

# Contract Cover Sheet

**Note: Shaded areas are for County Executive review.** Res 361  
Significant

Department: HUMAN SERVICES		Contract/Addendum #: 83714			
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		Contract <span style="float: right;">Addendum</span>			
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Addendum, please include original contract number <input checked="" type="checkbox"/> POS <input type="checkbox"/> <input type="checkbox"/> Grant <input type="checkbox"/> <input type="checkbox"/> Co Lease <input type="checkbox"/> <input type="checkbox"/> Co Lessor <input type="checkbox"/> <input type="checkbox"/> Intergovernmental <input type="checkbox"/> <input type="checkbox"/> Purchase of Property <input type="checkbox"/> <input type="checkbox"/> Property Sale <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/>			
3. Term of Contract or Addendum: 1/1/17 - 12/31/17					
4. Amount of Contract or Addendum: \$ 2,871,929					
5. Purpose: NA - Not required when Human Services signs. to award the professional service contract for 2016.					
6. Vendor or Funding Source: Tellurian					
7. MUNIS Vendor Code: 7721					
8. Bid/RFP Number:					
9. Requisition Number:					
10. 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					
11. Are funds included in the budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
12. Account No. & Amount, Org & Obj. _____ Amount \$ _____		Account No. & Amount, Org & Obj. _____ Amount \$ _____			
Account No. & Amount, Org & Obj. _____ Amount \$ _____					
13. If this contract awards funds, a purchase requisition is necessary. Enter requisition # & year _____					
14. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the Resolution. <span style="float: right;">369-1 361</span> If Resolution has already been approved by the County Board, Resolution No. & date of adoption _____					
15. Does Domestic Partner equal benefits requirement apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
16. Director's Approval: <i>Symon Green</i>					
Human Services Only	a. Dane County Res. #		Approvals	Initials	Date
	b. HSD Res. ID#		g. Accountant	<i>SL</i>	10/27/16
	c. Program Manager Name	GRABOT/CAMPBELL	h. Supervisor	<i>SL</i>	11/7/16
	d. Current Contract Amount	-	i. To Provider	<i>SL</i>	11-2-16
	e. Adjustment Amount	2,871,929	j. From Provider	<i>SL</i>	11-16-16
	f. Revised Contract Amount	2,871,929	k. Corporation Counsel	<i>SL</i>	11-16-16
<b>Contract Review/Approvals</b>				<b>Vendor</b>	
Initials	Ftnt	Date In	Date Out	Vendor Name/Address	
<i>Mg</i> Received		11-28-16		Contact Person	
<i>SL</i> Controller			11/29/16	Phone No.	
N/A Corporation Counsel	See "k" above			E-mail Address	
<i>SL</i> Risk Management		11/29/16	11/29/16		
<i>SL</i> Purchasing		11/30/16	11/30/16		
County Executive					

**Footnotes:**

- 1.
- 2.

<b>Return to:</b> 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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**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: 11-16-16

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: 11-16-16

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: 14/6/16

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).

**DCDHS - COUNTY OF DANE**  
**Purchase of Services Agreement**

Agreement No: 83714  
Begin Date: 1/1/2017  
Expiration Date: 12/31/2017  
Authority: Res. NA  
Maximum Cost: \$ 2,871,927  
Number of Pages: 56  
Corporation Counsel Approval:      11/16/16

**THIS AGREEMENT** is made and entered into by and between the County of Dane (hereafter referred to as "COUNTY") and Tellurian, Inc. fka Tellurian U.C.A.N. Inc. (hereafter, "PROVIDER"), as of the respective dates representatives of both parties have affixed their respective signatures.

**WHEREAS COUNTY**, whose address is 1202 Northport Drive, Madison, WI 53704, desires to purchase services from PROVIDER, whose address is 5900 Monona Drive Ste 300, Monona WI 53716 for the purpose of:

- Housing/Energy Assistance (SPC 106)
- CBRF (SPC 506)
- CBRF 5-8 Licensed Beds (SPC 506.61)
- CBRF 9-16 Beds (SPC 506.64)
- Counseling and Therapeutic Resources (SPC 507.03)
- Community Recovery Service (SPC 511)
- Outreach (SPC 601)
- Intake Assessment (SPC 603)
- Case Management (SPC 604)
- Day Treatment (SPC 704.10)

These services are more particularly described in Section 1 of Schedule A.

**AND WHEREAS** Provider is able and willing to provide such services;

**NOW, THEREFORE**, in consideration of the mutual covenants of the parties hereinafter set forth, the receipt and sufficiency of which is acknowledged by each party for itself, COUNTY and PROVIDER do agree as follows:

*[End of Page]*

I. **TERM.**

The term of this Agreement shall commence as of the *Begin Date* and shall end as of the *Expiration Date*, both of which are set forth on page one (1) hereof. PROVIDER shall complete its service obligations under this Agreement not later than the *Expiration Date*. COUNTY shall not be liable for any services performed by PROVIDER other than during the term of this Agreement. COUNTY shall never pay more than the *Maximum Cost* as stated above for all services.

II. **SERVICES.**

- A. PROVIDER agrees to provide the services detailed in the bid specifications, if any; the request for proposals (RFP) and PROVIDER's response thereto, if any; and on the attached *Schedule A*, which is fully incorporated herein by reference. In the event of a conflict between or among the bid specifications, the RFP or responses thereto, or the terms of *Schedule A* or any of them, it is agreed that the terms of *Schedule A*, to the extent of any conflict, are controlling.
- B. PROVIDER shall furnish the services contained in and comply with the performance and productivity requirements contained in the *Program Summary* document, which is attached hereto and fully incorporated herein by reference. PROVIDER shall complete its obligations under this Agreement in a sound, economical and efficient manner in accordance with this Agreement and all applicable laws.
- C. COUNTY will make payments for services rendered under this Agreement as and in the manner specified herein and in *Schedule B*, which, if attached, is fully incorporated herein by reference.
- D. PROVIDER agrees to make such reports as are required by this Agreement and in the attached *Schedule C*, which is fully incorporated herein by reference.
- E. PROVIDER agrees to secure at PROVIDER's own expense all personnel with the necessary training, supervision and qualifications necessary to carry out PROVIDER's obligations under this Agreement. Such personnel shall not be deemed to be employees of COUNTY. PROVIDER shall ensure PROVIDER's personnel are instructed that they will not have any direct contractual relationship with COUNTY. COUNTY shall not participate in or have any authority over any aspect of PROVIDER's personnel policies and practices, and shall not be liable for actions arising from such policies and practices.
- F. COUNTY shall have the right to request replacement of personnel. PROVIDER shall comply where such personnel are deemed by COUNTY to present a risk to consumers. In other instances, PROVIDER and COUNTY shall cooperate to reach a reasonable resolution of the issue.
- G. PROVIDER warrants that it has complied with all necessary requirements to do business in the State of Wisconsin.
- H. PROVIDER shall notify COUNTY immediately, in writing, of any change in its registered agent, his or her address, and/or PROVIDER's legal status. For a partnership, the term 'registered agent' shall mean a general partner.
- I. PROVIDER understands that time is of the essence.
- J. Unless specified differently herein, a PROVIDER shall maintain a consistent volume of service delivery throughout the months of the Agreement as determined by COUNTY.

**SECTION A**  
(Non-Discrimination)

III. **NON-DISCRIMINATION.**

- A. During the term of this Agreement, PROVIDER agrees not to discriminate on the basis of age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest record or conviction record, military participation or membership in the national guard, state defense force or any other reserve component of the military forces of the United States, or political

beliefs against any person, whether a recipient of services (actual or potential) or an employee or applicant for employment. Such equal opportunity shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, advertising, layoff, termination, training, rates of pay, and any other form of compensation or level of service(s).

- B. PROVIDER agrees to post in conspicuous places, available to all employees, service recipients and applicants for employment and services, notices setting forth the provisions of this paragraph. The listing of prohibited bases for discrimination shall not be construed to amend in any fashion state or federal law setting forth additional bases, and exceptions shall be permitted only to the extent allowable in state or federal law.

**IV. AFFIRMATIVE ACTION.**

- A. If PROVIDER has twenty (20) or more employees and receives \$20,000 in annual contracts with COUNTY, PROVIDER shall file an Affirmative Action Plan with the Dane County Contract Compliance Officer in accord with Chapter 19 of the Dane County Code of Ordinances. Such plan must be filed within fifteen (15) days of the effective date of this Agreement and failure to do so by said date shall constitute grounds for immediate termination of this Agreement by COUNTY.
- B. PROVIDER shall also, during the term of this Agreement, provide copies of all announcements of employment opportunities to COUNTY's Contract Compliance office, and shall report annually the number of persons, by race, ethnicity, gender, and disability, status, who apply for employment and, similarly classified, the number hired and the number rejected.
- C. PROVIDER agrees to furnish all information and reports required by COUNTY's Contract Compliance Officer as the same relate to affirmative action and nondiscrimination, which may include any books, records, or accounts deemed appropriate to determine compliance with Chapter 19, D. C. Ords., and the provisions of this Agreement.

**V. AMERICANS WITH DISABILITIES ACT COMPLIANCE.**

- A. PROVIDER and all Subcontractors agree not to discriminate on the basis of disability in accordance with The Americans with Disabilities Act (ADA) of 1990, the Wisconsin Statutes secs. 111.321 and 111.34, and Chapter 19 of the Dane County Code of Ordinances. PROVIDER agrees to post in conspicuous places, available to employees, service recipients, and applicants for employment and services, notices setting forth the provisions of this paragraph.
- B. PROVIDER shall give priority to those methods that offer programs and activities to disabled persons in the most integrated setting. Where service or program delivery is housed in an inaccessible location, and accessible alterations are not readily achievable, PROVIDER agrees to offer "programmatically accessibility" to recipients (real or potential) of said services and programs (e.g. change time/location of service).
- C. PROVIDER agrees that it will employ staff with special translation and sign language skills appropriate to the needs of the client population, or will purchase the services of qualified adult interpreters who are available within a reasonable time to communicate with hearing impaired clients. PROVIDER agrees to train staff in human relations techniques and sensitivity to persons with disabilities. PROVIDER agrees to make programs and facilities accessible, as appropriate, through outstations, authorized representatives, adjusted work hours, ramps, doorways, elevators, or ground floor rooms. PROVIDER agrees to provide, free of charge, all documents necessary to its clients' meaningful participation in PROVIDER's programs and services in alternative formats and languages appropriate to the needs of the client population, including, but not limited to, Braille, large print and verbally transcribed or translated taped information. The PROVIDER agrees that it will train its staff on the content of these policies and will invite its applicants and clients to identify themselves as persons needing additional assistance or accommodations in order to apply for or participate in PROVIDER's programs and services.

**VI. BILINGUAL SERVICES.**

PROVIDER agrees to maintain comprehensive policies to ensure compliance with Title VI of the Civil Rights Act of 1964, as updated to address the needs of employees and clients with limited English proficiency. PROVIDER agrees that it will employ staff with bilingual or special foreign language translation skills appropriate to the needs of the client population, or will purchase the services of qualified adult interpreters who are available within a reasonable time to communicate with clients who have limited English proficiency. PROVIDER will provide, free of charge, all documents necessary to its clients' meaningful participation in PROVIDER's programs and services in alternative languages appropriate to the needs of the client population. PROVIDER agrees that it will train its staff on the content of these policies and will invite its applicants and clients to identify themselves as persons needing additional assistance or accommodations in order to apply or participate in PROVIDER's programs and services.

**VII. CIVIL RIGHTS COMPLIANCE.**

- A. If PROVIDER has twenty (20) or more employees and receives \$20,000 in annual contracts with COUNTY, the PROVIDER shall submit to the COUNTY a current Civil Rights Compliance Plan (CRC) for Meeting Equal Opportunity Requirements under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title VI and XVI of the Public Service Health Act, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 and Americans with Disabilities Act (ADA) of 1990. PROVIDER shall also file an Affirmative Action (AA) Plan with COUNTY in accordance with the requirements of Chapter 19 of the Dane County Code of Ordinances. PROVIDER shall submit a copy of its discrimination complaint form with its CRC/AA Plan. The CRC/AA Plan must be submitted prior to the effective date of this Agreement and failure to do so by said date shall constitute grounds for immediate termination of this Agreement by COUNTY. If an approved plan has been received during the previous CALENDAR year, a plan update is acceptable. The plan may cover a two-year period. Providers who have less than twenty employees, but who receive more than \$20,000 from the COUNTY in annual contracts, may be required to submit a CRC Action Plan to correct any problems discovered as the result of a complaint investigation or other Civil Rights Compliance monitoring efforts. If PROVIDER submits a CRC/AA Plan to a Department of Workforce Development Division or to a Department of Health Services Division that covers the services purchased by Dane County, a verification of acceptance by the State of PROVIDER's Plan is sufficient.
- B. PROVIDER agrees to comply with the COUNTY's civil rights compliance policies and procedures. PROVIDER agrees to comply with civil rights monitoring reviews performed by the COUNTY, including the examination of records and relevant files maintained by the PROVIDER. PROVIDER agrees to furnish all information and reports required by the COUNTY as they relate to affirmative action and non-discrimination. The PROVIDER further agrees to cooperate with the COUNTY in developing, implementing, and monitoring corrective action plans that result from any reviews.
- C. PROVIDER shall post the Equal Opportunity Policy; the name of the PROVIDER's designated Equal Opportunity Coordinator and the discrimination complaint process in conspicuous places available to applicants and clients of services, and applicants for employment and employees. The complaint process will be according to COUNTY's policies and procedures and made available in languages and formats understandable to applicants, clients and employees. PROVIDER shall supply to the Dane County Contract Compliance Officer upon request a summary document of all client complaints related to perceived discrimination in service delivery. These documents shall include names of the involved persons, nature of the complaints, and a description of any attempts made to achieve complaint resolution.
- D. PROVIDER shall provide copies of all announcements of new employment opportunities to the Dane County Contract Compliance Officer when such announcements are issued.
- E. If PROVIDER is a government entity having its own compliance plan, PROVIDER's plan shall govern PROVIDER's activities.

**VIII. EQUAL BENEFITS REQUIREMENT.**

PROVIDER will comply with section 25.016 of Dane County Code of Ordinances by providing the same economic benefits to all of its employees with domestic partners as it does to employees with spouses or the cash equivalent if such a benefit cannot reasonably be provided. PROVIDER agrees to make available for inspection by COUNTY the PROVIDER's payroll records relating to employees providing services under this Agreement. If PROVIDER's payroll records contain any false, misleading, or fraudulent information, or if PROVIDER fails to comply with the provision of s. 25.016 of the Dane County Code of Ordinances, COUNTY's Contract Compliance Officer may withhold payments; terminate, cancel, or suspend this Agreement in whole or in part; or, after a due process hearing, deny PROVIDER the right to participate in bidding on future county contracts for a period of one year after a first violation is found and for a period of three years after a second or subsequent violation is found. Contracts only involving the purchase of goods, or contracts with a school district, municipality or other unit of government are exempt from the requirements of this section.

**IX. EQUAL OPPORTUNITY NOTICE.**

In all solicitations for employment placed on PROVIDER's behalf during the term of this Agreement, PROVIDER shall include a statement to the effect that PROVIDER is an "Equal Opportunity Employer".

**SECTION B**  
(General Terms)

**X. ASSIGNMENT AND TRANSFER.**

PROVIDER shall neither assign nor transfer any interest or obligation in this Agreement without the prior written consent of COUNTY, unless otherwise provided herein. Claims for money due to PROVIDER from COUNTY under this Agreement may be assigned to a bank, trust company or other financial institution without COUNTY consent if and only if the instrument of assignment provides that the right of the assignee in and to any amounts due or to become due to PROVIDER shall be subject to prior claims of all persons, firms and corporations for services rendered or materials supplied for the performance of the work called for in this Agreement. PROVIDER shall furnish COUNTY with notice of any such assignment or transfer.

