CPI Adjustment (After Discount)
IS-131	Individual Support Full Time	368	\$39.96	\$14,705.28	1.315170	\$19,339.94	15%	\$16,438.95
							Sub Total	\$16,438.95
						Non	Taxable Services	
							Invoice Total	\$16,438.95

Customer is responsible for any applicable Sales or Use Taxes for this Invoice. If the Customer is exempt from applicable State or Local Sales and/or Use taxes, please submit evidence to the accounting office to receive a revised invoice.

If you have any questions or if this invoice should have been directed to another party, please feel free to contact us at 203.596.7553 or via email at Finance@TherapServices.net.

* Consumer Price Index (CPI) Increase Calculation

Base Month/Year for CPI Adjustment	Base Dec. CPI Index	Effective Month/Year for CPI Adjustment	Dec. CPI		Average CPI Increase in the Period
Dec. 2011	225.672	Dec. 2022	296.797	1.315170	2.522%

For more information on CPI, visit: http://www.bls.gov/cpi/

Ver 5/23