

Dane County Contract Cover Sheet

Res 342

Dept./Division	Human Services /
Vendor Name	Integrity Residential Services
Vendor MUNIS #	10470
Brief Contract Title/Description	2021 contract addendum to add a new placement.
Contract Term	1/1/21-12/31/21
Total Contract Amount	\$994,705

Contract # Admin will assign	85005A/14269
Addendum	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of Contract	
<input checked="" type="checkbox"/>	Dane County Contract
<input type="checkbox"/>	Grant
<input type="checkbox"/>	County Lessee
<input type="checkbox"/>	County Lessor
<input type="checkbox"/>	Intergovernmental
<input type="checkbox"/>	Purchase of Property
<input type="checkbox"/>	Property Sale
<input type="checkbox"/>	Other

Purchasing Authority	<input type="checkbox"/> \$11,000 or under – Best Judgment (1 quote required)	
	<input type="checkbox"/> Between \$11,000 – \$37,000 (\$0 – \$25,000 Public Works) (3 quotes required)	
	<input type="checkbox"/> Over \$37,000 (\$25,000 Public Works) (Formal RFB/RFP required)	RFB/RFP #
	<input type="checkbox"/> Bid Waiver – \$37,000 or under (\$25,000 or under Public Works)	
	<input type="checkbox"/> Bid Waiver – Over \$37,000 (N/A to Public Works)	
	<input type="checkbox"/> N/A – Grants, Leases, Intergovernmental, Property Purchase/Sale, Other	

MUNIS Req.	Org Code		Obj Code		Amount	\$
Req #	Org Code		Obj Code		Amount	\$
Year	Org Code		Obj Code		Amount	\$

Resolution /Addendum Form	A resolution is required if the contract exceeds \$100,000 (\$40,000 Public Works). A copy of the Resolution must be attached to the contract cover sheet.		
	<input type="checkbox"/> Contract does not exceed \$100,000 (\$40,000 Public Works) – a resolution is not required.		
	<input checked="" type="checkbox"/> Resolution required and a copy is attached.		Res # 342
	<input type="checkbox"/> Addendum Form required.		Year 2020


Contract Review/Approvals				
Initials	Dept.	Date In	Date Out	Comments
MG	Received by DOA	2/4/21		
	Controller			approvals from all departments via email attached herein
	Purchasing			
N/A	Corporation Counsel			See "I" below
	Risk Management			
	County Executive			

Dane County Dept. Contact Info		Vendor Contact Info	
Name	Spring Larson, Contract Coord. Assistant	Name	Steve Lawrence
Phone #	(608) 242-6391	Phone #	608-222-1113
Email	larson.spring@countyofdane.com	Email	steve@integrityrs.net
Address	1202 Northport Drive, RM Gr42A, Madison WI 53704	Address	6200 Gisholt Dr, Ste 200, Madison WI 53713

Human Services Only	a. Dane County Res. #	N/A	Approvals	Initials	Date
	b. Budget/Personnel Required	No	g. Accountant	LY	1/21/21
	c. Program Manager Name	Ecker	h. Supervisor	CW 23	1/25/2021
	d. Current Contract Amount	\$907,092	i. Corporation Counsel		
	e. Adjustment Amount	\$87,613	j. To Provider		
	f. Revised Contract Amount	\$994,705	k. From Provider		

Certification: The attached contract is a:	
<input type="checkbox"/>	Dane County Contract <u>without</u> any modifications.
<input type="checkbox"/>	Dane County Contract <u>with</u> modifications. The modifications have been reviewed by:
<input checked="" type="checkbox"/>	Non-standard contract.

Contract Cover Sheet Signature

Dept. Head / Authorized Designee	Signature	Date
		2/4/2021
	Printed Name	
	Shawn Tessmann, Director of Human Services	

Contracts Exceeding \$100,000

Major Contracts Review – DCO Sect. 25.11(3)

Director of Administration	Signature	Date
	Comments	
Corporation Counsel	Signature	Date
	Comments	

Goldade, Michelle

From: Goldade, Michelle
Sent: Thursday, February 4, 2021 12:50 PM
To: Hicklin, Charles; Clow, Carolyn; Lowndes, Daniel
Cc: Oby, Joe
Subject: Contract #14269
Attachments: 14269.pdf

Tracking:	Recipient	Read	Response
	Hicklin, Charles	Read: 2/4/2021 12:50 PM	Approve: 2/4/2021 12:52 PM
	Clow, Carolyn		Approve: 2/4/2021 12:55 PM
	Lowndes, Daniel		Approve: 2/4/2021 1:24 PM
	Oby, Joe		

Contract #14269
Department: Human Services
Vendor: Integrity Residential Services
Contract Description: Addendum for additional residential services (Res 342)
Contract Term: 1/1/21 – 12/31/21
Contract Amount: \$87,613

Please review the contract and indicate using the vote button above if you approve or disapprove of this contract.