**XI. CONFIDENTIALITY.**

A. PROVIDER agrees to comply with all pertinent federal and state statutes, rules, regulations and county ordinances related to confidentiality. Further, COUNTY and PROVIDER agree that:

1. Client specific information, including, but not limited to, information which would identify any of the individuals receiving services under this Agreement, shall at all times remain confidential and shall not be disclosed to any unauthorized person, forum, or agency except as permitted or required by law.
2. PROVIDER knows and understands it is not entitled to any client specific information unless it is released to persons who have a specific need for the information which is directly connected to the delivery of services to the client under the terms of this Agreement and only where such persons require the requested information to carry out official functions and responsibilities.
3. Upon request from COUNTY, client specific information, including but not limited to treatment information, shall be exchanged between PROVIDER and COUNTY, consistent with applicable federal and state statutes, for the following purposes:
  - a. Research (names and specific identifying information not to be disclosed);
  - b. Fiscal and clinical audits and evaluations;
  - c. Coordination of treatment or services; and
  - d. Determination of conformance with court-ordered service plans.

B. Health Insurance Portability and Accountability Act of 1996 (HIPAA) Applicability.

1. The PROVIDER agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all relevant regulations as from time to time amended, to the extent those regulations

apply to the services the PROVIDER provides or purchases with funds provided under this Agreement.

2. In addition, certain functions included in this Agreement may be covered within HIPAA rules. As such, the COUNTY must comply with all provisions of the law. If COUNTY has determined that PROVIDER is a "Business Associate" within the context of the law, PROVIDER will sign and return the attached Business Associate Agreement, which will be included and made part of this Agreement.

**XII. COOPERATION.**

- A. PROVIDER agrees to cooperate with departments, agencies, employees and officers of COUNTY in providing the services described herein.
- B. Where PROVIDER furnishes counseling, care, case management, service coordination or other client services and COUNTY requests PROVIDER or any of PROVIDER's employees to provide evidence in a court or other evidentiary proceeding regarding the services provided to any named client or regarding the client's progress given services provided, services purchased under this Agreement include PROVIDER making itself or its employees available to provide such evidence requested by COUNTY as authorized by law.

**XIII. COUNTY LOGO.** PROVIDER agrees to display the Dane County Department of Human Services (DCDHS) logo in its waiting rooms and incorporate the logo in all PROVIDER publications and stationery that pertain to services funded by COUNTY. Costs associated with display of the logo are the responsibility of COUNTY.

**XIV. DELIVERY OF NOTICES.**

Notices, bills, invoices and reports required by this Agreement shall be deemed delivered as of the date of postmark if deposited in a United States mailbox, first class postage attached, addressed to a party's address as set forth in this Agreement. Any party changing its address shall notify the other party in writing within five (5) business days.

**XV. DISPUTE RESOLUTION.**

A. **Good Faith Efforts.** In the event of a dispute between PROVIDER and COUNTY involving the interpretation or application of the contents of this Agreement, PROVIDER and COUNTY agree to make good faith efforts to resolve grievances informally.

B. **Formal Procedure.** In the event informal resolution is not achieved, COUNTY and PROVIDER shall follow the following procedure to resolve all disputes:

**Step 1:** PROVIDER's Chief Executive Officer shall present a description of the dispute and PROVIDER's position, in writing, to COUNTY's Division Manager within fifteen (15) working days of gaining knowledge of the issue. The description shall cite the provision or provisions of this Agreement that are in dispute and shall present all available factual information supporting PROVIDER's position. Failure to timely provide said document constitutes a waiver of PROVIDER's right to dispute the item.

**Step 2:** Both parties shall designate representatives, who shall attempt to reach a mutually satisfactory resolution within the fifteen (15) working days after mailing of the written notice.

**Step 3:** If resolution is not reached in Step 2, COUNTY's Division Manager shall provide in writing by mail, an initial decision. Said decision shall be binding until and unless a different decision is reached as outlined below.

**Step 4:** PROVIDER's Chief Executive Officer or equivalent may request a review of the initial decision by mailing a written request to COUNTY's Human Services Director within fifteen (15) working days of the receipt of the initial decision. Failure to timely provide said request constitutes a waiver of PROVIDER's right to dispute the item.



**Step 5:** COUNTY's Human Services Director shall respond to the request for review by mailing a final written decision to PROVIDER within fifteen (15) working days of receipt of the request.

**Step 6:** PROVIDER's Chief Executive Officer or equivalent may request a review by the County Executive of the final decision by mailing said request within fifteen (15) working days of the postmarked date of the final decision. Failure to timely provide said request constitutes a waiver of PROVIDER's right to dispute the item.

**Step 7:** The County Executive shall provide a final decision by mailing it to PROVIDER within fifteen (15) working days following the postmarked date of the request for a review. The decision of the County Executive is final and binding on the parties.

C. **Client Grievance Procedure.**

1. PROVIDER shall have a written client grievance procedure approved by COUNTY, posted in its service area, at all times during the term of this Agreement and made available to each client upon admission.
2. Where clients may be entitled to an administrative hearing concerning eligibility, PROVIDER will cooperate with COUNTY in providing notice of said eligibility to clients.

**XVI. EMERGENCY PLANNING.**

A. In order for PROVIDER and the people PROVIDER serves to be prepared for an emergency such as a tornado, flood, blizzard, electrical blackout, pandemic and/or other natural or man-made disaster, PROVIDER shall develop a written plan that at a minimum addresses:

1. The steps PROVIDER has taken or will be taking to prepare for an emergency;
2. Which of PROVIDER's services will remain operational during an emergency;
3. The role of staff members during an emergency;
4. PROVIDER's order of succession, evacuation and emergency communications plans, including who will have authority to execute the plans and/or to evacuate the facility;
5. Evacuation routes, means of transportation and use of alternate care facilities and service providers, (such as pharmacies) with which PROVIDER has emergency care agreements in place;
6. How PROVIDER will assist clients/consumers to individually prepare for an emergency; and
7. How essential care records will be protected, maintained and accessible during an emergency.

A copy of the written plan should be kept at each of PROVIDER's office(s).

B. Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs shall assure at-risk clients/consumers are provided for during an emergency.

**XVII. FAIR LABOR STANDARDS COMPLIANCE.**

A. **Reporting Adverse Findings.** During the term of this Agreement, PROVIDER shall report to the County Contract Compliance Officer, within ten (10) days, any allegations to, or findings by the National Labor Relations Board (NLRB) or Wisconsin Employment Relations Commission (WERC) that PROVIDER has violated a statute or regulation regarding labor standards or relations. If an investigation by the Contract Compliance Officer results in a final determination that the matter adversely affects PROVIDER's responsibilities under this Agreement, and which recommends termination, suspension or cancellation of this Agreement, COUNTY may take such action.

B. **Appeal Process.** PROVIDER may appeal any adverse finding by the Contract Compliance Officer as set forth in sec. 25.015(11)(c) through (e), D.C. Ords.

C. **Notice Requirement.** PROVIDER shall post the following statement in a prominent place visible to employees: "As a condition of receiving and maintaining a contract with Dane

County, this employer shall comply with federal, state and all other applicable laws prohibiting retaliation for union organizing.”

**XVIII. INDEMNIFICATION BY PROVIDER.**

- A. To the fullest extent permitted by law, PROVIDER shall indemnify, hold harmless and defend COUNTY, its boards, commissions, agencies, officers, agents, volunteers, employees and representatives against any and all liability, claims, losses (including, but not limited to, property damage, bodily injury and loss of life), damages, costs or expenses (including, but not limited to, court costs, as well as fees and charges of attorney(s)) which COUNTY, its officers, employees, agencies, boards, commissions and representatives may sustain, incur or be required to pay by reason of PROVIDER furnishing the services or goods required to be provided under this Agreement, provided, however, that the provisions of this paragraph shall not apply to liabilities, claims, damages, losses, charges, costs, or expenses caused by or arising from the acts or omissions of COUNTY, its agencies, boards, commissions, officers, agents, volunteers, employees or representatives. The obligations of PROVIDER under the paragraph shall apply to liability, claims, losses, damages, costs or expenses arising from any aspect of PROVIDER's personnel policies or practices, because, except as otherwise provided herein, it is understood that COUNTY assumes no control over PROVIDER's business operations, methods or procedures.
- B. COUNTY reserves the right, but not the obligation, to participate in defense without relieving PROVIDER of any obligation under this paragraph.
- C. The obligations of PROVIDER under this paragraph shall survive the expiration or termination of this Agreement.
- D. The requirements of this section are waived where PROVIDER is the State of Wisconsin.

**XIX. INSURANCE.**

- A. In order to protect itself and COUNTY, its officers, boards, commissions, agencies, agents, volunteers, employees and representatives under the indemnity provisions of *paragraph XV*, PROVIDER shall, at PROVIDER's own expense, obtain and at all times during the term of this Agreement keep in full force and effect the insurance coverages, limits, and endorsements listed below. Neither these requirements nor the COUNTY's review or acceptance of PROVIDER's certificates of insurance is intended to limit or qualify the liabilities or obligations assumed by the PROVIDER under this Agreement.
  - 1. Commercial General Liability.  
PROVIDER agrees to maintain Commercial General Liability at a limit of not less than \$1,000,000 per occurrence. Coverage shall include, but not be limited to, Bodily Injury and Property Damage to Third Parties, Contractual Liability, Personal Injury and Advertising Injury Liability, Premises-Operations, Independent PROVIDERs and Subcontractors, and Fire Legal Liability. The policy shall not exclude Explosion, Collapse, and Underground Property Damage Liability Coverage. The policy shall list DANE COUNTY as an Additional Insured.
  - 2. Commercial/Business Automobile Liability.  
PROVIDER agrees to maintain Commercial/Business Automobile Liability at a limit of not less than \$1,000,000 Each Occurrence. PROVIDER further agrees coverage shall include liability for Owned, Non-Owned & Hired automobiles. In the event PROVIDER does not own automobiles, PROVIDER agrees to maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.
  - 3. Professional Liability.  
PROVIDER agrees to maintain Professional Liability at a limit of not less than \$1,000,000 per claim with a \$1,000,000 aggregate for all PROVIDER's professional employees. The coverage shall include Unintentional

Errors/Omissions Endorsement. There shall be an extended reporting period provision of not less than two years.

4. **Workers' Compensation.**  
PROVIDER agrees to maintain Workers Compensation insurance at Wisconsin statutory limits.
  5. **Umbrella or Excess Liability.**  
PROVIDER may satisfy the minimum liability limits required above for Commercial General Liability and Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum Per Occurrence limit of liability under the Umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for the Commercial General Liability and Business Auto Liability. PROVIDER agrees to list DANE COUNTY as an "Additional Insured" on its Umbrella or Excess Liability policy.
- B. **PROVIDER Prohibited from Waiving COUNTY's Right to Subrogation:** When obtaining required insurance under this Agreement and otherwise, PROVIDER agrees to preserve COUNTY's subrogation rights in all such matters that may arise that are covered by PROVIDER's insurance.
  - C. Upon execution of this Agreement, PROVIDER shall furnish COUNTY with a Certificate of Insurance listing COUNTY as an additional insured and, upon request, certified copies of the required insurance policies. If PROVIDER's insurance is underwritten on a Claims-Made basis, the Retroactive Date shall be prior to or coincide with the date of this Agreement, the Certificate of Insurance shall state that professional malpractice or errors and omissions coverage, if the services being provided are professional services coverage is Claims-Made and indicate the Retroactive Date, PROVIDER shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement. PROVIDER shall furnish COUNTY, annually on the policy renewal date, a Certificate of Insurance as evidence of coverage. It is further agreed that PROVIDER shall furnish the COUNTY with a 30-day notice of aggregate erosion, in advance of the Retroactive Date, cancellation, or renewal. It is also agreed that on Claims-Made policies, either PROVIDER or COUNTY may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by PROVIDER. In the event any action, suit or other proceeding is brought against COUNTY upon any matter herein indemnified against, COUNTY shall give reasonable notice thereof to PROVIDER and shall cooperate with PROVIDER's attorneys in the defense of the action, suit or other proceeding. PROVIDER shall furnish evidence of adequate Worker's Compensation Insurance. In case of any sublet of work under this Agreement, PROVIDER shall furnish evidence that each and every subcontractor has in force and effect insurance policies providing coverage identical to that required of PROVIDER.
  - D. COUNTY, acting at its sole option and through its Risk Manager, may waive any and all insurance requirements. Waiver is not effective unless in writing. Such waiver may include or be limited to a reduction in the amount of coverage required above. The extent of waiver shall be determined solely by COUNTY's Risk Manager taking into account the nature of the work and other factors relevant to COUNTY's exposure, if any, under this Agreement.
  - E. In case of any sublet of work under this Agreement, PROVIDER shall furnish evidence that each and every subcontractor has in force and effect insurance policies providing coverage identical to that required of PROVIDER.
  - F. The requirements of this section are waived where PROVIDER is the State of Wisconsin.

**XX. LICENSE, CERTIFICATION AND STANDARD COMPLIANCE.**

- A. **Service Standards.** PROVIDER shall meet State and Federal service standards, certifications and assurances as expressed by State and Federal statutes, rules, and regulations applicable to the services covered by this Agreement, including all regulations applicable to the expenditure and reporting of funds for services purchased by this

Agreement. PROVIDER certifies that it is not debarred, suspended or declared ineligible from participating in federal assistance programs.

- B. **Licenses and Certifications.** Where required by law, PROVIDER must, at all times, be licensed or certified by either the State or County as a qualified provider of the services purchased hereby. PROVIDER shall fully cooperate with licensing and certification authorities. PROVIDER shall submit copies of the required licenses or certifications upon request by COUNTY. PROVIDER shall promptly notify COUNTY in writing of any citation PROVIDER receives from any licensing or certification authority, including all responses and correction plans.
- C. **County Standards.** Where COUNTY wants to apply a specific set of standards to PROVIDER not contrary to state and federal regulations, the same are specified or are specifically referred to in this Agreement.
- D. **Background Checks.** PROVIDER agrees to do background checks for all employees having regular contact with children, the elderly or vulnerable adults, including caregiver background checks where required by law.
- E. **Notification.** PROVIDER shall notify the COUNTY promptly, in writing, if it is unable to comply with any of the above requirements.

**XXI. LIVING WAGE.**

- A. PROVIDER agrees to pay all workers employed by PROVIDER in the performance of this Agreement, whether on a full-time or part-time basis, the prevailing living wage as defined in section 25.015(1)(f), Dane County Ordinances. PROVIDER agrees to make available for COUNTY inspection PROVIDER's payroll records relating to employees providing services under this Agreement or a subcontract.
- B. If any payroll records of PROVIDER contain any false, misleading or fraudulent information, or if PROVIDER fails to comply with the provisions of section 25.015 of the Dane County Code of Ordinances, COUNTY may withhold payments on the Agreement, terminate, cancel or suspend the Agreement in whole or in part, or, after a due process hearing, deny PROVIDER the right to participate in bidding on future county contracts for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.
- C. PROVIDER agrees to submit a certification as required in section 25.015(7) of the Dane County Code of Ordinances.
- D. PROVIDER agrees to display COUNTY's current living wage poster in a prominent place where it can be easily seen and read by persons employed by PROVIDER.
- E. PROVIDER shall ensure that any subcontractors conform to the provisions of this section.
- F. The following are exemptions from the requirements of this section:
  - 1. When the *Maximum Cost* of the Agreement is less than \$5,000;
  - 2. When the provider is a school district, a municipality, or other unit of government;
  - 3. When the County is purchasing residential services at an established per bed rate;
  - 4. When employees are persons with disabilities working in employment programs and the provider holds a current sub-minimum wage certificate issued by the U.S. Department of Labor or where such a certificate could be issued but for the fact that the employer is paying a wage higher than the minimum wage;
  - 5. When an individual receives compensation for providing services to a family member;
  - 6. When employees are student interns;
  - 7. When the provider meets any other criteria for exemption outlined in section 25.015(1)(d) of the Dane County Code of Ordinances;
  - 8. Where this Agreement is funded by a government agency requiring a different living wage, the higher wage requirement shall prevail.

- G. COUNTY at its sole discretion may fund all, part or none of PROVIDER's obligation to pay its employees living wages under section 25.015 of the Dane County Code of Ordinances. If PROVIDER fails to provide COUNTY living wage survey information by the due date set by COUNTY, it shall forfeit any funds COUNTY may have otherwise provided for this purpose.

**XXII. NO WAIVER OF RIGHT OF RECOVERY.**

In no event shall the making of any payment or acceptance of any service or product required by this Agreement constitute or be construed as a waiver by COUNTY of any breach of the covenants of this Agreement or a waiver of any default of PROVIDER. The making of any such payment or acceptance of any such service or product by COUNTY while any such default or breach shall exist shall in no way impair or prejudice the right of COUNTY with respect to recovery of damages or other remedy as a result of such breach or default.

