220

Res 447

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES	Contract/Addendum #: 82620C
1. This contract, grant or addendum: [x] AWARDS [ ] ACCEPTS	Contract / Addendum
2. This contract is discretionary [x] Yes [ ] No	POS [ ] / [x]
3. Term of Contract or Addendum: 1/1/14 - 12/31/14	Grant [ ] / [ ]
4. Amount of Contract or Addendum: $ 50,000	Lease [ ]; Other [ ]

5. Purpose: NA – **Not required when Human Services signs.**

6. Vendor or Funding Source: St Mary's Hospital
Vendor #: 7337

7. If grant: Funds Positions? [ ] Yes [ ] No   Will require on-going or matching funds? [ ] Yes [ ] No

8. Are funds included in the budget? [x] Yes [ ] No.   Please give account codes and related $ amounts.
Code:________ $________; Code:________ $________

9. Is a resolution needed? [x] Yes [ ] No   If yes, has a resolution been prepared/submitted? [ ] Yes [ ] No
Prof. Serv.   Please attach a copy of the Resolution

10. Does Domestic Partner Equal Benefits requirement apply? [x] Yes [ ] No

11. Director's Approval: [signature]

Human Services Only

			Approvals	Initials	Date
a.	Dane County Res. #				
b.	HSD Res. ID# BAF	14120	g. Accountant	[initials]	11/20/14
c.	Program Manager Name	GRABOT	h. Supervisor	[initials]	12/5/14
d.	Current Contract Amount	283,724	i. To Provider	SL	12.8.14
e.	Adjustment Amount	50,000	j. From Provider	SL	12-29-14
f.	Revised Contract Amount	333,724	k. Corporation Counsel	DH	1-5-15

Contract Review/Approvals

Initials		Ftnt	Date In	Date Out
MG	Received		1-8-15	
[initials]	Controller			1/8/15
NA	Corporation Counsel	See "k" above		
[initials]	Risk Management		1/8/15	1/8/15
[initials]	ADA Coordinator		1/8/15	1/8/15
CW	Purchasing Agent		1/9/15	1/9/15
	County Executive			

Vendor

Vendor Name

Contact Person

Phone No.

E-mail Address

Footnotes:
1.

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]*

- [x] 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 copy[1]
- [ ] 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 copy[1]
- [ ] 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 copy[1]

Date: 1-6-15 Signed: [signature]

Telephone Number 242-6419 Print Name: Lynn Green

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: 1-6-15 Signature: [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: Jan 5, 2015 Signature: [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).

82620C

Approved Corp. Counsel
DH 1-5-15

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and **SSM Health Care of Wisconsin, Inc., Owning & Operating St. Mary's Hospital** (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. **82620** (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,

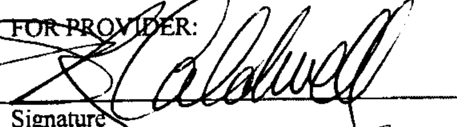
NOW, THEREFORE, in consideration of the above premise and the mutual covenants of the parties the receipt and sufficiency of which is hereby acknowledged by each party for itself, the COUNTY and PROVIDER do agree that the Master Agreement shall continue in full force and effect unchanged in any matter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

Current Cost for 2014	Addendum Amount	Revised Maximum Cost for 2014
$283,724	$50,000	$333,724

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.

FOR PROVIDER:

Date Signed: 12/19/2014



Signature

Steven R Caldwell, CPA - System VP-Finance-WI

Print Name and Title of Signer

Date Signed: ______________

____

Signature

____

Print Name and Title of Signer

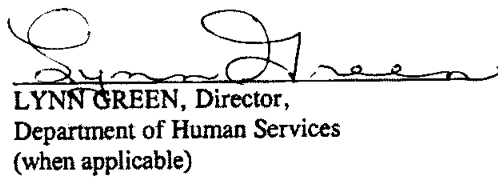
FOR COUNTY:

Date Signed: ______________

____

JOE PARISI, County Executive
(when applicable)

Date Signed: 1-6-15



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

Program Summary Form

Created:	10/11/2013	Contract #:	82620	Provider:	SSM Health Care of Wisconsin, Inc. Owning & Operating St. Marys H
Revised:	12/13/2013; 7/31/14, 11/19/14	Division:	Adult Community Services	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.	1335	1335	ACFIISMH	INSMAA	MH - Inpatient	503	30	0	$ 1,005.00	134	$ 135,000	$ -	$ 135,000	600/610
b.	9196	9196	ACFIINST	INPFAA	Physician costs	503	N/A	N/A	N/A	N/A	$ -	$ -	$ -	None
c.											$ -	$ -	$ -	
d.											$ -	$ -	$ -	
e.											$ -	$ -	$ -	
f.											$ -	$ -	$ -	
g.											$ -	$ -	$ -	
h.											$ -	$ -	$ -	
i.											$ -	$ -	$ -	
j.											$ -	$ -	$ -	
										Total	$ 135,000	$ -	$ 135,000	

	The section below is to be used to further define the information above.	*Other Revenue-Include here the source and related amount for each program:
a.	A unit of service is one day. Number of clients is based on 2.5 days average length of stay. 7-31-14 contract increased by $20,000 due to actual use. MG, **11-19-14 contract increased by $50,000 due to actual costs. MG**	
b.	Physician fees will be paid at $200/admit day; $75 inpatient day; and $100 for discharge day. 12-13-13- Contract reduced by $10,000 as physcian fees are covered in the Dean Health Systems Inc. contract. MG	
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		

Standard Program Category (SPC) Code Description:

a. 503=Inpatient	c.	e.	g.	j.
b. 503=Inpatient	d.	f.	h.	k.

Contract Manager(s)/Programs: Grabot

Accountant(s)/Programs: Laura Yundt