Michelle Goldade

Administrative Manager
Dane County Department of Administration
Room 425, City-County Building
210 Martin Luther King, Jr. Boulevard
Madison, WI 53703
PH: 608/266-4941
Fax: 608/266-4425
TDD: Call WI Relay 711

Please Note: I currently have a modified work schedule...I am in the office Mondays and Wednesdays and working remotely Tuesdays, Thursdays and Fridays in accordance with COVID 19 response guidelines.

1 SUB ____ 2020 RES-342 (Proposed Doyle)

2
3 ACCEPTING ADDITIONAL MEDICAID REVENUE
4 FOR BEHAVIORAL HEALTH SERVICES FOR RESIDENTIAL SERVICES CONTRACTS
5 WITH DUNGARVIN AND INTEGRITY
6 DCDHS - ACS DIVISION
7

8 Dane County Department of Human Services (DCDHS) Adult Community Services (ACS)
9 Division has been successfully working with the state mental health institutes and community
10 providers to transfer some individuals from long-term stays at the mental health institutes back
11 to the community. DCDHS budget already includes \$629,625 to cover a contract with Dungarvin
12 Wisconsin, LLC to provide supportive home care services.
13

14 Currently, two individuals who have very high needs due to significant mental illness are now
15 being moved into specialized community residential placements. Close supervision, unique
16 home adaptations, and regular medication regimens are key features of these community-based
17 placements. These types of living arrangements are more humane and provide opportunities for
18 individuals to work toward recovery in a way that extended periods of time in a mental health
19 institute will not. DCDHS has contracts with Dungarvin and with Integrity Residential Services to
20 provide these unique and individualized living arrangements. Adequate support of these high
21 needs individuals in a community setting requires an increase to the budget. However, this
22 budget increase can be offset by revenue from Medicaid, which will provide partial
23 reimbursement for the specialized services these agencies will provide.
24

25 **NOW, THEREFORE, BE IT RESOLVED** that the following 2021 Department of Human
26 Services revenue account be adjusted and that the revenue increase be credited to the County
27 General Fund and transferred from the General Fund to the following expenditure accounts in
28 the Department of Human Services:
29

30 Revenue	Account Number	Account Title	Amount
31 460000	86501	MA Crisis	\$383,652
32			
33 Expenditure	Account Number	Account Title	Amount
34 469331	35506	Dungarvin Crisis Homes	\$352,084
35 469331	35506	Integrity Crisis Homes	<u>\$ 31,568</u>
36 Total Expenditures			\$383,652

37
38 **BE IT FINALLY RESOLVED** that the County Board approves the following contract and
39 addenda and authorizes the County Executive and County Clerk to execute the contract
40 addenda on behalf of Dane County, and authorizes the Controller to issue checks for payment
41 of contract invoices.
42

43 Vendor	Addendum Amount
44 <u>Dungarvin Wisconsin, LLC contract</u>	<u>\$629,625</u>
45 Dungarvin Wisconsin, LLC <u>addendum</u>	<u>\$583,875</u> \$352,084
46 Integrity Residential Services, Inc. <u>addendum</u>	<u>\$87,613</u> \$31,568

APPROVED
CORPORATION COUNSEL
DH 1/25/2021

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and Integrity Residential Services, 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. 85005 (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 six (6) pages.

Current Cost for 2021	<u>Addendum Amount</u>	<u>Revised Maximum Cost for 2021</u>
\$907,092	\$87,613	\$994,705

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: 2/1/21

FOR PROVIDER:


 Signature
 Steve Lawrence, Executive Director
 Print Name and Title of Signer

Date Signed: _____

 Signature

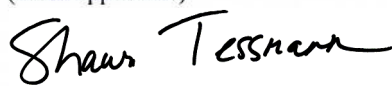
 Print Name and Title of Signer

Date Signed: _____

FOR COUNTY:

 JOE PARISI, County Executive
 (when applicable)

Date Signed: 2/4/2021



 SHAWN TESSMANN, Director,
 Department of Human Services
 (when applicable)

Program Summary Form

Created: 10/8/2020 Revised: 1/15/2021	Contract #: 85005 Division: Adult Community Services	Provider: Integrity Residential Services, Inc. Funding Period: January 1, 2021 through December 31, 2021											
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.	12555	469331	35506	Supp Serv Home Care	104.10	5	5	varies	1,825	\$ 994,705	\$	994,705	600/610
b.													
c.													
d.													
e.													
f.													
g.													
h.													
i.													
j.													
Total \$											\$ 994,705	\$ -	\$ 994,705

*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 = one day of residential support. Unit cost varies by client as specified in individual placement agreements. 1/15/21 revision: Added \$87,613 for an additional client.				
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					

Standard Program Category (SPC) Code Description:

a. 104.10 = Supportive Home Care	e.	g.
b.	f.	h.
		i.
		k.