**XXIII. PATENTS AND INVENTIONS.** PROVIDER may elect to retain the entire right, title and interest to any invention conceived or first actually reduced to practice in the performance of this Agreement as provided by 37 CFR 401. In the event any invention results from work performed jointly by PROVIDER and COUNTY, the invention(s) shall be jointly owned.

**XXIV. PENALTIES.**

- A. PROVIDER shall provide immediate notice in the event it will be unable to meet any deadline, including deadlines for filing reports, set by COUNTY. Concurrent with notification, PROVIDER shall submit either a request for an alternative deadline or other course of action or both. COUNTY may grant or deny the request. COUNTY has the prerogative to withhold payment to PROVIDER upon denial of request or until any condition set by COUNTY is met. In the case of contracts that have been renewed or continued from a previous contractual period, COUNTY may withhold payment in the current period for failures that occurred in a previous period.
- B. If COUNTY is liable for damages sustained as a result of breach of this Agreement by PROVIDER, COUNTY may withhold payments to PROVIDER as set off against said damages.
- C. If, through any act of or failure of action by PROVIDER, COUNTY is required to refund money to a funding source or granting agency, PROVIDER shall pay to COUNTY within ten (10) working days, any such amount along with any interest and penalties.

**XXV. RECORDS.**

- A. **Open Records Requests.** PROVIDER agrees to assist COUNTY in promptly fulfilling or answering any open records request, in the manner determined by COUNTY, of a record not protected by a law requiring confidentiality that PROVIDER keeps or maintains on behalf of COUNTY.
- B. **Records Retention.** PROVIDER shall retain any record required to be kept on behalf of COUNTY for a period of not less than seven (7) years unless a shorter period of retention is authorized by applicable law or for a longer period of time if required by law.
- C. **Records Ownership.**
1. It is understood that in the event this Agreement terminates for any reason, COUNTY, at its option may take ownership of all records created for the purpose of providing and facilitating provision of services under the Agreement.
  2. If, as the result of the expiration or termination of this Agreement, PROVIDER discontinues services provided under this Agreement to any client who continues to require such service, COUNTY shall have the right to take immediate physical custody of any of the client's records that are necessary to facilitate the transition of services to another provider of such service, including, but not limited to, all documents, electronic data, products and services prepared or produced by PROVIDER under this Agreement.

**XXVI RENEGOTIATION.**

- A. This Agreement or any part thereof, may be renegotiated at the option of COUNTY in the case of: 1) increased or decreased volume of services; 2) changes required by Federal or State law or regulations or court action; 3) cancellation, increase or decrease in funding; 4) changes in service needs identified by COUNTY; 5) PROVIDER's failure to provide monthly services purchased; or 6) upon any mutual agreement. PROVIDER agrees to renegotiate in good faith if COUNTY exercises this option.
- B. Any agreement reached pursuant to renegotiation shall be acknowledged through a written Agreement addendum signed by COUNTY and PROVIDER.
- C. Changes to the number of units purchased under this Agreement pursuant to renegotiation shall be reflected by amendment to the *Program Summary*.
- D. If PROVIDER refuses to renegotiate in good faith as required by this section, COUNTY may either terminate the Agreement or unilaterally adjust payments downward to reflect COUNTY's best estimate of the volume of services actually delivered by PROVIDER under this Agreement.

**XXVII. TERMINATION, SUSPENSION AND/OR MODIFICATION.**

This Agreement may be terminated and/or its terms may be modified or altered as follows:

- A. Either party may terminate the Agreement, for any reason, at any time upon ninety (90) days written notice.
- B. Failure of PROVIDER to fill any of its obligations under the Agreement in a timely manner or violation by PROVIDER of any covenants or stipulations contained in this Agreement shall constitute grounds for COUNTY to terminate this Agreement upon ten (10) days written notice of the effective date of termination.
- C. The following shall constitute grounds for immediate termination:
  - 1. Violation by PROVIDER of any state, federal or local law, or failure by PROVIDER to comply with any applicable state and federal service standards, as expressed by applicable statutes, rules and regulations.
  - 2. Failure by PROVIDER to carry applicable licenses or certifications as required by law.
  - 3. Failure of PROVIDER to comply with reporting requirements contained herein.
  - 4. Inability of PROVIDER to perform the work provided for herein.
  - 5. Exposure of a client to immediate danger when interacting with PROVIDER.
- D. In the event of cancellation or reduction of state, federal or county funding upon which COUNTY relies to fulfill its obligations under this Agreement, PROVIDER agrees and understands that COUNTY may take any of the following actions:
  - 1. COUNTY may terminate this Agreement, upon thirty (30) days written notice.
  - 2. COUNTY may suspend this Agreement without notice for purposes of evaluating the impact of changed funding.
  - 3. COUNTY may reduce funding to PROVIDER upon thirty (30) days written notice. If COUNTY opts to reduce funding under this provision, COUNTY may, after consultation between PROVIDER and COUNTY's contract manager or designee, specify the manner in which PROVIDER accomplishes said reduction, including, but not limited to, directing PROVIDER to reduce expenditures on designated goods, services and/or costs.
- E. Failure of the Dane County Board of Supervisors or the State or Federal Governments to appropriate sufficient funds to carry out COUNTY's obligations hereunder or failure of PROVIDER to timely commence the contracted for services, shall result in automatic termination of this Agreement as of the date funds are no longer available, without notice.
- F. Termination or reduction actions taken by COUNTY under this Agreement are not subject to the review process set forth in Section XV B of this document.

**SECTION C**  
(Financial Terms)

**XXVIII. FINANCIAL PROVISIONS.**

A. **Accounting.** The *Wisconsin Allowable Cost Policy Manual* shall determine eligible reimbursable expenses. PROVIDER shall adhere to the *State of Wisconsin's Allowable Cost Policy Manual*, including revisions and updates and return to COUNTY any funding paid in excess of allowable costs.

B. **Method of Payment.** PROVIDER shall be paid for its services as indicated below.

1. **Monthly Expense Reimbursement:** Expenses incurred by PROVIDER shall be reimbursed by COUNTY on a monthly basis. Requests for payment shall be made on COUNTY's Payment Voucher (Form 014-64-05) and submitted to COUNTY within twenty-five (25) days after the month of service. This provision will be applicable to the following programs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Unit of Service Reimbursement:** Units of service provided shall be paid by COUNTY on a monthly basis. Requests for payment shall be made on COUNTY's Payment Voucher (Form 014-64-05) or a monthly billing statement and submitted to COUNTY within twenty-five (25) days after the month of service. This provision will be applicable to the following programs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Monthly Advance Payment with Year End Reconciliation:** PROVIDER shall be advanced equal monthly payments consisting of the annual Agreement amount divided by the number of months covered under this Agreement. The last monthly payment to PROVIDER may be adjusted to actual expenses anticipated for the Agreement term. Request for payment shall be made on COUNTY's Payment Voucher (Form 014-64-05) and submitted to COUNTY by the first of the month previous to the month the payment is to be issued. This provision will be applicable to the following programs:

\_\_\_\_\_  
programs 6126, 1343, 12169, 4608, 6042, 3503  
\_\_\_\_\_

4. **Other Method of Payment:** This method is described in Schedule B for the following programs:

\_\_\_\_\_  
programs 1342, 1344, 1616, 10531  
\_\_\_\_\_

C. **Alternate Method of Payment.** Notwithstanding the agreed upon method of payment stated above, COUNTY may at its option refuse to advance all or part of any unearned payment otherwise due to PROVIDER if COUNTY reasonably suspects any of the following:

1. PROVIDER has mismanaged any funds provided by COUNTY.
2. Funds in PROVIDER's possession are at risk of being seized by PROVIDER's creditors or other adverse interest.
3. PROVIDER appears incapable of maintaining itself as a going business concern.
4. PROVIDER fails to meet reporting requirements.

D. **Administrative Cost Ceiling.** PROVIDER agrees to keep administrative costs for each program at or below the percentage approved by COUNTY. The approved administrative cost is that percentage most recently approved by COUNTY, whether governed by this

year's Agreement or by a previous year's Agreement. No variance in excess of the approved administrative percentage will be allowed unless approved by COUNTY in advance and in writing. In no event will COUNTY approve an administrative cost percentage in excess of 15% of the cost of each program.

E. **Exemptions from Administrative Cost Ceiling.** At the discretion of COUNTY, programs will be exempt from the prescribed ceiling if any of the following applies:

1. The program is 100% administrative, or
2. The program is paid monthly under the unit of service reimbursement method of payment, or
3. The program is 100% funded from medical assistance or another federal source; in such case the administrative expense shall be limited to the requirements of the funding source.

F. **Bond.** At all times during the term of this Agreement PROVIDER shall maintain an employee dishonesty bond in an amount sufficient to hold PROVIDER harmless in the event of employee fraud or defalcation. Said bond shall insure PROVIDER against the loss of funds provided through this Agreement and the loss of client funds to which the PROVIDER or its employees has access through the services provided through this Agreement. PROVIDER shall furnish evidence of having met this requirement upon request by COUNTY.

G. **Budgets and Personnel Schedules.**

1. Programs paid under the unit of service reimbursement method of payment shall be exempt from the requirements of this section.
2. For each program funded by COUNTY, PROVIDER shall prepare a program budget and supporting personnel schedule and submit it to COUNTY for approval within fifty-six (56) days after the effective date of this Agreement. PROVIDER agrees to submit its program budgets and personnel schedules on forms provided by COUNTY and according to guidelines provided by COUNTY. Program budgets and personnel schedules shall be considered approved when signed by both PROVIDER and COUNTY. Upon approval by COUNTY, both the program budget and personnel schedule shall be made a part of this Agreement.
3. Variances in any program account category (categories are: Personnel, Operating, Space, Special Costs, and Other Expense) in excess of \$5,000.00 or 10%, whichever is less, shall not be allowed unless PROVIDER obtains written approval of COUNTY at COUNTY's discretion for good cause shown. Overall program under-spending is not considered a variance.
4. Funds allocated to each program must be used as allocated in accordance with the approved program budget and may not be transferred between programs without the written agreement of COUNTY at COUNTY's discretion for good cause shown.
5. If there is a change in program funding under this Agreement, PROVIDER shall submit a revised budget and personnel schedule, unless waived in writing by COUNTY.
6. In performing services required under this Agreement, PROVIDER shall not exceed either the approved program budget or the staffing level indicated in the approved personnel schedule.

H. **Client Accounts.**

1. Under no circumstances is PROVIDER permitted to commingle funds belonging to clients with PROVIDER's funds. Client funds shall be kept in separate accounts ("Client Accounts") such that all monies can be accounted for at all times, and a monthly accounting shall be made available to each client or his or her legal representative.
2. Client Accounts established pursuant to this section shall be subject to audit at any time during normal business hours and without prior notice.
3. If COUNTY discovers a deficiency in any Client Account or if a formal complaint is filed pertaining to such an account, COUNTY or its representative may withhold from PROVIDER funds equivalent to the sum in dispute until settlement is reached.



- I. **Collection of Client Fees.**
1. COUNTY shall determine which programs operated by PROVIDER are required under Wis. Stats. 46.03(18) to participate in the Wisconsin Administrative Code (DHS 1) Uniform Fee System of charging clients for services provided and inform PROVIDER. PROVIDER shall assume responsibility for the billing and collection of fees, unless specified otherwise in this Agreement.
  2. PROVIDER shall not delegate collection of fees to private collection firms without written permission from COUNTY.
- J. **Deadline for Requesting Cost Variances and Transfers of Funds Between Programs.** Requests for approval of cost variances and transfers of funds between programs must be made in writing to COUNTY no later than January 25 of the year following the Agreement year. COUNTY will not consider written requests for further revisions unless they are the result of auditing adjustments detailed in a letter from PROVIDER's auditor and submitted prior to or with the annual audit report.
- K. **Deposits in FDIC-Insured Account.** Any payments of monies to PROVIDER by COUNTY for services provided under this Agreement shall be deposited in a financial institution with Federal Deposit Insurance Corporation (FDIC) insurance coverage. For any balance exceeding FDIC coverage PROVIDER must obtain additional insurance.
- L. **Donations.** PROVIDER shall account for donations in accordance with the State of Wisconsin's Allowable Cost Policy Manual (Section III, item 12) and other applicable law.
- M. **Expense Reports.** PROVIDER shall submit expense reports on the form provided by COUNTY. The report shall be submitted on a quarterly basis and is due no later than the 25<sup>th</sup> of the month following the end of the quarter. COUNTY may require reports more frequently upon thirty (30) day notice. Programs paid under the unit of service reimbursement method of payment shall be exempt from submitting the expense reports described in this paragraph.
- N. **Financial and Compliance Audit by PROVIDER.**
1. PROVIDER, if it receives departmental funding over \$25,000, shall submit a copy of its agency-wide annual audit to COUNTY within one hundred eighty (180) days of the end of its fiscal year. The audit shall be performed on behalf of PROVIDER by an independent certified public accountant and shall be conducted in accordance with the applicable state and federal regulations and guidelines, including, but not limited to: *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Chapters 1 and 2; the State of Wisconsin's Department of Health Services Audit Guide; and the State of Wisconsin's Allowable Cost Policy Manual.* If PROVIDER receives department funding less than \$100,000, it may request a waiver of this requirement. When required, the audit shall include the following items:
    - a. The auditor's opinion on the financial statements.
    - b. A supplementary schedule identifying expenses and revenues by funding source and by program. This schedule shall be presented in worksheet format with programs and funding sources as columns, revenues and expenses as line items, with expenditures reflected by category as defined by COUNTY (i.e., Personnel, Operating, Space, Special Costs, and Other Expenses) as allocated between "administrative" and "program" categories, and an excess or deficit computed at the foot of each column.
    - c. For Unit of Service Reimbursement based programs, a supplementary schedule identifying reserves (non-profit organization) or allowable profit computation (profit organization) by funding source and by programs.
    - d. For each program funded by COUNTY, a supplementary schedule in the form of a final expense report as prescribed by COUNTY.
    - e. The auditor's opinion on the supplementary schedules.
    - f. The auditor's Report on Compliance and Internal Control over Financial Reporting based on an audit of financial statements performed according to Government Auditing Standards.

- g. The auditor's Report on Compliance with requirements applicable to each major program and Internal Control over Compliance in Accordance with *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Chapters 1 and 2* and the State Single Audit Guidelines.
  - h. A Schedule of Questioned Costs, if any.
  - i. The auditor's Letter to Management, as applicable.
  - j. The auditor's Summary of Audit Results.
2. COUNTY shall identify in writing to PROVIDER those findings or recommendations in the audit which shall require a written response and plan of corrective action by PROVIDER.
  3. Where the Agreement period and PROVIDER's fiscal year do not coincide, the audit shall include a bridging schedule by program identifying expenses to the Agreement period. "By program" means that the bridging schedule must show each program individually.
  4. COUNTY shall accept its allocated share of the audit cost as indicated in the approved budget. COUNTY shall comment on the audit in writing to PROVIDER within one hundred eighty (180) days of when the audit is due or received whichever is later.
  5. PROVIDER understands and acknowledges that all auditing requirements survive the *Expiration Date* of this Agreement. If this contract terminates or is assigned with COUNTY's permission to another entity before the expiration date, these audit provisions shall be due within 120 days of the termination or assignment.
- O. **Final Settlement Where County Pays PROVIDER's Costs.**

1. If this Agreement employs Method of Payment under sub term B., paragraphs 1., 3. or 4. above, COUNTY shall pay the lesser of net audited expenses or the annual Agreement amount on a per program basis. Net audited expenses shall be determined as follows:
  - a. As required by the terms of this Agreement, PROVIDER shall submit an audit, which shall include a supplementary schedule identifying expenses and revenues by funding source and by program. Where there are other revenues in COUNTY program columns of the audit, except for interest and dividends, the revenues shall be deducted from the expenses in those columns to give the net expense to COUNTY.
  - b. In the event the audit requirement is waived by COUNTY, PROVIDER shall provide COUNTY an unaudited supplementary schedule by program showing net county-funded expenditures by category (i.e., Personnel, Operating, Space, Special Costs, and Other Expense) compared to the most recently approved program budget for this Agreement, which shall be submitted to COUNTY no later than January 25 of the year following the Agreement year. Said schedule shall include an actual vs. budget analysis of expenditures as allocated between "administrative" and "program". The percentage actual expenses vary from the budget shall be calculated and displayed for each account category. This schedule shall be submitted on the form provided by COUNTY and COUNTY shall pay the lesser of unaudited expenses or the annual Agreement amount on a per program basis.
  - c. On a per program basis, any account category or administrative cost variance not approved by COUNTY will be considered an overpayment and PROVIDER shall reimburse any such amount to COUNTY within ten (10) working days of notification. Overall program under spending is not considered a variance issue.
  - d. If PROVIDER is a nonprofit organization, it may not keep excess revenue over the approved program budget described in Section C, term XXVIII, sub term G.2.
  - e. If PROVIDER is a profit organization, Final Settlement on a per program basis, excluding Systems Management programs, shall be the lesser of

audited expenses plus four percent (4%) of audited expenses less related revenue or the *Maximum Cost* as stated on page one of this Agreement.

