

### Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: <b>83018A</b>	
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		Contract    Addendum POS <input type="checkbox"/> <input type="checkbox"/> Grant <input type="checkbox"/> <input checked="" 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: <u>1/1/2015 - 12/31/2015</u>			
4. Amount of Contract or Addendum: <u>\$ 521,720</u>			
5. Purpose: NA - Not required when Human Services signs.			
6. Vendor or Funding Source: <u>Richland County Health and Human Services</u> Vendor #: <u>6625-1</u>			
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: _____ \$ _____; Code: _____ \$ _____			
9. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      If yes, has a resolution been prepared/submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Res III</u> Please attach a copy of the Resolution			
10. Does Domestic Partner Equal Benefits requirement apply? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11. Director's Approval: <u>Symon Green</u>			

Human Services Only	a. Dane County Res. #		Approvals	Initials	Date
	b. HSD Res. ID#		g. Accountant	<u>MLF</u>	<u>6/14/15</u>
	c. Program Manager Name	<u>Mendel-Clemens</u>	h. Supervisor	<u>YVA</u>	<u>6/17/15</u>
	d. Current Contract Amount	<u>277,204.<sup>00</sup></u>	i. To Provider	<u>SL</u>	<u>6-17-15</u>
	e. Adjustment Amount	<u>524,162.<sup>00</sup></u>	j. From Provider	<u>SL</u>	<u>6-25-15</u>
	f. Revised Contract Amount	<u>801,366.<sup>00</sup></u>	k. Corporation Counsel	<u>NA</u>	<u>6-25-15</u>

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
<u>mg</u> Received	---	<u>6/25/15</u>			
<u>CA</u> Controller	---		<u>6/29/15</u>	Contact Person	
<u>NA</u> Corporation Counsel	See "k" above			Phone No.	
<u>RA</u> Risk Management	---	<u>6/30/15</u>	<u>6/30/15</u>	E-mail Address	
<u>SL</u> ADA Coordinator	---	<u>6/30/15</u>	<u>6/30/15</u>		
<u>CA</u> Purchasing Agent	---	<u>6/30/15</u>	<u>6/30/15</u>		
County Executive	---				

Footnotes:

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
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ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and **Richland County Health and Human Services** (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. **83018** (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,

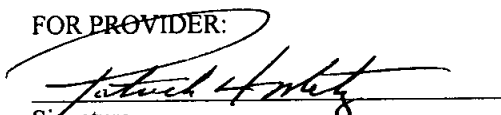
NOW, THEREFORE, in consideration of the above premise and the mutual covenants of the parties the receipt and sufficiency of which is hereby acknowledged by each party for itself, the COUNTY and PROVIDER do agree that the Master Agreement shall continue in full force and effect unchanged in any matter by this addendum, except as specifically set forth herein. This addendum consists of five (5) pages.

<u>Current Cost</u> <u>for 2015</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2015</u>
\$277,204	\$524,162	\$801,366

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: 6-22-15

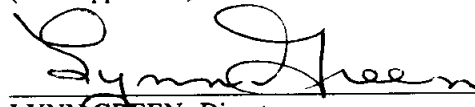
  
 \_\_\_\_\_  
 Signature  
**PATRICK H METZ - Director**  
 Print Name and Title of Signer

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Print Name and Title of Signer

FOR COUNTY:

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
 JOE PARISI, County Executive  
 (when applicable)  
  
 \_\_\_\_\_  
 LYNN GREEN, Director,  
 Department of Human Services  
 (when applicable)

Date Signed: 6-25-15

**Program Summary Form**

Created: 10/29/2014 Revised: 6/8/2015	Contract #: 83018 Division: EAWS	Provider: Richland County Department of Health and Human Services Funding Period: January 1, 2015 to December 31, 2015	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. 8109	8109	EACCRCO	IMCAA	Richland County Income Maintenance	702HS	0	0	801,366.00		\$ 801,366		\$ 801,366	
b.													
c.													
d.													
e.													
f.													
g.													
h.													
i.													
j.													
<b>Total</b>											\$ 801,366.00	\$ -	\$ 801,366.00

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

The section below is to be used to further define the information above.

This is IMAA pass through funding to IM Consortium Partner Counties based on County's proportionate share of Capital Consortium's caseload (\$277,204 for IM). IM fraud funding (\$2,442) and an additional \$521,720 to increase Capital Consortium's IM staff (8 ESS and 1 Lead) to absorb the increased workload resulting from the change in ESET ABAWD policies.

a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	
i.	
j.	

**Standard Program Category (SPC) Code Description:**

a. 702 Agency/Systems Management	e.	f.
b.	g.	k.
c.	h.	
d.		

**Contract Manager(s)/Programs:**  
Amy Mendel-Clemens

**Accountant(s)/Programs:**  
Michelle Flood

Agreement No.: 83018

County: RICHLAND

Term: January 1, 2015 to December 31, 2015

Projected County Expenditure.: \$949,286

Projected State Reimbursement: \$798,924

## ADDENDUM TO CAPITAL I.M. CONSORTIUM CONTRACT

This addendum ("Addendum") to the Capital Income Maintenance Consortium Contract ("Contract") relates to the terms and conditions associated with RICHLAND County's ("County") provision of services and financial support to the Consortium. The Consortium's obligations related to Income Maintenance Administration and Income Maintenance Fraud are set forth in the contracts between the Department of Health Services and the Consortium ("DHS Contract"), which contracts are incorporated by reference in the Contract. All provisions contained within the Contract, including all addenda and schedules and DHS Contracts shall apply to this Addendum unless otherwise specifically modified herein and both of those documents are hereby incorporated by reference herein. Terms defined in the Contract and DHS Contracts shall apply to this Addendum unless otherwise specifically noted.

