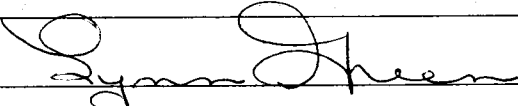
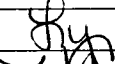







Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 83349A	
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		Contract Addendum POS <input type="checkbox"/> <input checked="" type="checkbox"/> Grant <input type="checkbox"/> <input type="checkbox"/> Lease <input type="checkbox"/> Other <input type="checkbox"/>	
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. Term of Contract or Addendum: 11/1/16 - 12/31/16			
4. Amount of Contract or Addendum: \$ 5,068			
5. Purpose: NA - Not required when Human Services signs.			
6. Vendor or Funding Source: Tellurian Vendor #: 7721			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Please give account codes and related \$ amounts. Code: _____ \$ _____ ; Code: _____ \$ _____			
9. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, has a resolution been prepared/submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Professional Service Please attach a copy of the Resolution 461			
10. Does Domestic Partner Equal Benefits requirement apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
11. Director's Approval: 			

Human Services Only	a. Dane County Res. #	Approvals	Initials	Date
	b. HSD Res. ID#	g. Accountant		12/10/15
	c. Program Manager Name	h. Supervisor		1/4/16
	d. Current Contract Amount	i. To Provider	SL	1-4-16
	e. Adjustment Amount	j. From Provider	SL	1-19-16
	f. Revised Contract Amount	k. Corporation Counsel	JA	1-22-16

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
 Received		2-5-16			
 Controller			2/11/16	Contact Person	
NA Corporation Counsel	See "k" above			Phone No.	
 Risk Management		2/11/16	2/11/16	E-mail Address	
ADA Coordinator					
 Purchasing Agent			2/11/16		
County Executive					

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]


- 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: 1-24-16 Signed: 
 Telephone Number 242-6469 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).

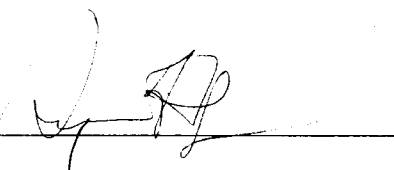
1. Department Head Contract is in the best interest of the County.
Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: 1-24-16 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: 1-21-16 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).

JUL 21 16

83349A

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and Tellurian, Inc. fka Tellurian U.C.A.N. Inc. (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. 83349 (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 seven (7) pages.

<u>Current Cost</u> <u>for 2016</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2016</u>
\$2,545,678	\$5,068	\$2,550,746

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: 1/8/2016

FOR PROVIDER:



Signature

Kevin Florek, CEO

Print Name and Title of Signer

Date Signed: _____

Signature

Print Name and Title of Signer

Date Signed: _____

FOR COUNTY:

JOE PARISI, County Executive
(when applicable)



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

Date Signed: 1-24-16

Program Summary Form

Created: 10/13/2015 Revised: 12/8/2015	Contract #: 83349 Division: Adult Community Services	Provider: Tellurian UCAN, Inc. Funding Period: January 1, 2016 through December 31, 2016
-------------------------------------------	---------------------------------------------------------	---------------------------------------------------------------------------------------------

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.	6985	6126	ACFCRTEL	BZCRAA Crawford	506.61	4	4	124.92	1,387	\$ 173,273		\$ 173,273	600/610
b.	10939	6126	ACFCRTEL	BZCRAA Crawford - CRS	511	3	3	124.92	1,040	\$ 129,954		\$ 129,954	600/610
c.	1342	1342	ACFCRTEL	BZAWAA Acewood	506	15	7	167.24	2,427	\$ 405,899		\$ 405,899	600/610
d.	1343	1343	ACFCRTEL	CZPCAA Psychiatrist C/TR	507.03	70	63	96.78	319	\$ 30,873		\$ 30,873	600/610
e.	1344	1344	ACFCRTEL	BZAPAA Transitional Housing	506	100	20	83.65	5,354	\$ 447,872		\$ 447,872	600/610
f.	1616	1616	ACFCRTEL	CMCTAA Community Intervention Team	604	100	73	52.96	7,500	\$ 397,201		\$ 397,201	600/610
g.	4608	4608	ACFCRTEL	IZCTAA CIT - Adults at Risk	603	288	40	62.94	1,160	\$ 73,011		\$ 73,011	600/610
h.	10531	10531	ACFCRTEL	BCTEAA Dane County Care Center	506.61	40	6	355.61	2,190	\$ 778,780		\$ 778,780	600/610
i.	1746	6042	ACFACTEL	AMRXAA CHARM-Hsg	106	12	6	25.18	800	\$ 20,140		\$ 20,140	600/610
j.	10618	6042	ACFACTEL	AMRXAA CHARM Unconnected Housing	601	75	20	25.18	800	\$ 20,140		\$ 20,140	711
					Total					\$ 2,477,143	\$ -	\$ 2,477,143	