- f. PROVIDER must claim any alleged underpayment by COUNTY by the time of final settlement or such claims are waived.
2. If this Agreement employs Method of Payment under sub term B., paragraph 2. Unit of Service Reimbursement above, COUNTY shall pay the lesser of net audited expenses or the annual Agreement amount on a per program basis. Net audited expenses shall be determined as follows:
    - a. In the event the audit requirement is waived by COUNTY, PROVIDER shall provide COUNTY an unaudited supplementary schedule identifying reserves (non-profit organization) or allowable profit computation (profit organization) by funding source and by program.
    - b. If PROVIDER is a profit organization, final settlement on a per program basis, shall be audited expenses plus four percent (4%) of audited expenses less related revenue.
    - c. If PROVIDER is a non-profit organization, final settlement on a per program basis, shall be 4% annually.
- P. **Notice of Financial Instability.** PROVIDER shall give COUNTY immediate notice of any of the following events:
1. That PROVIDER is unable to meet its financial obligations to its employees, to the state or federal governments, or to any creditor.
  2. That PROVIDER has written a check drawn on insufficient funds.
  3. That PROVIDER has received notice that it has been sued or that a lawsuit against PROVIDER is pending.
  4. That PROVIDER has filed a bankruptcy action.
  5. That PROVIDER has sustained or will sustain a loss for which it has insufficient financial resources.
  6. Any other event that impedes PROVIDER's ability to perform under this Agreement.
- Q. **Overpayment.** Any overpayment due COUNTY shall be paid within ten (10) working days of notification. PROVIDER understands that time is of the essence with respect to repayments and agrees that if PROVIDER fails to timely submit repayment, COUNTY may withhold payment due from either a previous year Agreement or the current year Agreement.
- R. **Purchased Equipment.**
1. The *State of Wisconsin's Allowable Cost Policy Manual* requires that any asset with an acquisition cost in excess of \$5,000 be capitalized. PROVIDER shall make requests for any exceptions to this policy in writing to the appropriate Division Manager for COUNTY. These requests shall be made prior to the purchase of any such asset.
  2. If COUNTY approves an exception under sub. (1), above, and any assets are expensed to COUNTY, said assets shall become the property of COUNTY upon termination or non-renewal of this or any extension or future Agreement.
  3. Any item capitalized on PROVIDER's books and depreciated to COUNTY shall remain the property of PROVIDER.
  4. PROVIDER agrees to maintain records that clearly identify all items expensed or depreciated to COUNTY and shall provide those records to COUNTY upon request. Where the records are unclear, it shall be assumed that COUNTY is the owner of the property upon termination or non-renewal of the Agreement.
- S. **Purchase of Computer Equipment.**
1. Any of PROVIDER's hardware intended to link with the COUNTY network, shall meet Dane County Department of Administration, Management Information Services standards in effect at the time the linkage is desired.
  2. PROVIDER shall be responsible for the costs associated with connectivity hardware and software, including, but not limited to, installation of data lines and

associated monthly costs, port patch panels (hubs), patch cables, network interface cards and network software.

3. PROVIDER shall be responsible for all maintenance of its computer equipment. Dane County Department of Administration, Management Information Services shall be responsible for maintenance of the network.
  4. PROVIDER shall be responsible for completing and submitting current and accurate COUNTY Security Access forms to the COUNTY Security Officer for all staff who will be logging on to a Dane County network. It is PROVIDER's responsibility to ensure accuracy of said Security Access forms. COUNTY has the discretion to refuse access to the network for any reason.
- T. **Organizations with Religious Affiliations.** No portion of funds under this Agreement may be used to support or advance religious activities.

## SECTION D

(Reporting and Evaluation Requirements)

### XXIX. REPORTS AND EVALUATION.

- A. **Audits and Contract Reviews.** PROVIDER agrees to submit to such random audits by COUNTY as COUNTY may request. Unless a violation of State, Federal or local law is alleged, COUNTY will give no less than ten (10) working days notice before a review or monitoring procedure. COUNTY's review and monitoring responsibilities under the terms of this Agreement may include, but are not limited to: Agreement compliance, certification status, financial expenditures, reporting requirements, units of service provided, Affirmative Action Plan, Civil Rights Compliance Plan, American Disability Act Compliance, on-site visits by COUNTY staff and/or county board members, or both, interviews with program consumers, families and guardians, interviews with direct service and management personnel. The State and/or Federal government may also conduct program reviews in connection with their financial oversight functions. PROVIDER agrees to cooperate with COUNTY, State and Federal governments in these reviews.
- B. **Client Reporting.** PROVIDER shall submit monthly client registration and/or client service participation reports in a format provided by COUNTY. Reports for January through November are due on the tenth of the following month. The December report is due no later than January 5.
- C. **Copies to be Supplied.** Copies of any evaluative information obtained by PROVIDER during the year, such as, outside evaluation or accreditation will be submitted to COUNTY at the time received.
- D. **Data Gathering.** PROVIDER will cooperate with COUNTY and other providers to define common data elements to be reported to COUNTY to assist in developing baseline data about program delivery, efficiency, and effectiveness.
- E. **Evaluation Compliance.** PROVIDER will comply with all COUNTY requirements regarding program evaluation COUNTY deems required under Wis. Stats. 46.23(6m)(g).
- F. **Quarterly Report.** PROVIDER will report, in a format as required by COUNTY, to COUNTY's designee on a quarterly basis, beginning on May 1. The final report shall be provided on April 1 of the following year. Reports shall include:
  1. Information on client waiting lists.
  2. Quantity of services by Agreement/client category.
  3. Progress or problems in achieving Agreement goals and performance outcomes.
  4. Progress or problems associated with overall PROVIDER operations.
  5. Other information as may reasonably be required by COUNTY.
  6. The fourth quarter report will also include a description of:
    - a. Agency and program objectives for that year;
    - b. Achievement of or progress toward those objectives;
    - c. Problems encountered in meeting the objectives.

- 7. Reports on services provided in specific geographical areas as identified to PROVIDER by COUNTY.
- G. **Timeliness.** PROVIDER understands that time is of the essence with respect to all reports and agrees to make all reports in a timely manner as provided below, and agrees that if PROVIDER fails to timely submit any report due under the terms of this Agreement, COUNTY may withhold payment until such report is provided, including payment due from either a previous year or the current year.
- H. **Reporting Requirements.** Provider understands and acknowledges that all reporting requirements survive the *Expiration Date* of this Agreement.

## SECTION E

(Contract Construction and Legal Process)

### XXX. CONTRACT CONSTRUCTION AND LEGAL PROCESS.

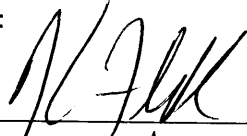
- A. **Choice of Law.** It is expressly understood and agreed to by the parties hereto that in the event of any disagreement or controversy between the parties, Wisconsin law shall be controlling.
- B. **Construction.** This Agreement shall not be construed against the drafter.
- C. **Counterparts.** The parties may evidence their agreement to the foregoing upon one or several counterparts of this instrument, which together shall constitute a single instrument.
- D. **Entire Agreement.** The entire agreement of the parties is contained herein and this Agreement supersedes any and all oral agreements and negotiations between the parties relating to the subject matter hereof. The parties expressly agree that this Agreement shall not be amended in any fashion except in writing, executed by both parties.
- E. **Execution.** This Agreement has no effect until signed by both parties. The submission of this Agreement to PROVIDER for examination does not constitute an offer. PROVIDER warrants that the persons executing this Agreement on its behalf are authorized to do so.
- F. **Limitation of Agreement.** This Agreement is intended to be an agreement solely between the parties hereto and for their benefit only. No part of this Agreement shall be construed to add to, supplement, amend, abridge or repeal existing duties, rights, benefits or privileges of any third party or parties, including but not limited to employees or subcontractors of either of the parties. Except, where PROVIDER intends to meet its obligations under this or any part of this Agreement through a subcontract with another entity, PROVIDER shall first obtain the written permission of COUNTY; and further, PROVIDER shall ensure that it requires of its subcontractor the same obligations incurred by PROVIDER under this Agreement.
- G. **Severability.** The invalidity or un-enforceability of any particular provision of this Agreement shall not affect the other provisions herein, and this Agreement shall be construed, in all respects, as though all such invalid or unenforceable provisions were omitted.
- H. **Copies Valid.** This Agreement, and any amendment or addendum relating to it, may be executed and transmitted to any other party by legible facsimile reproduction or by scanned legible electronic PDF copy, and utilized in all respects as, an original, wet-inked manually executed document. Further, this Agreement and any amendment or addendum thereto, may be stored and reproduced by each party electronically, photographically, by photocopy or other similar process, and each party may at its option destroy any original document so reproduced. All parties hereto stipulate that any such legible reproduction shall be admissible in evidence as the original itself in any judicial, arbitration or administrative proceeding whether or not the original is in existence and whether or not such reproduction was made by each party in the regular course of business. This term does not apply to the service of notices under this Agreement.
- I. **Venue.** Venue for any legal proceedings shall be in the Dane County Circuit Court.

IN WITNESS WHEREOF, COUNTY and PROVIDER, by their respective authorized agents, have caused this Agreement and its Schedules 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: 11/11/2016

Print Name and Title of Authorized Agent:

  
Kevin Florek, President & CEO

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

Print Name and Title of Authorized Agent: \_\_\_\_\_

Registered Agent's Name: Kevin Florek

Agent's Address: 5900 Monona Dr, Suite 300 Monona WI 53716

FOR COUNTY:

Date Signed: 11-16-16

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

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



LYNN M. GREEN, Director of Human Services  
(when applicable)

\_\_\_\_\_  
JOE PARISI, County Executive  
(when applicable)

\_\_\_\_\_  
SCOTT MCDONELL, County Clerk  
(when applicable)

Exhibit I

**GENERAL FEATURES FOR ADULT MENTAL HEALTH SYSTEM - 2017**

The following terms shall apply to all of the adult mental health COUNTY contracted programs:

1. All PROVIDERS shall treat individuals with mental illness in the least restrictive setting consistent with the level of their needs. Inpatient treatment shall be considered the treatment option of last resort. Psychiatric inpatient services shall only be used for individuals needing active treatment of a mental health condition designed to achieve the individual's discharge from inpatient status at the earliest possible time. PROVIDERS shall comply with COUNTY's **Level of Care Guidelines**.
2. The Crisis Unit at Journey Mental Health Center shall authorize all COUNTY funded psychiatric inpatient admissions at the Mendota and Winnebago Mental Health Institutes and at local hospitals before a COUNTY funded individual may be admitted.
3. All PROVIDERS shall cooperate with inpatient diversion specialist to implement inpatient diversion options and to monitor and facilitate discharge planning for all COUNTY funded hospitalizations and institutionalizations.
4. All Care Center admissions are intended to be transitional. COUNTY must authorize any stays exceeding two weeks.
5. **Tellurian is the PROVIDER who shall conduct care center eligibility screens and coordinate care center admissions.**
6. **The Emergency Services Unit (ESU) at Journey Mental Health Center shall be the central intake point for placements to individualized Crisis Stabilization funded homes. COUNTY shall approve all crisis funded placements and rate of care prior to an individual's admission.**
7. **PROVIDERS shall submit all MA Crisis logs for each consumer weekly in an electronic format and shall maintain supporting daily documentation on-site, making it available for review as requested.**
8. COUNTY Mental Health Program Manager, or designee, will be the central intake point for placements to all contracted group homes, excluding transitional housing programs, and will maintain wait lists as needed. Adults with mental illness will be reviewed for admission based on priority and the PROVIDER'S established written admission process. Services shall be prioritized based on court ordered needs or inpatient diversion.
9. **COUNTY Mental Health Program Manager, or designee, will be the central intake point for all Community Support Program referrals. Referrals will be reviewed and a Mental Health Substance Abuse Functional Screen will be completed to determine priority and appropriate level of care. Waitlist will be maintained by the COUNTY with referrals distributed to the CSPs for ongoing services as openings become available.**
10. Recovery Dane shall be the central intake point for all targeted case management referrals. COUNTY and PROVIDERS shall prioritize referrals for available openings and services on a monthly basis.
11. The Crisis Unit at Journey Mental Health Center shall monitor all persons under Chapter 51 Civil Commitments and Settlement Agreements, ensuring that treatment conditions are followed. PROVIDERS shall keep Crisis informed of non-compliance by committed persons. All PROVIDERS shall comply with the **Process for Review of 51 Commitment Extensions**.
12. During the commitment period, PROVIDERS shall implement court ordered outpatient terms and conditions, even after placement has been made outside of a psychiatric inpatient setting.
13. Core service programs, such as CSPs, PACT, SOAR, CIT and Yahara House shall not serve the same individual but shall instead facilitate the most comprehensive program to provide services to

consumers in that program. Exceptions based on individual need may be allowed but only if approved in advance by COUNTY.

14. PROVIDER shall participate in mental health system meetings as needed to discuss and resolve system management and coordination issues, including clinical needs of consumers and system-wide needs.
15. PROVIDER shall prioritize the completion of a health insurance application whether it's done by PROVIDER or designated provider. This includes applications for Medicaid, Presumptive Disability, market place health insurance or Patient Assistance Programs. PROVIDER will notify COUNTY whenever an application cannot or is not completed. COUNTY will provide consultation on these issues. PROVIDER shall maintain expertise on these issues to provide consumer assistance.
16. PROVIDER shall comply with changes in service and fiscal reports per the State of Wisconsin Department of Health Services' mandates.
17. PROVIDER understands that the system of care for its consumers may include court oversight. PROVIDER is responsible for knowing which of its consumers are subjects of Wisconsin Statutes Chapter 51 Commitments or Settlement Agreements, Chapter 54 Guardianship, Chapter 55 Protective Placement and/or Protective Services and any Probation and Parole orders/rules.
  - a. If PROVIDER is a residential provider or case manager, PROVIDER has the following responsibilities:
    - i. PROVIDER shall maintain the following information in the individual's file or chart as is applicable:
      1. The guardian's name, current address, phone number and e-mail address.
      2. A copy of the current Determination and Order for Protective Services/Protective Placement, or other specific court order/rules. PROVIDER shall confidentially maintain these documents.
      3. A copy of the Letters of Guardianship specifying the consumer's rights retained and the extent of the guardian's responsibility.
    - ii. Nonemergency transfer of protective placement. If PROVIDER initiates a transfer/change of residential placement of a person under a protective placement order, it shall provide notice of transfer to the Probate Office, the guardian(s), the case manager/broker, COUNTY's Adult Protective Services Unit, and the consumer with 10 days prior written notice. PROVIDER must obtain written consent of the guardian prior to transfer. PROVIDER must have a safe discharge plan.
    - iii. Emergency transfer of protective placement. If PROVIDER initiates an emergency residential transfer of a person under a protective placement order, it shall no later than 48 hours after the transfer provider notice of transfer to the Probate Office, the guardian(s), COUNTY's Adult Protective Services Unit and the consumer. PROVIDER must have a safe discharge plan.
    - iv. Discharge or transfer of consumer not under protective placement. When a consumer who is not under a protective placement order is discharged or transferred to another service or residence, PROVIDER shall give at least 24 hours prior written notice to the guardian, the case manager/broker, unless an emergency event prevents this, in which case PROVIDER shall provide such notice within 48 hours of the transfer.
    - v. The PROVIDER, when requested, shall submit on a timely basis a complete, clear and signed Watts Annual Review Form.
    - vi. The PROVIDER shall prepare a Report to the Court when ordered by the Court or requested by the COUNTY.
    - vii. Unless instructed otherwise, the PROVIDER shall transport and accompany its consumers to all Court Hearings or otherwise assure the consumer's presence at them.
    - viii. When requested, PROVIDER shall provide testimony in court hearings.
    - ix. To facilitate the acquisition of medical reports required for Court Hearings, the PROVIDER, when requested shall schedule an appointment with the appropriate physician or psychologist and shall take the consumer to the appointment or otherwise assure the consumer's presence at the appointment.



