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Contract Cover Sheet

Res 119

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 82672A	
1. This contract, grant or addendum: <input type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS N/A		Contract <input type="checkbox"/> POS <input type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Other <input type="checkbox"/>	Addendum <input checked="" type="checkbox"/>
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. Term of Contract or Addendum: 1/1/14 - 12/31/14			
4. Amount of Contract or Addendum: (100,000)			
5. Purpose: NA - Not required when Human Services signs.			
6. Vendor or Funding Source: Trempealeau County Health Care Center Vendor #: 8087-2			
7. If grant: Funds Positions? <input type="checkbox"/> Yes <input type="checkbox"/> No Will require on-going or matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Are funds included in the budget? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please give account codes and related \$ amounts. Code: N/A \$; Code: \$			
9. Is a resolution needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, has a resolution been prepared/submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of the Resolution			
10. Does Domestic Partner Equal Benefits requirement apply? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Director's Approval: <i>Sydney Green</i>			

Human Services Only	a. Dane County Res. #	Approvals	Initials	Date
	b. HSD Res. ID#	g. Accountant	<i>Hy</i>	5/8/14
	c. Program Manager Name	h. Supervisor	<i>ew</i>	5/20/14
	d. Current Contract Amount	i. To Provider	<i>SL</i>	5-21-14
	e. Adjustment Amount	j. From Provider	<i>SL</i>	6-9-14
	f. Revised Contract Amount	k. Corporation Counsel	<i>SL</i>	6-9-14

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
<i>MG</i>	Received	6-17-14			
<i>SL</i>	Controller		6-19-14	Contact Person	
NA	Corporation Counsel	See "k" above		Phone No.	
<i>SL</i>	Risk Management	6/19/14	6/23/14	E-mail Address	
<i>SL</i>	ADA Coordinator	6/19/14	6/23/14		
<i>SL</i>	Purchasing Agent		6-19-14		
NA	County Executive	Human Services signs			

Footnotes:
1. *no budget requested*

Return to:	Name/Title: Spring Larson, CCA Phone: (608) 242-6391 E-mail Address: Larson.spring@countyofdane.com	Dept.: Human Services Mail Address: 1202 Northport Drive

Certification

The attached contract: *[check as many as apply]*

- conforms to Dane County's standard Purchase of Services Agreement form in all respects
- conforms to Dane County's standard Purchase of Services Agreement form with modifications and is accompanied by a revision copy¹
- is a non-standard contract which has been reviewed or developed by corporation counsel and which has not been changed since that review/development
- is a non-standard contract previously review or developed by corporation counsel which has been changed since that review/development; it is accompanied by a revision copy¹
- is a non-standard contract not previously reviewed by corporation counsel; it is accompanied by a revision copy
- contains non-standard/indemnification language which has been reviewed or developed by risk management and which has not been changed since that review/development
- contains non-standard insurance/indemnification language which has been changed since review/development or which has not been previously seen by risk management; it is accompanied by a revision copy
- contains non-standard affirmative action/equal opportunity language which has been reviewed or developed by contract compliance and which has not been changed since that review/development
- contains non-standard affirmative action/equal opportunity language which has been changed since the earlier review/development by contract compliance or which has not been previously seen by contract compliance; it is accompanied by a revision copy¹

Date: _____ Signed: _____

Telephone Number _____ Print Name: _____

Major Contracts Review (DCO Sect. 25.20) This review applies only to contracts which both exceed \$100,000 in disbursements or receipts and which require county board review and approval.

Executive Summary (attach additional pages, if needed).

1. Department Head Contract is in the best interest of the County.
Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: _____ Signature: _____

2. Director of Administration Contract is in the best interest of the County.
Comments:

Date: _____ Signature: _____

3. Corporation Counsel Contract is in the best interest of the County.
Comments:

Date: _____ Signature: _____

¹ A revision copy is a copy of the contract which shows the changes from the standard contract or previously revised/developed contract by means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).