*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.
Units based on 95% of available beds (4x365x95%=1387). A unit is a day of service. 12/8/15 added .2% cola.
- b. A unit is a day of service. CRS funding applies only when the bed is occupied.12/8/15 added .2% cola.
- c. A unit is a day of service. (7 beds x365 daysx95% = 2427). 12/8/15 added .2% cola.
- d. A unit is a staff face-to-face hour with a consumer. 12/8/15 added .2% cola.
- e. Based on 20 beds @80% occupancy. A unit is a day. 12/8/15 added .2% cola.
- f. A unit is a staff face-to-face hour with a consumer. 12/8/15 added .2% cola.
- g. Units are based on 40 hours/wk staff time x 60% billable hours x 48 weeks. Units are an hour or service. 12/8/15 added .2% cola.
- h. Units are based on 100% of six (6) beds (6x365=2190). A unit is a day of service. 12/8/15 added .2% cola.
- i. A unit is a staff hour. 12/8/15 added .2% cola.
- j. A unit is a staff hour. 12/8/15 added .2% cola.
- k.

Standard Program Category (SPC) Code Description:	
a. 506.61=CBRF	h. 506.61=CBRF
b. 511=CRS	i. 106-Housing Assistance
c. 506=CBRF	j. 601=Outreach
d. 507.03=Counseling and Therapeutic Ref.	k.
e. 506=CBRF	
f. 506=CBRF	
Contract Manager(s)/Programs: Grabot	
Accountant(s)/Programs: Laura Yundt	

TELLURIAN UCAN, INC.
SCHEDULE B - FISCAL
PROGRAM # 1342 – ACEWOOD GROUP HOME

1. Regarding funding for Acewood Group Home program # 1342:

Revenue Type	Non-Contingent Amount	Contingent Amount	Total Amount
Co GPR	\$ 16,822		\$ 16,822
SSI	\$ 32,820		\$ 32,820
MA Crisis		\$ 356,257	\$ 356,257
Total	\$ 49,642	\$ 356,257	\$ 405,899

2. Regarding method of payment for Acewood Group Home program # 1342:

- A. The “Non-Contingent” funding for this program shall be vouchered using the method of payment in Section C, XXVIII, B, 3 of this contract.
- B. The “Contingent” funding for this program will be paid to PROVIDER, up to the contract amount, **only** if PROVIDER earns the funding through billing the Wisconsin Medical Assistance (ForwardHealth) Program.

PROVIDER shall submit monthly vouchers to COUNTY for the amount of MA Crisis services paid by the State to the COUNTY based on Remittance and Status Advice reports received by PROVIDER that indicate the amount paid (which may or may not equal the amount billed).

COUNTY will pay PROVIDER on a cash basis; meaning PROVIDER payments will be based on the dates COUNTY receives payment from the State rather than the dates of billed services. In the event PROVIDER no longer delivers MA Crisis services due to the conclusion of the contractual relationship, PROVIDER shall continue to be paid under this agreement and only up to the contracted amount for this program, for up to three months for MA Crisis revenue earned by PROVIDER and paid to COUNTY.

3. The COUNTY reserves the right to withhold payments for any unearned Medicaid revenues or to require the PROVIDER to reimburse the COUNTY for overpayment of Medicaid revenues.
4. Regarding ForwardHealth Audits: Any cost resulting from audit findings by ForwardHealth or other entity that adversely affects the COUNTY will be apportioned between the COUNTY and PROVIDER as follows: (a) The PROVIDER will be responsible for all disallowed expenses that can clearly be attributed to the PROVIDER’S failure to keep complete comprehensive and orderly records and for expenses inappropriately billed to ForwardHealth. The COUNTY, at its sole discretion, may choose to cover some or all of the PROVIDER’S disallowance, and (b) The PROVIDER will be responsible for any fine(s) resulting from non-compliance with written processes and procedure.

October 2015
Revised December 2015

TELLURIAN UCAN, INC.
2015 SCHEDULE B - FISCAL
PROGRAM # 1616 – COMMUNITY INTERVENTION TEAM (CIT)

1. Regarding funding for CIT program # 1616:

Revenue Type	Non-Contingent Amount	Contingent Amount	Total Amount
Co GPR	\$ 144,934		\$ 144,934
CSDRB	\$ 32,000		\$ 32,000
MA CM		\$ 31,800	\$ 31,800
MA Crisis		\$ 188,467	\$ 188,467
Total	\$ 176,934	\$ 220,267	\$ 397,201

2. Regarding method of payment for CIT program # 1616:

- A. The “Non-Contingent” funding for this program shall be vouchered using the method of payment in Section C, XXVIII, B, 3 of this contract.
- B. The “Contingent” funding for this program will be paid to PROVIDER, up to the contract amount, **only** if PROVIDER earns the funding through billing the Wisconsin Medical Assistance (ForwardHealth) Program.