- b. The COUNTY'S Adult Protective Services Unit will, at the PROVIDER'S request, assist the PROVIDER in identifying individuals under Chapters 51, 54 and 55.
  - c. PROVIDER shall meet any Adult at Risk or Elder Adult at Risk reporting obligations it has pursuant to Wisconsin Statutes Chapters 46 and 55. In addition, upon request of the COUNTY, PROVIDER shall assist the COUNTY in investigating Adult at Risk or Elder Adult at Risk referrals received by the COUNTY regarding any consumer the PROVIDER serves in consultation with the COUNTY Contract Manager or designee and the COUNTY's Adult Protective Services Unit.
18. On occasion, COUNTY will be required by court order or operation of law to serve an individual whose needs fall outside established treatment modalities or who poses safety risks greater than usually encountered in the mental health system. PROVIDER shall meet with COUNTY as requested to discuss reasonable accommodations that may permit PROVIDER to serve the individual.
19. SYSTEM VALUES:  
 PROVIDER shall cooperate with COUNTY and COUNTY contracted PROVIDERS to discuss and incorporate into practice ways to further promote cultural clinical competence, diversity, and consumer-centered recovery-oriented practices into all aspects of the service delivery system. This includes but is not limited to:
- Working within an individually designed recovery-oriented model, which includes hope, inspiration, choice, and personal responsibility throughout the treatment process
  - Helping consumers to develop peer and natural supports with family members and significant others
  - Involving consumers in program evaluation that includes measures of satisfaction and consumer outcomes
  - Working in conjunction with consumers and others to reduce stigma, discrimination and segregation
  - Providing opportunities for community integration and inclusion
  - Educating and training consumers in various capacities and roles
  - Involving consumers on committees and boards
  - Fostering paid employment opportunities for consumers
  - Advocating for the elimination of barriers and disincentives to work
20. PROVIDER shall support the integration of clinical and vocational services, and promote a belief in the value of work at the earliest possible stages of recovery.
21. PROVIDER shall endeavor to procure additional non-county funding to support PROVIDER'S programs.
22. PROVIDER shall provide COUNTY a 60 day notice of policy and procedural changes that relate to a COUNTY contracted service prior to implementation. COUNTY reserves the right to change the contract as a result of the policy and procedural change prior to implementation.
23. PROVIDER and COUNTY shall meet and discuss budgetary issues and concerns that affect the delivery of services. PROVIDER shall promptly inform COUNTY of any plans that may impact the need for additional funding before implementing changes.
24. The timeliness and quality of COUNTY contracted services shall not be negatively affected by the PROVIDER's contracts with other entities.
25. PROVIDER shall report services provided under the Comprehensive Community Services (CCS) program under the CCS contract only. Clients shall be discharged from other county contracts upon CCS enrollment. PROVIDER understands that contract adjustments may be necessary throughout the year to reflect changes in service provision subsequent to CCS enrollment.

# Program Summary Form

Created: 10/10/2016	Contract #: 83714 ✓	Provider: Tellurian UCAN, Inc.	Funding Period: January 1, 2017 through December 31, 2017 ✓
Revised:	Division: Adult Community Services	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.	

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	✓ 125.80	✓ 1,387	✓ 174,485	✓	\$ 174,485	600/610
b.	10939	6126	ACFCRTEL	BZCRAA Crawford - CRS	511	3	3	✓ 125.80	✓ 1,040	✓ 130,865	✓	\$ 130,865	600/610
c.	1342	1342	ACFCRTEL	BZAWAA Acewood	506	15	7	✓ 168.41	✓ 2,427	✓ 408,740	✓	\$ 408,740	600/610
d.	1343	1343	ACFCRTEL	CZPCAA Psychiatrist C/TR	507.03	70	63	✓ 97.46	✓ 319	✓ 31,089	✓	\$ 31,089	600/610
e.	1344	1344	ACFCRTEL	BZAPAA Transitional Housing	506	100	20	✓ 91.95	✓ 6,000	✓ 551,707	✓	\$ 551,707	600/610
f.	1616	6364	ACFCLTEL	CMCTAA Community Intervention Team	604	100	85	✓ 53.33	✓ 7,504	✓ 400,191	✓	\$ 400,191	600/610
g.	12169	6364	ACFCLTEL	CMCTAA CIT Jail Diversion	604	15	12	✓ 53.33	✓ 563	✓ 30,000	✓	\$ 30,000	600/610
h.	4608	4608	ACFCLTEL	IZCTAA CIT - Adults at Risk	603	288	40	✓ 63.38	✓ 1,160	✓ 73,522	✓	\$ 73,522	600/610
i.	12170	✓ 12170	ACFCRTEL	BCTEAA Dane County Care Center	506.64	✓ 200	10	✓ 261.00	✓ 3,665	✓ 956,650	✓	\$ 956,650	600/610
j.	1746	6042	ACFACTEL	AMRXAA CHARM-Hsg	106	12	6	✓ 25.35	✓ 800	✓ 20,281	✓	\$ 20,281	600/610
k.	10618	6042	ACFACTEL	AMRXAA CHARM Unconnected Housing	601	75	20	✓ 25.35	✓ 800	✓ 20,281	✓	\$ 20,281	711
<b>Total</b>										<b>\$ 2,797,811</b>	<b>\$ -</b>	<b>\$ 2,797,811</b>	

\*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.	
b.	Units based on 95% of available beds (4x365x95%=1387). A unit is a day of service.	
c.	A unit is a day of service. CRS funding applies only when the bed is occupied.	
d.	A unit is a day of service. (7 beds x365 daysx95% = 2427).	
e.	A unit is a staff face-to-face hour with a consumer.	
f.	Based on 20 beds @80% occupancy. A unit is a day.	
g.	A unit is a staff face-to-face hour with a consumer.	
h.	A unit is a staff face-to-face hour with a consumer.	
i.	Units are based on 40 hours/wk staff time x 60% billable hours x 48 weeks. Units are an hour or service.	
j.	A unit is a day of service.	
k.	A unit is a staff hour.	
	<b>Standard Program Category (SPC) Code Description:</b>	
	a. 506.61=CBRF	h. 603=Intake Assessment
	b. 511=CRS	i. 506.64=CBRF
	c. 506=CBRF	j. 106=Housing Assistance
	d. 507.03=Counseling and Therapeutic Res f.	k. 601=Outreach
	e. 506=CBRF	
	f. 506=CBRF	
	g.	
	Contract Manager(s)/Programs: Grabot	Accountant(s)/Programs: Laura Yundt

SCHEDULE A - 2017  
TELLURIAN UCAN, INC.  
ACEWOOD & CRAWFORD CBRF  
Program 6985 ✓      SPC 506.61  
Program 10939 ✓    SPC 511 ✓  
Program 1342 ✓      SPC 506 ✓

The goal for this service is to provide intensive staff-supervised residential supports for individuals who present with significant challenges related to symptoms of a mental illness, with the intent of stabilization and transfer to a less restrictive setting.

**I. DEFINITIONS:**

- A. Community Based Residential Facility means the provision of services to clients in a Community Based Residential Facility (CBRF) for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug abuse disorders. Services may include, but are not limited to: planning for, arranging, and monitoring placement in CBRF, supervision, non-medical AODA extended care, counseling/psychotherapy, food, dietary issues, housing, service coordination and discharge planning.
- B. "Community Recovery Services (CRS)" means a non-waiver, state Medicaid plan amendment benefit provided by a CRS certified County or Tribe or vendor. Any mental health agency offering this service and submitting the SPC 511 code must be specifically certified to deliver the CRS service. The goal of CRS is to provide services which enable mental health consumers to live in the least restrictive community environment available. CRS provides three distinct services **across the lifespan** for consumers having a severe and persistent mental illness:
- C. "Community Living Supportive Services" means activities necessary to allow individuals to live with maximum independence in community integrated housing),
- D. "Supported Employment" means activities necessary to assist individuals to obtain and maintain competitive employment.
- E. "Peer Supports" are advocacy, information and support provided by certified Peer Specialists.
- F. "Unit of service" is measured in days.

**II. PROVIDER'S OBLIGATIONS:** PROVIDER shall:

- A. Operate two licensed Community Based Residential Facilities (CBRFs), Acewood, located at 221 Acewood Blvd., Madison, 53714 and Crawford, located at 4326 Crawford Dr., Madison, 53711. A total of fourteen (14) people can be served at any one time within the two group homes.
- B. Operate Acewood primarily as a crisis stabilization program for individuals with the highest need requiring more intensive services.
- C. Provide CRS services as directed by COUNTY at both homes.
- D. Provide services including, but not limited to: daily living skill training, social skill development, supportive counseling, money management and medication administration and supervision.
- E. 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.

- F. Designate a case manager for each individual within the program to coordinate internal programming.
- G. Ensure that there is adequate communication with other service providers involved in the individual's care.
- H. Assertively work with COUNTY and other system providers to transition individuals into less restrictive settings when they no longer require this level of residential support.
- I. Maintain case note documentation for all consumers that relate back to the treatment plan.
- J. Create outcome evaluation goals and tools that shall be approved in advance by COUNTY.
- K. Meet Wisconsin Administrative Code DHS 83 CBRF requirements and make a copy of the annual license renewal available to COUNTY upon request.
- L. PROVIDER shall provide these services effectively and efficiently so as to meet the standard of care for professionals within the mental health system and by individuals served by the program.
- M. Submit any written agreements developed between PROVIDER and Neighborhood Associations to COUNTY.
- N. Facilitate independent or supportive transportation services to meet individual needs, especially for medical and court-ordered services. PROVIDER may provide transportation as situations necessitate.
- O. Cooperate with COUNTY in measuring and monitoring its performance indicators through consumer satisfaction surveys and system measurements and performance measures such as maximized occupancy of all available beds, maximized third party insurance/Medicaid/CRS reimbursement, minimized number of high risk behaviors/police contacts, maximized natural support development for individuals and maximized number of individuals who are discharged to less restrictive housing.
- P. Ensure the completion of a health insurance application for any uninsured consumer. This includes applications for Medicaid, Presumptive Disability, marketplace health insurance or Patient Assistance Programs. PROVIDER will notify COUNTY when an application has been started but is not able to be completed and state the reason for non-completion.

### **III. REFERRAL/APPLICATION PROCESS:**

- A. COUNTY will act as the central intake point, determine consumer priority status and maintain a waitlist as needed. In most instances, COUNTY will prioritize services based on court ordered needs or for inpatient diversion.
- B. COUNTY will mediate any disputes pertaining to services, length of services or funding.
- C. Eligibility for services shall be based on the following criteria: Consumers must be Dane County residents age 18 years or older, who have a diagnosed severe and persistent mental illness and are in need of a residential level of support.
- D. Consumers admitted to Program 1342 must have Medicaid or be eligible to receive Medicaid.
- E. COUNTY must approve any exceptions to these eligibility requirements.

- F. PROVIDER shall use any temporary vacancy as a short-term care placement slot, with COUNTY approval, but this use shall not impede or prolong the admission of an individual requiring an expedited placement as a result of a court order.
- G. PROVIDER's service shall be transitional, and there is no fixed length of stay. The target length of stay is 6-24 months. COUNTY may grant a waiver of this requirement for consumers in need of long term support for whom alternative arrangements are not available or appropriate.
- H. 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 dangerousness, PROVIDER shall meet with COUNTY as requested to discuss reasonable accommodations that may permit PROVIDER to serve the individual.

**IV. REPORTING:**

- A. When providing MA Crisis funded services, PROVIDER shall complete service logs and submit them electronically to the Journey Mental Health Center Crisis Stabilization Unit on a weekly basis.
- B. PROVIDER shall meet all of the reporting requirements of Wisconsin Administrative Code DHS 34.
- C. When providing CRS funded services, PROVIDER shall complete documentation and submit to the CRS Coordinator on a weekly basis. PROVIDER shall make changes as directed by the CRS Coordinator within one week.

**V. FINANCIAL:**

- A. COUNTY will determine with PROVIDER the appropriate funding source for each placement. PROVIDER shall comply with reporting requirements necessary to access third party revenue.

**VI. COOPERATION:** PROVIDER shall:

- A. Comply with COUNTY on all "General Features For Adult Mental Health System - 2017," which is attached as Exhibit 1.

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**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	\$ 19,663		\$ 19,663
SSI	\$ 32,820		\$ 32,820
MA Crisis		\$ 356,257	\$ 356,257
Total	\$ 52,483	\$ 356,257	\$ 408,740

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.

SCHEDULE A - 2017  
TELLURIAN UCAN, INC.

COMMUNITY INTERVENTION TEAM  
PSYCHIATRIC MEDICATIONS CLINIC

Program 1616            SPC 604  
Program 12169         SPC 604  
Program 1343           SPC 507.03

*Handwritten:* ~~14516~~ initial  
14516 date

The goal of this program is to support individuals to live more independently in the community enabling them to develop and participate in natural community relationships and supports.

**I. DEFINITIONS**

- A. "Case Management" means the provision of services by providers whose responsibility is to enable clients and when appropriate clients' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by clients and their families. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; advocacy; and referral. If the case management activity is limited to managing service received in a single program, such case management is considered an integral but subordinate part of that program, rather than case management as defined here, which must relate to all services and supports the client receives.
- B. "Counseling and Therapeutic Resources" mean the provision of a service involving the use of verbal communication with program participants or the family members or guardians to assist them in making decisions about their lives. May also involve the provision of consultation services to provide expert information on some aspect of the program participants' life situation. Consultations may focus on challenging behavior, communications, dietary issues and any other topic that directly relates to improving the participants health, safety or welfare and/or quality of life. This subprogram may also involve the provision of any of a variety of recognized activity therapies.
- C. "Service units" are reported in hours spent working with individuals.

**II. PROVIDER'S OBLIGATIONS: PROVIDER shall:**

- A. Provide consumer centered and recovery oriented comprehensive case management services to persons who have a diagnosed severe and persistent mental illness from 1053 Williamson Street, Madison, 53703.
- B. Serve approximately 100 consumers in 73 slots in Program 1616.
- C. Serve up to 15 consumers in Program 12169 who are being diverted from the jail or legal system.
- D. Provide psychotropic medication administration and supervision to 63 individuals at any one time. PROVIDER shall connect individuals with a primary psychiatrist through the mental health contracted system or the private sector if PROVIDER is not able to provide this service directly.
- E. Provide services that shall include long term case management; medication services and management; acute crisis stabilization management; 24/7 availability, emergency response and coordination; and linkage of individuals to natural supports, especially substance abuse support groups.

- F. 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.
- G. Designate a case manager for each individual within the program to coordinate internal programming.
- H. Ensure that there is adequate communication with other service providers involved in the individual's care.
- I. Ensure the completion of a health insurance application for any uninsured individual. This includes applications for Medicaid, Presumptive Disability, marketplace health insurance or Patient Assistance Programs. PROVIDER will notify COUNTY when an application has been started but is not able to be completed and the reason for non-completion.
- J. Facilitate consumers successfully learning and/or obtaining necessary transportation services to meet individual needs, especially for medical and court ordered services.
- K. Provide these services effectively and efficiently to meet the standard of care for professionals within the mental health system and by individuals served by the program. Performance indicators shall be provided through consumer satisfaction surveys and system measurements.
- L. Assist as requested by COUNTY in the administration of consumer surveys required by the COUNTY and/or State of Wisconsin as part of the reporting for the Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System. PROVIDER shall submit to System (PPS) for Mental Health Services as required in Schedule C.
- M. Cooperate with County in measuring performance indicators, provided through consumer satisfaction surveys and system measurements, including the following:
  - 1. Maximized number served
  - 2. Maximized number of service units
  - 3. Minimized use of inpatient days
  - 4. Minimized jail recidivism
  - 5. Maximized number with Medicaid or other third party insurance
  - 6. Maximized number of individuals living within the community
  - 7. Maximized third party billing
  - 8. Maximized client satisfaction

**III. REFERRAL/APPLICATION PROCESS:**

- A. PROVIDER shall receive referrals from COUNTY and Recovery Dane. PROVIDER shall make the determination as to who will be accepted and when the admission will occur according to the terms of this Agreement.
- B. Eligibility for services shall be based on the following criteria: Consumer shall be a Dane County resident of at least 18 years of age, who has a diagnosed severe and persistent mental illness and may or may also be dually diagnosed with a substance abuse disability.