### I. PARTIES AND ADMINISTRATORS

#### A. PARTIES AND CONTRACT CONTACT PERSONS

This Addendum is between the following Parties:

1. **DANE COUNTY**, providing the Lead County Agency whose contract contact person, address and phone number are as follows:

**LYNN GREEN; 1202 NORTHPORT DRIVE, MADISON, WI 53704; (608)242-6469; green@countyofdane.com; and**

2. **RICHLAND COUNTY**, providing a Service County Agency, as referenced in the Contract, whose contract contact person, address and phone number are as follows:

- 3.

**PATRICK METZ, DIRECTOR; RICHLAND COUNTY HEALTH AND HUMAN SERVICES, 221 WEST SEMINARY STREET, RICHLAND CENTER, WI 53581; (608)649-5935; metzp@co.richland.wi.us.**

B. ADMINISTRATORS

1. The Lead County Agency employee responsible for day-to-day administration of this contract will be:

**AMY MENDEL-CLEMENS**, whose business address is: **1819 ABERG AVENUE, SUITE D, MADISON, WI 53704; (608)242-7463; [mendelclemens@countyofdane.com](mailto:mendelclemens@countyofdane.com).**

In the event that this Lead County Agency employee is unable to administer this contract, the Lead County Agency will contact the Service County Agency and designate a replacement employee.

4. The Service County Agency employee responsible for day-to-day administration of this contract will be:

**STEPHANIE RONNFELDT** whose business address, phone number, and e-mail are **RICHLAND COUNTY HEALTH AND HUMAN SERVICES, 221 WEST SEMINARY STREET, RICHLAND CENTER WI 53581; (608)647-8821; [ronnfeldts@co.richland.wi.us](mailto:ronnfeldts@co.richland.wi.us).**

In the event that this Service County Agency employee is unable to administer this contract, the Service County Agency will contact the Lead County Agency and designate another Service County Agency employee to do so.

**II. SPECIAL FEATURES**

Terms of this Contract specifically applicable to the above listed Service County Agency, if any, are listed as follows. Where this section is blank there are no special terms applicable specific to this County.

1. **Call Center Staff Contribution.** County agrees to provide staff time to the call center as follows: At least 50% for an ESS assigned to a BC+/FS caseload and 30% for an ESS assigned to an EBD/LTC caseload. This FTE contribution may change according to caseload and staff distribution across the Consortium. Recommendations for changes to call center staffing will be developed in the Capital Consortium Supervisors' meeting and will be presented to the Capital Directors for approval. Dane County reserves the right to request additional assistance when call volume exceeds the capacity of staff assigned to the call center or in anticipation of increased volumes in order to avoid non-compliance with the performance measures in our contract with the State.
2. **Minimum Staffing Levels.** County agrees to meet the minimum staffing levels agreed upon by the consortium to ensure adequate coverage during the holidays and on a daily basis unless the agency is experiencing extenuating circumstances such as staff vacancies, absences of staff on family medical leaves, etc.

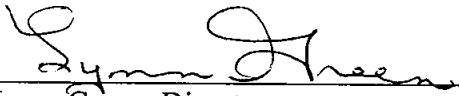
3. County agrees to provide ongoing case management and call center assistance at the agreed upon levels on a consortium-wide basis regardless of the county of residence of a case in order to contribute to the success of our caseload leveling efforts across the consortium. Childcare cases are an exception to this rule due to existing policy and procedural constraints.
4. County agrees to closely align the work assignments of their staff that are in similar classifications across the Consortium including:
  - a. Significantly reduced caseload for a Lead position (50 or less is recommended);
  - b. Supervisors holding no caseloads.

Positions descriptions will be developed at the Consortium Supervisor meetings and submitted to the Directors for approval.


5. County agrees to be responsible for using the Consortia "employee scorecard" twice per month per staff to measure their productivity.
6. County agrees to monitor the call center activity of their staff throughout the day to ensure coverage of assigned activities and appropriate use of status codes.
7. Primary Responsibility on Behalf of the Consortium. **Effective April 1, 2015 County agrees to be responsible for hiring eight additional ESS and one ES Lead to absorb the increased workload resulting from the requirement that Able-Bodied Adults Without Dependents participate in the FoodShare Employment and Training Program or lose their eligibility to receive FoodShare benefits. These additional staff will assume their proportionate share of caseload and call center time outlined in Special Features above.**

### III. FRAUD PREVENTION AND INVESTIGATION

County agrees to join together in the Capital Fraud Consortium for the purpose of administering the Fraud Prevention Investigation Program (FPIP) as described in DHS Administrator's Memo 13-08 and the attached Cooperative Agreement.

  
 Lynn Green, Director  
 Dane County Dept. of Human Services

6/26/15  
 Date

  
 Patrick Metz, Director  
 Richland County Dept. of Health and Human Services

6-22-15  
 Date

**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 copy<sup>1</sup>
- 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<sup>1</sup>
- 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<sup>1</sup>

Date: 6-25-15 Signed: *Lynd Green*  
 Telephone Number 242-6469 Print Name: Lynd 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: 6-25-15 Signature: *Lynd Green*

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

Comments: 6/29/15  
 Date: *[Signature]* Signature: *[Signature]*

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

Comments:  
 Date: 6/25/15 Signature: *[Signature]*

<sup>1</sup> 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).