**AMENDING PROFESSIONAL SERVICES CONTRACTS
FOR DODGE AND TREMPPEALEAU COUNTIES
DCDHS - ACS DIVISION**

DCDHS purchases Institute for Mental Disease (IMD) licensed care and treatment from facilities operated by Dodge County and Trempealeau County. These facilities serve individuals with mental illness who have intensive care needs that cannot be successfully met in a community based facility or a nursing home such as Badger Prairie Health Care Center. Length of stay varies from a few months to more than one year. These IMDs offer a lower level of care and treatment than Mendota Mental Health Institute and Winnebago Mental Health Institute. The daily cost of care is \$315 for Dodge County, \$305 for Trempealeau County, and roughly \$999 for Mendota and Winnebago. Based on recent years' experience, DCDHS' 2014 Purchase of Service Agreements were written to reflect 170 days of care for Dodge County Clearview and 467 days of care for Trempealeau County Health Care Center. Actual 2014 utilization has been higher for Dodge County than Trempealeau County, and this resolution authorizes moving \$100,000 from the Trempealeau County account to the Dodge County account.

NOW, THEREFORE, BE IT RESOLVED that expenditure accounts in the Department of Human Services be modified as follows:

Expenditure	Account Number	Account Title	Amount
ACFIIDCO	INMDAA	Clearview Inpatient	\$100,000
ACFIITMP	INMDAA	Trempealeau County HCC	(\$100,000)
		Total	\$0

BE IT FURTHER RESOLVED that the professional services contracts listed below be amended for 2014:

Clearview Inpatient	\$100,000
Trempealeau County HCC	(\$100,000)

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and Trempealeau County Health Care Center (hereinafter "PROVIDER") as of the date representatives of both parties have affixed their respective signatures.

WHEREAS the COUNTY and PROVIDER have previously entered into a Purchase of Service Agreement No. 82672 (hereinafter the "Master Agreement"), pursuant to which PROVIDER has agreed to provide the COUNTY certain services more fully described in the Master Agreement; and

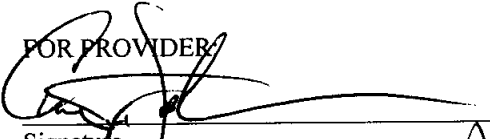
WHEREAS COUNTY and PROVIDER now wish to amend said Master Agreement,

NOW, THEREFORE, in consideration of the above premise and the mutual covenants of the parties the receipt and sufficiency of which is hereby acknowledged by each party for itself, the COUNTY and PROVIDER do agree that the Master Agreement shall continue in full force and effect unchanged in any matter by this addendum, except as specifically set forth herein. This addendum consists of two (2) pages.

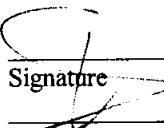
<u>Current Cost for 2014</u>	<u>Addendum Amount</u>	<u>Revised Maximum Cost for 2014</u>
\$142,425	<\$100,000>	\$42,425

IN WITNESS WHEREOF, COUNTY and PROVIDER, by their respective authorized agents, have caused this addendum and its attachments, if any, to be executed, effective as of the date by which all parties hereto have affixed their respective signatures, as indicated below.

Date Signed: 6/2/2014

FOR PROVIDER:

 Signature
 CURTIS A. JOHNSON, DIRECTOR - FINANCE
 Print Name and Title of Signer

Date Signed: N/A



 Signature
 N/A
 Print Name and Title of Signer

Date Signed: _____

FOR COUNTY:

 JOE PARISI, County Executive
 (when applicable)

Date Signed: 6-11-14


 LYNN GREEN, Director,
 Department of Human Services
 (when applicable)

Program Summary Form

Created: 10/11/2013 Revised: 5/8/2014	Contract #: 82672 Division: Adult Community Services	Provider: Trempealeau Health Care Center Funding Period: January 1, 2014 through December 31, 2014											
Contract Maximum Service Costs: Subject to the provisions specified elsewhere in this contract, the following summarizes and sets forth the rates and maximum payments available for services under this contract.													
Program Number	Program Group	Org. #	Obj. #	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Unit Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a. 10025	10025	ACFIITMP	INMDAA	IMH Inpatient	503	4	0	305.00	139	42,425	-	42,425	600/610
b.													
c.													
d.													
e.													
f.													
g.													
h.													
i.													
j.													
Total										\$ 42,425	\$ -	\$ 42,425	

*Other Revenue-Include here the source and related amount for each program:

a.	The section below is to be used to further define the information above. A unit is a day of service. Average length of stay is roughly 60 days, however, will be determined individually. 5-8-14 - contract reduced by \$100,000 due to non use. MG					
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						
j.						
Standard Program Category (SPC) Code Description:						
a.	503=Inpatient	c.	e.	g.	i.	k.
b.		d.	f.	h.	j.	
Contract Manager(s)/Programs: Grabot						
Accountant(s)/Programs: Yundt						