- C. In most instances, PROVIDER shall prioritize referrals based on court ordered needs or inpatient diversion.
- D. COUNTY will mediate any disputes pertaining to services, length of services or funding.
- E. 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.

**IV. REPORTING:**

- A. PROVIDER shall report all admissions and discharges to COUNTY and Recovery Dane within 3 working days of admission or discharge.
- B. When providing MA Crisis funded services, PROVIDER shall complete service logs and submit them electronically to the Journey Mental Health Center Crisis Stabilization Unit on a weekly basis.
- C. PROVIDER shall meet all of the reporting requirements of Wisconsin Administrative Code DHS 34.
- D. All of PROVIDER's outcome evaluation goals and tools shall be approved in advance by COUNTY.
- E. Report to COUNTY as requested to meet Wisconsin Medicaid Cost Reporting (WIMCR) requirements.

**V. LENGTH OF SERVICE:**

- A. PROVIDER shall terminate services following a mutual determination between COUNTY, PROVIDER and the consumer that the consumer no longer needs services.
- B. Termination shall be based on the consumer's ability, stability and readiness to be more independent over a significant period of time as well as the PROVIDER's ability to serve the consumer. There may be times that consumers choose to terminate services against the advice of PROVIDER and COUNTY.

**VI. FINANCIAL**

- A. PROVIDER shall bill Medicaid whenever possible and in accordance with Wisconsin Administrative Code DHS 34. MA Crisis claims shall be submitted weekly in an electronic format.
- B. PROVIDER shall bill all other third party funders whenever possible and appropriate. PROVIDER shall meet all the State and County requirements for the billing of services to these programs.

**VII. COOPERATION: PROVIDER shall: Comply with COUNTY on all "General Features For Adult Mental Health System - 2017," which is attached as Exhibit 1.**

*initials VE*  
*date 11/15/16*

**TELLURIAN UCAN, INC.**  
**2017 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	\$ 147,924		\$ 147,924
CSDRB	\$ 32,000		\$ 32,000
Community MH	\$ 32,000		\$ 32,000
MA CM		\$ 19,800	\$ 19,800
MA Crisis		\$ 168,467	\$ 168,467
Total	\$ 211,924	\$ 188,267	\$ 400,191

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.

SCHEDULE A - 2017  
TELLURIAN UCAN, INC.  
TRANSITIONAL HOUSING PROGRAM (THP)  
Program 1344 SPC 506

initial ✓  
Date 11/15/16

The primary goal of this service is to provide a supervised transitional living arrangement for homeless individuals who have a mental health and/or substance abuse disability until more permanent housing can be procured.

**I. DEFINITIONS:**

- A. "Community Based Residential Facility" means the provision of services to clients in a Community Based Residential Facility (CBRF) for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug abuse disorders. Services may include, but are not limited to: supervision, dietary, counseling/psychotherapy. Benefits include food and housing. Includes planning for, arranging, and monitoring of placements in CBRFs.
- B. The "Transitional Housing Program" is a licensed twenty (20) bed Community Based Residential Facility (CBRF) located at 300 Femrite Drive, Madison, 53716. There are five (5) double rooms and ten (10) single rooms.
- C. A "unit of service" is measured in days.

**II. PROVIDER'S OBLIGATIONS:** PROVIDER shall:

- A. Provide services including, but not limited to: daily living skill training, social skill development, supportive counseling, money management, and medication administration and supervision.
- B. Develop person-centered treatment plans and have the plans signed by the individual within 30 days of admission. A copy of the plan shall be made available to COUNTY upon request.
- C. Maintain accurate case note documentation that relates back to the treatment plan on all consumers.
- D. Promptly refer consumers to longer term services to help them secure income, housing and support services.
- E. Create outcome evaluation goals and tools that shall be approved in advance by COUNTY.
- F. Submit to COUNTY any written agreements developed between PROVIDER and Neighborhood Associations.
- G. Ensure consumers receive independent or supportive transportation services to meet individual needs, especially for medical and court-ordered services.
- H. Designate a case manager for each individual within the program to coordinate internal programming.
- I. Ensure that there is adequate communication with other service providers involved in the individual's care.
- J. Participate in both mental health and homeless system meetings that are relevant to system coordination.
- K. Meet Wisconsin Administrative Code DHS 83 CBRF requirements and make a copy of the annual license renewal available to COUNTY upon request.
- L. PROVIDER shall collaborate with the COUNTY on program evaluation to identify and implement potential programmatic changes to better meet system needs.

- M. Provide all required services effectively and efficiently to meet the applicable standard of care.
- N. Cooperate with COUNTY in measuring performance indicators including consumer satisfaction surveys and system measurements such as maximized occupancy of all available, maximized third party insurance/Medicaid/CRS reimbursement, minimized number of high risk behaviors/police contacts, maximized natural support development for consumers and maximized number of consumers who are discharged to less restrictive housing

**III. REPORTING:**

- A. When providing MA Crisis funded services, PROVIDER shall complete service logs and submit them electronically to the Journey Mental Health Center Crisis Stabilization Unit on a weekly basis. PROVIDER shall meet all of the reporting requirements of Wisconsin Administrative Code DHS 34.

**IV. REFERRAL/APPLICATION PROCESS:**

- A. PROVIDER shall receive referrals directly.
- B. PROVIDER shall make the determination as to who will be accepted and when the admission will occur according to its obligations under this Agreement.
- C. Eligibility for services shall be based on the following criteria: Consumer must be a Dane County resident of age 18 years or older who is diagnosed with severe and persistent mental illness and/or a substance abuse disability, and needs a residential level of support.
- D. PROVIDER shall maintain its own waitlist.
- E. PROVIDER shall respond to system referrals within three (3) working days.
- F. PROVIDER shall prioritize COUNTY referrals and court ordered individuals.
- G. 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 dangerousness, PROVIDER shall meet with COUNTY as requested to discuss reasonable accommodations that may permit PROVIDER to serve the individual.

**V. LENGTH OF SERVICE/TERMINATION:**

- A. PROVIDER shall terminate services when the consumer no longer needs services or can transition to a less restrictive setting. Termination shall be based on the consumer's ability, stability and readiness to be more independent.

**VI. FINANCIAL:**

- A. COUNTY will determine with PROVIDER the appropriate funding source for each placement. PROVIDER shall comply with reporting requirements necessary to access third party revenue.
- B. COUNTY will mediate any disputes pertaining to services, length of services or funding.
- C. PROVIDER shall bill all third party insurers for the provision of any billable service. This may include collecting client fees. PROVIDER shall meet all of the Medical Assistance and Medicare State and County requirements for the billing of these services.
- D. PROVIDER shall prioritize the completion of a health insurance application for any uninsured individual. This includes applications for Medicaid, Presumptive Disability, marketplace health insurance or Patient Assistance Programs. PROVIDER will notify

COUNTY when an application has been started but is not able to be completed and the reason for non-completion.

VII.      **COOPERATION:** PROVIDER shall:

- A.      Comply with COUNTY on all "General Features For Adult Mental Health System - 2017," which is attached as Exhibit 1.
  
- B.      PROVIDER shall adjust client charges to accommodate an ability to pay a security deposit and first and last month's rent for clients securing an apartment and nearing discharge.

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**TELLURIAN UCAN, INC.**  
**SCHEDULE B - FISCAL**  
**PROGRAM # 1344 – TRANSITIONAL HOUSING PROGRAM**

1. Regarding funding for Transitional Housing Program # 1344:

Revenue Type	Non-Contingent Amount	Contingent Amount	Total Amount
Co GPR	\$ 264,340		\$ 264,340
MA Crisis		\$ 287,367	\$ 287,367
Total	\$ 264,340	\$ 287,367	\$ 551,707

2. Regarding method of payment for Transitional Housing Program # 1344:

- 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 2016

**SCHEDULE A - 2017  
TELLURIAN UCAN, INC.  
COMMUNITY INTERVENTION TEAM - ADULTS AT RISK INVESTIGATIONS  
Program 4608 SPC 603**

**I. DEFINITIONS:**

- A. "SPC 603" describes the provision of services in a natural or supportive service setting to persons who are or may become clients for purposes of determining the existence of, and the nature of, a specific problem or group of problems. These services may include, but not limited to, intake/assessment/diagnosis, the development of an initial case service or treatment plan prior to the establishment of client status and referral.
- B. "Service units" means reports on all clients in hours spent conducting the investigation. This includes client contacts, collateral contacts, case consultation, assessment, travel and documentation.

**II. PROVIDER'S OBLIGATIONS: PROVIDER shall:**

- A. Assess and investigate referrals alleging abuse, neglect, self-neglect or exploitation of adults who have a physical or mental condition that substantially impairs their ability to care for their needs.
- B. Provide services from the COUNTY's office at 1202 Northport Drive. However, PROVIDER shall meet with clients and collaterals at locations throughout the community including, but not limited to, client's home and work place.
- C. Provide staff of 40 hours/week on normal business days.
- D. Make two staff available to provide coverage during each other's vacations and other time off.
- E. Ensure that staff meets minimum requirements of a four year degree from an accredited college or university and passing criminal and caregiver background checks.
- F. Initiate investigations within one working day of receipt of a referral.
- G. Employ an investigator who shall work closely with COUNTY and communicate daily regarding case activities and the status of investigations.
- H. Designate an internal contact for each consumer within the program to coordinate internal programming. COUNTY will provide an orientation for the PROVIDER's investigators, including, but not limited to, an overview of elder abuse services, adult protective services, and service systems for people with developmental disabilities, physical disabilities and mental health needs.
- I. Make face-to-face contact with the client within 5 business days of being assigned the case.
- J. Make contact with the referral source and any other person significantly involved in the client's life.
- K. Communicate with COUNTY daily regarding the status of investigations, next steps to take in the investigation, actions taken to protect the adult at risk, any legal matters and decision for case closure.
- L. Maintain thorough and accurate records of all investigations.

- M. Investigate estimated 150 - 160 referrals annually.
- N. Discuss referrals at least weekly.
- O. Facilitate consumers successfully learning and/or obtaining necessary transportation services to assure client safety and appropriately investigate referrals.
- P. Provide its services effectively and efficiently to meet the standard of care for the profession and so as to be valued by other professionals within the physical health and mental health systems.
- Q. Cooperate with COUNTY in monitoring its performance measurements.
- R. PROVIDER shall work with COUNTY to develop policies and procedures regarding PROVIDER's authority under Wisconsin Statutes Chapter 51.42, particularly as it relates to guardianship, protective services and protective placements.

**III. REFERRAL/APPLICATION PROCESS:**

- A. The Elder Abuse/Adults at Risk telephone Helpline receives and screens referrals, and will notify PROVIDER of referrals needing investigation.
- B. Eligible clients are adults who have a physical or mental condition that substantially impairs their ability to care for their needs and who are referred to COUNTY as at risk of abuse, neglect, self-neglect or exploitation.
- C. PROVIDER shall prioritize cases based on potential for harm either to the client or other people. In situations of imminent danger, PROVIDER shall make same day face to face contact with the adult at risk and take appropriate steps to assure client safety.
- D. PROVIDER shall inform COUNTY when the number of referrals exceeds the PROVIDER's capacity to respond in a timely fashion. Referrals will be prioritized based on the person's safety, capacity, and involvement with community service providers.

**IV. REPORTING: PROVIDER shall:**

- A. Notify COUNTY of each week's work schedule no later than 8:00 a.m. on Monday of that week.
- B. Maintain thorough and accurate records of all investigations.
- C. Comply with reporting requirements set by the Wisconsin Department of Health and Family Services.

**V. LENGTH OF SERVICE:**

- A. PROVIDER shall close an individual's case when the investigation has been completed, appropriate action has been taken to assure client safety based on client's competency to make decisions, and all case activities have been documented. Closure usually occurs within 60 - 90 calendar days.
- B. PROVIDER shall inform COUNTY of investigations which may take longer than 90 calendar days.
- C. COUNTY will retain the case file of all closed cases.



**SCHEDULE A**  
**Tellurian UCAN, Inc.**  
**Dane County Care Center**  
**Program 12170**

The primary goal of this Agreement is to provide an intensive, 24 hour awake, supportive community supervised living service to consumers who may otherwise be on an inpatient unit, at a local hospital or institution; to be achieved either by a diversion from inpatient or a return from inpatient to the community in a safe and structured environment.

**I. DEFINITIONS:**

- A. "Community Based Residential Facility" provides services to clients for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug abuse disorders. Services include, but are not limited to: planning for, arranging, and monitoring placement in CBRF, medication monitoring and administration, supervision, non-medical AODA care, counseling, psychotherapy, food, dietary issues, housing, service coordination and discharge planning. (SPC 506.64)
- B. "Dane County Care Center" is ten beds within a Community Based Residential Facility (CBRF) located at 300 Femrite Avenue, Monona, Wisconsin, 53716, intended to provide 24/7 awake residential stabilization services to individuals requiring mental health treatment who are in crisis, for the purpose of inpatient diversion.
- C. A "unit of service" is one day of care provided to one consumer.

**II. PROVIDER'S OBLIGATIONS. PROVIDER shall:**

- A. Provide a total of 3650 days of service.
- B. Serve both unfunded and Medicaid crisis funded individuals who are not in managed care.
- C. Provide appropriate staff, including, but not limited to, adequate and appropriately trained medical and psychiatric staff, and other necessary clinically trained mental health professionals.
- D. Provide or facilitate the following services:
  - 1. Assessment, evaluation and referral
  - 2. Medication supervision and administration
  - 3. Symptom management and stabilization
  - 4. Counseling
  - 5. Skill development
  - 6. Day and evening programming
  - 7. Personal care assistance
  - 8. Transportation
  - 9. Benefit application and counseling

- E. Develop individual, consumer centered response plans and have the plans signed by the consumer. Make a copy of the response plan available to COUNTY upon request.
- F. Keep accurate and appropriate case note documentation on all consumers that relate back to the response plan.
- G. Provide each individual a designated staff contact to coordinate internal programming.
- H. Ensure that individuals successfully obtain necessary transportation for medical appointments and court ordered services.
- I. Ensure the completion of a health insurance application for any uninsured individual. This includes applications for Medicaid, Presumptive Disability, marketplace health insurance or Patient Assistance Programs.
- J. Notify COUNTY when an application has been started but is not able to be completed and the reason for non-completion.
- K. Work with individuals' case managers and other significant individuals and entities to coordinate care and to achieve maximum consumer stabilization.
- L. Establish and maintain working arrangements with all other relevant agencies or community support systems that could provide support for individuals, **especially key entry points, such as law enforcement, hospital ERs, Winnebago Mental Health Institute (WMHI) and Journey Mental Health Center Crisis Unit.**
- M. Coordinate plans and maximized use of system wide resources so that individuals have access to services upon discharge.
- N. Meet all State CBRF requirements.
- O. Meet the following desired outcomes:
  - 1. Maximize the number of admissions from hospital and institutional units.
  - 2. Minimize the number of returns to hospital and institutional units.
  - 3. Obtain all funding available through third party billing.
  - 4. Ensure that 80 percent of discharges are to less restrictive settings.
  - 5. Minimize unsafe behaviors.
- P. Meet with COUNTY at least quarterly, or upon request, to discuss reporting, funding availability for consumer services and other issues that are pertinent to the implementation of this Agreement.
- Q. Participate in mental health system meetings, including Crisis Stabilization, Recovery Coalition, Homless Consortium and any other meetings that are relevant to system co-ordination.

- R. COUNTY'S Mental Health Services Manager shall mediate disputes pertaining to services.