Contract Manager(s)/Programs: Jessica Ecker Accountant(s)/Programs: Laura Yundt

SCHEDULE A - 2021
Integrity Residential Services
Program Number: 12555; SPC: 104.10

SERVICE DESCRIPTION: The service purchased is defined as follows:

SPC: 104.10 Supportive Home Care (SHC)

The provision of services to maintain clients in independent or supervised living in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and/or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision. Units are to be reported in days.

1. PROVIDER shall support individuals with severe disabilities by providing crisis stabilization services and assisting, teaching, or performing hands-on-activities, personal care, housekeeping duties, behavioral support, and supervision of activities of daily living.
2. PROVIDER shall employ enough staff to safely support and maintain the individual within the community.
3. The unit of Service is one day of Supportive Home Care - Supervision Services.

GOALS/OUTCOMES:

4. Program performance outcomes shall include:
 - a. Maximize time clients reside within the community
 - b. Minimize the number and lengths of stay for inpatient care
 - c. Maximize the amount of third party billing

REFERRAL/APPLICATION PROCESS/PRIORITIZATION/SAFETY CONSIDERATIONS:

5. PROVIDER shall **only** accept referrals from COUNTY.
6. PROVIDER shall evaluate people who have a history of dangerousness in order to assure the safety of all parties involved. If PROVIDER determines it cannot serve a particular individual because of issues related to the person's dangerousness, PROVIDER shall meet with COUNTY as requested to discuss reasonable accommodations that may permit PROVIDER to serve the individual.

PERSONS TO BE SERVED:

7. Eligibility for services shall be based on the following criteria: Dane County residency, at least 18 years of age, who has a diagnosed mental illness and has intensive support needs. Individual may also be dually diagnosed with one or more other significant disabilities.
8. PROVIDER shall specialize in serving individuals who cannot readily receive services from other contracted programs.

SERVICE METHODS/REPORTING:

9. PROVIDER's services shall include:
 - a. Service provision 24 hours per day, initially, with the goal of reducing staff as soon as health and safety of individual and staff will permit
 - b. Medication services and management
 - c. Crisis stabilization services and management
 - d. Emergency response and coordination 24/7

10. The Journey Mental Health Center Crisis Stabilization Clinical Supervisor shall provide clinical supervision of program staff according to DHS 34 regulations, as outlined in the DCDHS MA Crisis Stabilization Program Handbook. All of the supervision must include documentation identifying the specific staff, clients, program, date and time related to the supervision.
11. PROVIDER shall report to COUNTY as requested to meet Wisconsin Medicaid Cost Reporting (WIMCR) requirements.
12. PROVIDER shall develop person-centered treatment plans that are signed by the individual within 30 days of admission. A copy of the plan shall be made available to COUNTY upon request. Case note documentation shall be maintained on all individuals and must relate back to the treatment plan.
13. PROVIDER shall complete client satisfaction surveys at least annually.
14. Unless otherwise specified, PROVIDER shall obtain AFH certification for homes where services are provided. PROVIDER shall keep program certification up to date and submit verification to the COUNTY annually.
15. PROVIDER shall provide and maintain documentation of clinical supervision, as indicated in DHS 34.

TRANSPORTATION:

16. PROVIDER shall assist the individual consumer in getting rides to and from doctor appointments, court ordered services, general shopping and incidental transportation trips.

LENGTH OF SERVICE/TERMINATION:

17. PROVIDER shall terminate services when PROVIDER and COUNTY agree that the individual would be more appropriately served in another setting. COUNTY reserves the right to terminate placement due to concerns related client care and supervision.