PROVIDER shall submit monthly vouchers to COUNTY for the amount of MA services paid by the State to the COUNTY based on Remittance and Status Advice reports received by PROVIDER that indicate the amount paid (which may or may not equal the amount billed).

COUNTY will pay PROVIDER on a cash basis; meaning PROVIDER payments will be based on the dates COUNTY receives payment from the State rather than the dates of billed services. In the event PROVIDER no longer delivers MA services due to the conclusion of the contractual relationship, PROVIDER shall continue to be paid under this agreement and only up to the contracted amount for this program, for up to three months for MA revenue earned by PROVIDER and paid to COUNTY.

- 3. The COUNTY reserves the right to withhold payments for any unearned Medicaid revenues or to require the PROVIDER to reimburse the COUNTY for overpayment of Medicaid revenues.
- 4. Regarding ForwardHealth Audits: Any cost resulting from audit findings by ForwardHealth or other entity that adversely affects the COUNTY will be apportioned between the COUNTY and PROVIDER as follows: (a) The PROVIDER will be responsible for all disallowed expenses that can clearly be attributed to the PROVIDER’S failure to keep complete comprehensive and orderly records and for expenses inappropriately billed to ForwardHealth. The COUNTY, at its sole discretion, may choose to cover some or all of the PROVIDER’S disallowance, and (b) The PROVIDER will be responsible for any fine(s) resulting from non-compliance with written processes and procedure.

October 2015
 Revised December 2015

TELLURIAN UCAN, INC.
SCHEDULE B - FISCAL
PROGRAM # 10531 – DANE COUNTY CARE CENTER

1. Regarding funding for Dane County Care Center program # 10531:

Revenue Type	Non-Contingent Amount	Contingent Amount	Total Amount
Co GPR	\$ 156,642		\$ 156,642
SSI	\$ 54,266		\$ 54,266
MA Crisis		\$ 567,872	\$ 567,872
Total	\$ 210,908	\$ 567,872	\$ 778,780

2. Regarding method of payment for Dane County Care Center program # 10531:

- A. The “Non-Contingent” funding for this program shall be vouchered using the method of payment in Section C, XXVIII, B, 3 of this contract.
- B. The “Contingent” funding for this program will be paid to PROVIDER, up to the contract amount, **only** if PROVIDER (along with the other Care Center PROVIDER) earns the funding through billing the Wisconsin Medical Assistance (ForwardHealth) Program.

PROVIDER shall submit monthly vouchers to COUNTY for 50% of the total amount of MA Crisis services paid by the State to the COUNTY for both Care Centers based on Remittance and Status Advice reports received by PROVIDER that indicate the amount paid (which may or may not equal the amount billed).

COUNTY will pay PROVIDER on a cash basis; meaning PROVIDER payments will be based on the dates COUNTY receives payment from the State rather than the dates of billed services. In the event PROVIDER no longer delivers MA Crisis services due to the conclusion of the contractual relationship, PROVIDER shall continue to be paid under this agreement and only up to the contracted amount for this program, for up to three months for MA Crisis revenue earned by PROVIDER and paid to COUNTY.

3. The COUNTY reserves the right to withhold payments for any unearned Medicaid revenues or to require the PROVIDER to reimburse the COUNTY for overpayment of Medicaid revenues.
4. Regarding ForwardHealth Audits: Any cost resulting from audit findings by ForwardHealth or other entity that adversely affects the COUNTY will be apportioned between the COUNTY and PROVIDER as follows: (a) The PROVIDER will be responsible for all disallowed expenses that can clearly be attributed to the PROVIDER’S failure to keep complete comprehensive and orderly records and for expenses inappropriately billed to

ForwardHealth. The COUNTY, at its sole discretion, may choose to cover some or all of the PROVIDER'S disallowance, and (b) The PROVIDER will be responsible for any fine(s) resulting from non-compliance with written processes and procedure.

October 2015

Revised December 2015

Program Summary Form

Created: 10/15/2015 Revised: 12/7/2015	Contract #: 83349 Division: Adult Community Services	Provider: Tellurian UCAN, Inc. Funding Period: January 1, 2016 - December 31, 2016	# of Clients: 27 SPC: 704.10	# of Slots: 12 Unit Cost: 15.47	Other Revenue* Total Cost	Reporting			
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	Unit Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a. 3503	ACWRTEL	DTDYAA		Day Treatment - Synergy	4,757	73,603	73,603	73,603	600/610
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									
j.									
Total					\$ 73,603.00	\$ 73,603.00	\$ -	\$ 73,603.00	

*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.	Unit Quantity based on available funds divided by the unit cost; Unit = direct client service hour.	12/7/2015 Revision : Addition of 0.2% COLA.
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			

Standard Program Category (SPC) Code Description:	a. Day Treatment	c.	e.	g.	i.
	b.	d.	f.	h.	k.
Contract Manager(s)/Programs: Todd Campbell					
Accountant(s)/Programs: Laura Yundt					