### **III. REFERRAL AND ADMISSION PROCESS.**

- A. Referrals will come directly to PROVIDER. PROVIDER shall process referrals as efficiently as possible and have availability to respond to referrals on a 24/7 basis.
- B. PROVIDER shall conduct assessments face-to-face, over the phone or through tele-conferencing within 2 hours of receiving the referral.
- C. PROVIDER shall routinely participate with COUNTY, WMHI, Hospitals, Institute Discharge Planner and others as needed, to stay abreast of individuals' readiness for discharge and be an active planner in facilitating discharge to an appropriate setting.
- D. PROVIDER shall determine who will be accepted into the program based on the applicant's need for diversion and a highly structured environment and the requirements of this Agreement.
- E. PROVIDER shall prioritize court ordered individuals funded by COUNTY.
- F. PROVIDER shall notify COUNTY, within one business day, whenever an individual is denied admission to the program and the reasons for the decision.
- G. PROVIDER and County shall explore any and all means to satisfy the reason for the denial so that the individual may be able to be served within the program.
- H. To be eligible for this service, individuals must be at risk for psychiatric inpatient treatment or in need of a crisis stabilization intervention as defined in Wisconsin Administrative Code DHS 34.
- I. To be eligible for this service, individuals must be at least 18 years of age, residents of Dane County, have no funding or have Medicaid and not be funded under managed care.
- J. PROVIDER shall evaluate individuals who have a history of dangerousness 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.
- K. PROVIDER may admit individuals who are not COUNTY funded. The cost for this service shall be covered in full by an outside source and shall not be included within the 3650 services days under this contract.
- L. PROVIDER shall maintain a waiting list, as necessary, and shall share it with COUNTY as requested.

### **IV. REPORTING: PROVIDER shall:**

- A. Provide a copy of the annual license renewal to COUNTY upon request.
- B. Complete service logs daily and submit them weekly to the Journey Mental Health Center Crisis Stabilization Unit.
- C. Meet all of the reporting requirements of Wisconsin Administrative Code DHS 34.

**VI. LENGTH OF SERVICE:**

- A. Individual length of stays may range from a day to several weeks. PROVIDER shall obtain COUNTY authorization for all stays longer than 14 days.

**VII. FINANCIAL. PROVIDER shall:**

- A. Bill all third party insurers, including Medical Assistance and Medicare for the provision of any billable service.
- B. Meet all of the Medical Assistance and Medicare State and County requirements for the billing of these services.
- C. Ensure completion of all appropriate applications, such as Medicaid, presumptive disability, health insurance, prescription assistance (PAP), long term residential services and case management are completed

**VIII. COOPERATION. PROVIDER shall:**

Comply with COUNTY on all "General Features For Adult Mental Health System - 2017," which is attached as Exhibit 1.

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**TELLURIAN UCAN, INC.**  
**SCHEDULE B - FISCAL**  
**PROGRAM # 12170 – DANE COUNTY CARE CENTER**

1. Regarding funding for Dane County Care Center program # 12170:

Revenue Type	Non-Contingent Amount	Contingent Amount	Total Amount
Co GPR	\$ 206,650		\$ 206,650
SSI	\$ 50,000		\$ 50,000
MA Crisis		\$ 700,000	\$ 700,000
Total	\$ 256,650	\$ 700,000	\$ 956,650

2. Regarding method of payment for Dane County Care Center program # 12170:

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.

**SCHEDULE A - 2017  
TELLURIAN UCAN, INC.  
CHARM HOUSING  
Program 1746 SPC 106 and Program 10618 SPC 601**

The primary goals for this service are to provide outreach support to consumers to maximize their ability for successful community living; to maintain a list of lower cost, independent living arrangements; and to disseminate housing resource information to consumers and Mental Health system service providers on a routine basis.

**I. DEFINITIONS:**

- A. "Housing Assistance" means the provision of services to clients in a natural or supportive service setting for the purpose of enabling persons to obtain safe, healthful, and affordable housing. Services may include, but are not limited to: advocacy, assessment/diagnosis, working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referral to existing resources for services and housing repairs/ winterization/weatherization, making arrangements for moving, paying moving expenses and funding the cost of fuel/utilities.
- B. "Outreach" means the provision of services which are designed to result in the locating of persons likely to have a problem which can potentially be alleviated by the delivery of human services. Services may include, but are not limited to: case finding and referral. Includes activities which better enable persons to locate human service resources which are appropriate to their needs such as the establishment of referral networks and the development and distribution of human services resource directories. Includes initial intervention efforts directed at motivating persons to obtain needed services.
- C. A "unit of service" is a staff hour.

**II. PROVIDER'S OBLIGATIONS: PROVIDER shall:**

- A. Assist consumers in finding, obtaining and keeping safe affordable housing through direct housing counseling, assistance and advocacy.
- B. Designate a staff contact for each consumer in the program to coordinate internal and system-wide services.
- C. Assist consumers eligible for Section 8 vouchers and subsidized housing to maintain qualifications for vouchers and conduct follow-up contacts as needed.
- D. Advocate with landlords in an effort to preserve consumers' housing.
- E. Create outcome evaluation goals and tools that shall be approved in advance by COUNTY.
- F. Ensure that consumers successfully learn and/or obtain necessary transportation services to meet individual needs, especially for medical and court ordered services.
- G. Ensure the completion of a health insurance application for any uninsured individual. This includes applications for Medicaid, Presumptive Disability, marketplace health insurance or Patient Assistance Programs. PROVIDER will notify COUNTY when an application has been started but is not able to be completed and the reason for non-completion.
- H. Provide services within the community where appropriate. PROVIDER shall work from 300 Femrite Drive, Monona, WI, 53716.

III. **REFERRAL/APPLICATION PROCESS:**

- A. Referrals shall be made directly to PROVIDER's Housing Resource Coordinator. PROVIDER shall make the determination as to who will be accepted and when services will begin in accordance with the terms of this Agreement.
- B. Serve adult Dane county residents who have a serious and persistent mental illness, are homeless or at risk of being homeless and who are not served by another core case management program.
- C. PROVIDER shall prioritize consumers who are eligible for MA Crisis Stabilization services.
- D. 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.

IV. **REPORTING:**

- A. When providing MA Crisis funded services, PROVIDER shall complete service logs and submit them electronically to the Journey Mental Health Center Crisis Stabilization Unit on a weekly basis.
- B. PROVIDER shall meet all of the reporting requirements of Wisconsin Administrative Code DHS 34.

V. **LENGTH OF SERVICE:**

- A. PROVIDER shall terminate services upon the consumer successfully securing housing and demonstrating stability in that housing or as consumers no longer wish to participate in the program.

VI. **COOPERATION:** PROVIDER shall:

Comply with COUNTY on all "General Features For Adult Mental Health System - 2017," which is attached as Exhibit 1.

**TELLURIAN UCAN, INC.**  
**SCHEDULE B - FISCAL**

1. Regarding funding for this contract:

The following Medicaid revenues are budgeted in each of the programs below:

	<u>MA Crisis</u>	<u>MA CM</u>	<u>MA CRS</u>
Prog # 6126 – Crawford	\$102,240	\$ -	\$ 60,000
Prog # 1342 – Acewood	356,257	-	-
Prog # 1344 – THP	287,367	-	-
Prog # 6042 – CHARM Housing	30,000	-	-
Prog # 1616 – CIT Case Mgmt	168,467	19,800	-
Prog # 10531 – Care Center	<u>700,000</u>	<u>-</u>	<u>-</u>
Total	\$ 1,644,331	\$ 31,800	\$ 60,000

2. 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.
3. 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 2016



# Program Summary Form

Created: 10/19/2016	Contract #: 83714 ✓	Provider: Tellurian UCAN, Inc.	Funding Period: January 1, 2017 - December 31, 2017 ✓										
Revised:	Division: Adult Community Services	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. 3503		ACIWRTTEL	DTDYAA	Day Treatment - Synergy	704.10	27	12	✓ 15.58	✓ 4.758	\$ 74,118	✓	\$ 74,118	600/610
b.													
c.													
d.													
e.													
f.													
g.													
h.													
i.													
j.													
<b>Total</b>											✓ \$ 74,118.00	\$ -	\$ 74,118.00

\*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.		
b.	Unit Quantity based on available funds divided by the unit cost; Unit = direct client service hour. ✓		
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			

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

- a. Day Treatment
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.
- j.
- k.

Contract Manager(s)/Programs: Todd Campbell

Accountant(s)/Programs: Laura Yundt

**TELLURIAN UCAN, INC.**  
**Day Treatment – Synergy**  
**Program #3503**

**2017 – SCHEDULE A**

**A. Description of Services to be Purchased**

This program is intended to provide:

Day Treatment (SPC 704.10)

Day treatment means a medically monitored and structured nonresidential treatment service consisting of regularly scheduled sessions of various modalities such as counseling, case management, group or individual therapy, medical services and mental health services, as indicated, by interdisciplinary providers for at least 12 hours per week (three or more hours per day for four or more days per week).

**1. Service Location**

2914 Industrial Drive, Madison.

**2. Persons to be Served**

**a. Target Population**

Adults who have been referred by either the Drug Court Treatment (DCTP) or Drug Court Diversion (DCDP) programs. Dane County adults who are not active participants in either of these programs may be served by this program, however DCDP and DCTP participants shall be the first priority for admission.

**b. Eligibility Guidelines**

PROVIDER shall find eligible for admission to these programs any individuals who possess the following characteristics:

- i. Adult (at least 18 years old); and
- ii. Dane County resident; and
- iii. Diagnosable Substance Use Disorder; and
- iv. Demonstrates sufficient need for this level of care as assessed by accepted placement criteria instrument; and
- v. Current participant in Dane County DCTP or DCDP; and
- vi. Not covered or eligible for coverage by any insurance plan with a benefit for a similar program; or
- vii. No other private resources to fund a similar program; or
- viii. In the first phase of a drug court program and unable to enter a similar program despite being covered by an insurance plan with a benefit for that program.

**3. Federal and State Requirements**

PROVIDER shall comply with all federal and state requirements related to the funding source for this program including the Substance Abuse Prevention and Treatment Block Grant, the Treatment Alternatives Program (TAP) Grant, and the Intravenous Drug Enhancement Grant.

## **B. Program Evaluation**

### **1. Goals**

The primary goals are to:

- a. To provide treatment-oriented services (counseling, medical support services and AOD information) designed to reduce/eliminate problematic drinking and increase the ability to make safe decisions.
- b. To improve personal, social vocational and behavioral functioning.

### **2. Performance Indicators**

- a. 70% of clients served by the PROVIDER will not require admission to the Detoxification (detox) facility during the 12 month period following admission to the PROVIDER's services.
- b. 30% of clients served by the PROVIDER who had detox admissions in the 12 preceding months will reduce their admissions to the detox program in the 12 months following discharge from the PROVIDER's program.
- c. 65% of all clients discharged will have successfully completed treatment in accord with the following criteria:
  - i. Clients will have stopped their usage of alcohol and or other drugs.
  - ii. Clients will have improved their level of functioning in at least two of the following areas;
    - (a) social and family relations;
    - (b) psychiatric/emotional;
    - (c) legal involvements;
    - (d) financial/vocational;
    - (e) health.
  - iii. Clients will have an established involvement with a self-help group or other support groups or systems.

## **C. Contract Requirements Specific to Program**

### **1. Referral/Application Process**

The primary target population for this service will be referred by the agencies responsible for coordination and case management in DCDP and DTCP . Referrals from these sources shall be the first priority for admission. If there is sufficient capacity, the PROVIDER may then serve clients referred by other community sources.

The PROVIDER shall schedule an initial intake appointment for any client who is currently active with another provider of Substance Use treatment which is also funded by the COUNTY and is referred by that provider. The PROVIDER must make every reasonable effort to schedule this intake appointment before the identified client is scheduled to complete services with the referring provider. This applies only to clients who are active in a program at a different level of care than the PROVIDER is delivering according to this agreement.

### **2. Capacity/Waiting List**

Capacity is identified in the Program Summary Form of this contract. PROVIDER shall maintain a waiting list as needed and shall communicate this need with the COUNTY and

the referring agency. Priority for program admission shall be granted to individuals in the following order:

- a. pregnant women who are intravenous drug users.
- b. pregnant women,
- c. intravenous drug users,
- d. women with dependent children, and
- e. homeless persons with co-occurring disorders (substance use disorder and mental illness)
- f. individuals with a case active to the COUNTY and/or are institutionalized.

### **3. Service Methods**

#### **a. Service Definition**

Services to be provided include: collaboration with case management, individualized master case management/treatment plan development; and intake and ongoing assessment. Individual and group sessions address impulse control, stress management, rational decision making, use of leisure time, empathy, awareness of feelings, communication and personal growth groups; life management skill development, vocational assessments, job readiness and career planning.

#### **b. Frequency of Contact**

Each individual will have a minimum of twelve hours of counseling per week. Day treatment services are scheduled for 4 hours per day Tuesday through Friday.

#### **c. Nature of Contact**

The majority of contact under this contract will take place in the PROVIDER's office and will be face-to-face between staff from the PROVIDER and each client admitted to these programs. The PROVIDER may have some contact with and on behalf of admitted clients by telephone, email, fax, and mailed correspondence.

#### **d. Service Hours/Days**

Services are offered either in the morning hours or evening hours to accommodate the clients' work, education/training or job seeking activities.

#### **e. Length of Service**

The length of service is based on clinical need but shall not exceed 4 months.

#### **f. Service Area**

Individuals from all of Dane County shall be served.

### **4. Transportation**

Transportation is not a covered service under this contract.

### **5. Service Termination**

Services are terminated upon successful completion, at the participant's request, or by agency action as dictated by agency policy.

### **6. Clients to be Reported**

Reporting is required for all persons admitted to the program, for whom a County client identification number is assigned, and for which statistical and financial information is submitted on a monthly basis. PROVIDER agrees to provide or contribute to state-required reports, including the statistical information for all IV Drug Abusers specified in the Wisconsin AODA Primary Treatment Registry Format.

**7. Units of Service**

One hour represents one unit of service.

**8. Other Features and Requirements**

**a. Program Improvement**

PROVIDER shall conduct a minimum of one walk-through consistent with the Network for the Improvement of Addiction Treatment (NIATx) Process Improvement Guidelines. The goal of the walk-through is to see the program from the client's perspective. PROVIDER shall submit to the COUNTY a written report of the walk-through. At a minimum this report shall include a summary of areas that need improvement, the strengths demonstrated during the walk-through, and one identified process to be changed. This written report shall be submitted on or before October 15.

**b. Adult Protective Services**

PROVIDER understands that the system of care for its consumers that may include court oversight. PROVIDER is responsible for knowing which of its consumers are subjects of Wisconsin Statutes Chapter 51 Commitments or Settlement Agreements, Chapter 54 Guardianship, Chapter 55 Protective Placement and/or Protective Services and any Probation and Parole orders/rules.