SERVICE LOCATION:

1. PROVIDER shall provide services at the individual's own home, certified/licensed AFH, or licensed Group Home. See individual placement agreements for each placement address/location

DESIGNATED PROGRAM CONTACT:

2. A designated contact shall be named for each client served to coordinate internal programming and billing matters.

SYSTEMS MEETINGS/COORDINATION:

3. PROVIDER shall ensure that there is adequate communication with other service providers involved in the individual's care. The PROVIDER shall participate in regular coordination of care meetings with case management teams and COUNTY.
4. PROVIDER shall comply with COUNTY on all "General Features For Adult Behavioral Health System - 2021," attached to the General Agreement as Exhibit 1.

FUNDING/AUTHORIZATIONS/BILLING:

1. A Placement Agreement detailing the specific terms for placement shall be completed and signed for each individual served prior to initiating services. Placement Agreements shall be updated throughout the year to reflect adjustments in individual care needs and placement rates.
5. The PROVIDER shall bill Medical Assistance (MA) Crisis Stabilization for the provision of services, whenever appropriate. The PROVIDER agrees to meet all MA, State, and County requirements for the provision, documentation, and billing of these services, as outlined in the DCDHS MA Crisis Stabilization Program Handbook, Wisconsin Administrative Code 34, and the Forward Health MA Crisis Handbook.
6. The PROVIDER shall submit MA Crisis Stabilization billing data weekly to the DCDHS online MA Crisis Billing Portal
7. PROVIDER shall notify COUNTY within 2 business days if a client has lost health insurance coverage.

INCIDENT REPORTS/ USE OF RESTRICTIVE MEASURES:

8. PROVIDER shall adhere to incident reporting regulations and guidelines for all services provided in both licensed and unlicensed locations. An incident report must be filed with COUNTY within 24 hours of a critical incident, and 72 hours for all other incidents. An incident report must be completed in the following events/allegations: allegation of abuse (physical, mental/emotional, sexual, verbal, misappropriation of funds/property), death of client (accidental, anticipated, unanticipated, related to psychotropic medication, related to restraint/seclusion, related to suicide), law enforcement related (commission of a crime, victim of a crime, arrest, incarceration, missing person's report), neglect (environmental, fail to follow plan/poor care, medical/failure to seek, nutrition, unsafe/unsanitary environmental conditions, self-neglect, unanticipated absence of provider, error in medication resulting in significant reaction requiring medical attention), financial exploitation, unexpected serious illness/injury/accident, unexpected/untimely/urgent/emergency hospitalization, overdose of drugs or alcohol by participant, unexpected significant behavior which is not addressed in the treatment plan or ISP, emergency/unplanned use of isolation/seclusion/restraint, misuse of restraint or other restrictive measure, suicide attempt, significant damage to property, fire, unanticipated absence of participant. Failure to report incidents as required or in a timely manner may result in a full or partial disallowance of the funding claimed for the subject of the incident if it is determined that the participant's safety was not assured by the PROVIDER. If you have questions about if an incident that happened needs to have an incident report, consult with your contract manager from the COUNTY.
9. Use of restraints, seclusion, and/or restrictive measures must be approved and included in the Behavioral Support Plan for the client. Each incident of restraints, seclusions, and/or restrictive measures shall be documented by the placement provider and reported to COUNTY within 24 hours of use. Reason for use, and duration of the restrictive measure needs to be included in each report. A report of restrictive measures shall be sent to the client's guardian on at least a weekly basis or as requested more frequently by the guardian.

Sch A - Integrity
Ecker 10-20

INTEGRITY RESIDENTIAL SERVICES, INC.
SCHEDULE B - FISCAL

1. Billing Requirements for Support Service Home Care Program #12555:

PROVIDER shall submit claims to COUNTY for authorized Medicaid billable Crisis Intervention & Stabilization services provided, using the COUNTY's web-based Crisis billing system weekly, but no later than the 7th of the following month after the date of service.

Submitted claims must be complete and accurate in order for them to be processed. COUNTY shall submit completed claims to Forward Health monthly for reimbursement.

Additional billing procedures and requirements are located in the *Medicaid (MA) Crisis Stabilization Program Handbook*.

2. Regarding method of payment for Support Service Home Care Program # 12555:

PROVIDER shall submit monthly vouchers to COUNTY following the month of service. Monthly vouchers should include the total number of days that each client was present in the home for the month.

COUNTY will pay PROVIDER the monthly rate for clients who resided in the home the entire month. Monthly rates will be prorated for days that clients are out of the home.

3. **Regarding Budgets and Personnel Schedules for Program # 12555:**

This program is exempt from Section C, XXVI, item G of this contract.

4. **Regarding Final Settlement for Program # 12555:**

Final settlement will be completed per Section C, XXVI, P, item 2 of this contract.

5. 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.

6. 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 2020
January 2021