- i. If PROVIDER is a residential provider or case manager, PROVIDER has the following responsibilities:
  - (a) PROVIDER shall maintain the following information in the individual's file or chart as is applicable:
    - (1) The guardian's name, current address, phone number and e-mail address.
    - (2) A copy of the current Determination and Order for Protective Services/Protective Placement, or other specific court order/rules. PROVIDER shall confidentially maintain these documents.
    - (3) A copy of the Letters of Guardianship specifying the consumer's rights retained and the extent of the guardian's responsibility.
  - (b) Nonemergency transfer of protective placement. If PROVIDER initiates a transfer/change of residential placement of a person under a protective placement order, it shall provide notice of transfer to the Probate Office, the guardian(s), the case manager/broker, COUNTY's Adult Protective Services Unit, and the consumer with 10 days prior written notice. PROVIDER must obtain written consent of the guardian prior to transfer. PROVIDER must have a safe discharge plan.
  - (c) Emergency transfer of protective placement. If PROVIDER initiates an emergency residential transfer of a person under a protective placement order, it shall no later than 48 hours after the transfer provider notice of transfer to

- the Probate Office, the guardian(s), COUNTY's Adult Protective Services Unit and the consumer. PROVIDER must have a safe discharge plan.
- (d) Discharge or transfer of consumer not under protective placement. When a consumer who is not under a protective placement order is discharged or transferred to another service or residence, PROVIDER shall give at least 24 hours prior written notice to the guardian, the case manager/broker, unless an emergency event prevents this, in which case PROVIDER shall provide such notice within 48 hours of the transfer.
  - (e) The PROVIDER, when requested, shall submit on a timely basis a complete, clear and signed Watts Annual Review Form.
  - (f) The PROVIDER shall prepare a Report to the Court when ordered by the Court or requested by the COUNTY.
  - (g) Unless instructed otherwise, the PROVIDER shall transport and accompany its consumers to all Court Hearings or otherwise assure the consumer's presence at them.
  - (h) When requested, PROVIDER shall provide testimony in court hearings.
  - (i) To facilitate the acquisition of medical reports required for Court Hearings, the PROVIDER, when requested shall schedule an appointment with the appropriate physician or psychologist and shall take the consumer to the appointment or otherwise assure the consumer's presence at the appointment.
- ii. The COUNTY'S Adult Protective Services Unit will, at the PROVIDER'S request, assist the PROVIDER in identifying individuals under Chapters 51, 54 and 55.
  - iii. PROVIDER is responsible for meeting any Adult at Risk or Elder Adult at Risk reporting obligations it has pursuant to Wisconsin Statutes Chapters 46 and 55. In addition upon request of the COUNTY, PROVIDER will assist the COUNTY in investigating Adult at Risk or Elder Adult at Risk referrals received by the COUNTY regarding any consumer the PROVIDER serves in consultation with the COUNTY Contract Manager or designee and the COUNTY's Adult Protective Services Unit.

**c. Tuberculosis Services**

- i. The PROVIDER shall directly provide or routinely make available the following TB services to each individual receiving treatment for substance abuse:
  - (a) Counseling the individual with respect to TB.
  - (b) Testing to determine whether the individual has been infected with mycobacterium TB to determine the appropriate form of treatment for the individual.
  - (c) Providing for or referring the individuals infected by mycobacterium TB appropriate medical evaluation and treatment.
- ii. The PROVIDER shall implement the infection control procedures that are consistent with those established by the Wisconsin Department of Health Services to prevent the transmission of TB and that address the following:
  - (a) Screening individuals and identification of those who are at high risk of becoming infected.

- (b) Meeting all state reporting requirements while adhering to federal and state confidentiality requirements 45 CFR parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR part 2.
- (c) Case management activities to ensure that individuals receive such services.
- iii. The PROVIDER shall report all individuals with active TB as required by state law and in accordance with federal and state confidentiality requirements 45 CFR Parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR Part 2.

**d. Program Certification**

PROVIDER shall maintain required certification under State Community substance Abuse Services Standards established by Administrative Rule DHS 75 for services provided under this contract.

## SCHEDULE C REPORTING REQUIREMENTS

The Agreement requires some reports to be filed upon request and other reports to be filed at a particular time. The following reports have specific due dates as provided below:

REPORT	WHERE SUBMITTED	DUE DATE
Affirmative Action Plan (Unless PROVIDER is exempt.)	Contract Compliance Officer Office of Equal Opportunity 210 Martin Luther King, Jr. Blvd. Rm. 421 Madison, WI 53703	January 15, 2017 (15 days after Agreement effective date.)
Civil Rights Compliance Plan (Unless PROVIDER is exempt.)	Contract Compliance Officer Office of Equal Opportunity 210 Martin Luther King, Jr. Blvd. Rm. 421 Madison, WI 53703	On or before the effective date of the Agreement.
NLRB or WERC complaints or findings that PROVIDER has violated labor standards.	Contract Compliance Officer Office of Equal Opportunity 210 Martin Luther King, Jr. Blvd. Rm. 421 Madison, WI 53703	Within 10 days of complaint or findings.
Certificate of Insurance listing Dane County as additional insured.	Dane County Department of Human Services Contract Coordination Assistant 1202 Northport Dr. Madison, WI 53704	At the time the Agreement is signed.
Living Wage Survey	Dane County Department of Human Services Program Analyst 1202 Northport Dr. Madison, WI 53704	June 15, 2017
Certification of Compliance with Dane County's Living Wage Ordinance.	Dane County Department of Human Services Contract Coordination Assistant 1202 Northport Dr. Madison, WI 53704	March 24, 2017
Program Budget and Supporting Personnel Schedule (Unless PROVIDER is exempt.)	Dane County Department of Human Services Accounting, Ground Floor 1202 Northport Dr. Madison, WI 53704	February 25, 2017 (56 days after Agreement effective date.) Final Revisions due January 25, 2018
Quarterly Expense Reports (Unless PROVIDER is exempt.)	Dane County Department of Human Services Accounting, Ground Floor 1202 Northport Dr. Madison, WI 53704	April 25, July 25, and October 25, 2017; and January 25, 2018
Annual Audit (Unless PROVIDER is exempt.)	Dane County Department of Human Services Accounting, Ground Floor 1202 Northport Dr. Madison, WI 53704	June 30, 2018, or 180 days after the end of PROVIDER's fiscal year.
Notice of Financial Instability	Dane County Department of Human Services Accounting, Ground Floor 1202 Northport Dr. Madison, WI 53704	Upon triggering event occurring that requires notice.
Client Registration/Client Services Reports.	Client Registration is faxed to 242-6288. Client Services Reports are submitted electronically to your assigned keyer.	February 10, March 10, April 10, May 10, June 10, July 10, August 10, September 10, October 10, November 10, December 10, 2017 and January 5, 2018
Quarterly Client Services Reports	County Designee	May 1, 2017, August 1, 2017, November 1, 2017 and final quarter due April 1, 2018
Certification of Compliance with Dane County's Equal Benefits Requirement	Dane County Department of Human Services Ground Floor 1202 Northport Dr. Madison, WI 53704	December 31, 2017



## ADDITIONAL PROGRAM SPECIFIC REPORTING REQUIREMENTS

Mental Health Supplemental Data	Dane County Department of Human Services 1202 Northport Drive Madison, WI 53704 Marlene/Geoff	Every 6 months
Monthly Client Service Reports	Contract Manager or designee 1202 Northport Drive, 53704 <a href="mailto:simon@countyofdane.com">simon@countyofdane.com</a> <a href="mailto:grabot@countyofdane.com">grabot@countyofdane.com</a>	Monthly by the 7th
Client Satisfaction Report	Contract Manager or designee 1202 Northport Drive, 53704 <a href="mailto:simon@countyofdane.com">simon@countyofdane.com</a> <a href="mailto:grabot@countyofdane.com">grabot@countyofdane.com</a>	Annual
Applicable MOU Agreements	Contract Manager or designee 1202 Northport Drive, 53704 <a href="mailto:simon@countyofdane.com">simon@countyofdane.com</a> <a href="mailto:grabot@countyofdane.com">grabot@countyofdane.com</a>	As Requested or Annually
Crisis Contact Logs	JMHC – Crisis Stabilization 625 West Washington Avenue Madison, WI 53703	Weekly
CRS Service Documentation	CRS Coordinator 1202 Northport Drive, 53704 <a href="mailto:erinm@recoverydane.org">erinm@recoverydane.org</a> FAX 608-242-6531	Weekly or as otherwise directed
Authorization for Adult Family Home, Short Term Care and Group Home Placement	Dane County Department of Human Services Ground Floor 1202 Northport Dr. Madison, WI 53704	Within 3 days of admission
Program Licensure (CBRF/AFH)	Contract Manager or designee 1202 Northport Drive, 53704 <a href="mailto:simon@countyofdane.com">simon@countyofdane.com</a> <a href="mailto:grabot@countyofdane.com">grabot@countyofdane.com</a>	Annual
Program Prioritization Criteria	Contract Manager or designee 1202 Northport Drive, 53704 <a href="mailto:simon@countyofdane.com">simon@countyofdane.com</a> <a href="mailto:grabot@countyofdane.com">grabot@countyofdane.com</a>	By January 31st
Wisconsin Medicaid Cost Reporting (WIMCR)	Northport designee 1202 Northport Drive, 53704 <a href="mailto:WIMCR@countyofdane.com">WIMCR@countyofdane.com</a>	By 30 <sup>th</sup> of the each month

WISCONSIN MEDICAID COST REPORTING (WIMCR)  
ADDENDUM

This Addendum sets forth the following reporting requirement for all programs where PROVIDER provides one or more of the following Medicaid services:

- A. Case Management (CM)
- B. Community Support Program (CSP)
- C. Crisis Intervention – Hourly (CI)
- D. Outpatient Mental Health and Substance Abuse in the Home or Community (OPMHSA)
- E. Personal Care (PC)

PROVIDER agrees to submit monthly, in the format requested by COUNTY, direct employee names, job titles, credentials, costs and hours. This report is due by the 30<sup>th</sup> of each month following the month of service.

October 2016

## HIPAA BUSINESS ASSOCIATE ADDENDUM

This Addendum amends and is hereby incorporated into the existing Purchase of Service Agreement No. 83714 (“Agreement”), 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”).

COUNTY and PROVIDER mutually agree to modify the Agreement to incorporate the terms of this Addendum to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009 (“HITECH”), and HIPAA’s implementing regulations, Title 45, Parts 160 and 164 of the Code of Federal Regulations (“Security and Privacy Rules”), as amended, dealing with the security, confidentiality, integrity and availability of Protected Health Information as well as breach notification requirements. If any conflict exists between the terms of the original Agreement and this Addendum, the terms of this Addendum shall govern.

This Addendum is specific to those services and programs included in the Agreement in which PROVIDER may create, access, receive, maintain or transmit Protected Health Information on behalf of COUNTY and where it has been concluded that PROVIDER is performing specific functions on behalf of COUNTY that have been determined to be covered under the HIPAA Security and Privacy Rules. PROVIDER's activities within the Agreement may include, but are not limited to the following: (i) claims processing or administration, (ii) data analysis, processing or administration, (iii) utilization review, (iv) quality assurance, (v), billing, (vi) benefit management, (vii) practice management, (viii) other management or administrative functions, including legal, actuarial, accounting, consulting, or data management functions, or (ix) where PROVIDER is a health provider not otherwise subject to the Security and Privacy Rules, including other health service functions. PROVIDER is responsible for securely maintaining Protected Health Information on behalf of COUNTY, and for complying with the HIPAA Security and Privacy Rules, including, but not limited to breach notification rules, to the same extent as COUNTY.

### 1. Definitions:

- a. Protected Health Information (PHI) means any information, unless excluded from protection under the Security and Privacy Rules, whether oral or recorded in any form or medium, including Electronic Health Records, that: (i) relates to the past, present or future physical or mental condition of any Individual; the provision of health care to an Individual; or the past, present or future payment of the provision of health care to an Individual; and (ii) identifies the Individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual. PHI includes demographic information.
- b. Individual means the person who is the subject of PHI, and shall include a person who qualifies under the Security and Privacy Rules as a personal representative of the Individual.
- c. Breach means the unauthorized acquisition, access, use or disclosure of Unsecured PHI in a manner not permitted under the Privacy Rule that creates a significant risk of financial, reputational or other harm to the Individual.

- d. Unsecured Protected Health Information means PHI that is not rendered unusable, unreadable or indecipherable through the use of technology or methodology specified by the U.S. Secretary of Health and Human Services (“Secretary”) that compromises the security or privacy of the PHI. Unsecured PHI is presumed to be compromised unless following a risk assessment that fairly considers the nature and extent of the breach and potential injury to affected Individuals, it is determined that the PHI has not been compromised.
  - e. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system.
  - f. Capitalized terms used in this Addendum, but not otherwise defined, shall have the same meaning as those terms in the Security and Privacy Rules, as amended.
2. Prohibition on Unauthorized Use or Disclosure of PHI: PROVIDER shall not access, transmit, maintain, retain, modify, record, store, destroy, hold, use or disclose any PHI received from or on behalf of COUNTY except as permitted or required by the Agreement or this Addendum, as required by law, or as otherwise authorized in writing by COUNTY.
3. Use and Disclosure of Protected Health Information: PROVIDER may create, use or disclose PHI only for the following purposes:
- a. For the proper management and administration of the functions and activities related to the provision of healthcare services specified within the Purchase of Services Agreement.
  - b. For meeting its obligations as set forth in any agreements between the parties evidencing their business relationship.
  - c. As would be permitted by the Security and Privacy Rules if such use or disclosure were made by COUNTY or as required by applicable law, rule or regulation.
  - d. For Data Aggregation purposes for the Health Care Operations of COUNTY.
  - e. For use in PROVIDER's operations as outlined in paragraph 4. below.
- Disclosures of PHI shall, to the extent practicable, be limited to the applicable limited data set and to the minimum necessary information to accomplish the intended purpose of the use, disclosure or request.
4. Use of PHI for PROVIDER’s Operations: PROVIDER may use and/or disclose PHI it creates for, or receives from, COUNTY to the extent necessary for PROVIDER’s proper management and administration, or to carry out PROVIDER’s legal responsibilities, only if:
- a. The disclosure is required by law, and only to the extent required by law.
  - b. PROVIDER obtains reasonable assurances, evidenced by written contract, from any person or organization to which PROVIDER shall disclose such PHI that such person or organization shall:
    - (i) Hold such PHI in confidence and use or further disclose it only for the purpose for which PROVIDER disclosed it to the person or organization, or as required by law; and
    - (ii) Agree to the same restrictions and conditions as imposed on PROVIDER by this Addendum.

- (iii) Notify PROVIDER, who shall in turn promptly notify COUNTY, of any Security Incident or Breach of PHI.
  - c. PROVIDER keeps COUNTY informed of the identities of all such persons or organizations having access to PHI created, received, maintained or transmitted on behalf of COUNTY.
- 5. Notice of Privacy Practices: For the purpose of PHI created or maintained for COUNTY covered by this Agreement, PROVIDER will not maintain Notice of Privacy Practices providing less protection than stated in COUNTY's Notice of Privacy Practices.
- 6. Safeguarding of PHI: PROVIDER shall develop, implement, maintain, use and regularly review appropriate administrative, technical, and physical safeguards to protect the confidentiality, integrity and availability of all PHI, in any form or media, including electronic storage and transmission, received from, created, received, maintained or transmitted by PROVIDER on behalf of COUNTY. PROVIDER will maintain policies and procedures to protect against the identity theft of client/consumer information. PROVIDER shall document, periodically review and keep these security measures current, consistent with the Security and Privacy Rules. PROVIDER shall cooperate and respond in good faith to any reasonable request from COUNTY to discuss and review PROVIDER's safeguards.
- 7. Subcontractors and Agents. If PROVIDER provides any PHI received from, created or maintained on behalf of COUNTY to a subcontractor or agent, PROVIDER shall require in writing the same safeguards and restrictions no less stringent than required by this Addendum. PROVIDER will also inform such subcontractors and agents that they are subject to the Security and Privacy Rules by virtue of this Addendum.
- 6. Compliance with Electronic Transactions and Code Set Standards: If PROVIDER conducts any Standard Transaction for, or on behalf, of COUNTY, PROVIDER shall comply, and shall require any subcontractor or agent conducting such Standard Transaction to comply, with each applicable requirement of Title 45, Part 162 of the Code of Federal Regulation. PROVIDER shall not enter into, or permit its subcontractors or agents to enter into, any Agreement in connection with the conduct of Standard Transactions for or on behalf of COUNTY that:
  - a. Changes the definition, Health Information condition, or use of a Health Information element or segment in a Standard.
  - b. Adds any Health Information elements or segments to the maximum defined Health Information Set.
  - c. Uses any code or Health Information elements that are either marked "not used" in the Standard's Implementation Specification(s) or are not in the Standard's Implementation Specifications(s).
  - d. Changes the meaning or intent of the Standard's Implementations Specification(s).
- 7. Access to PHI: At the direction of COUNTY, PROVIDER agrees to provide access to PHI held by PROVIDER which COUNTY has determined to be part of COUNTY's Designated Record Set, in the time and manner designated by COUNTY. This access will be provided to COUNTY or, upon advance notice to COUNTY, to an Individual, in order to meet the requirements under the Security and Privacy Rules.

8. Amendment or Correction to PHI: At the direction of COUNTY, PROVIDER agrees to amend or correct PHI held by PROVIDER and which COUNTY has determined to be part of COUNTY's Designated Record Set, in the time and manner designated by COUNTY.
9. Reporting of Security Incidents Involving PHI: PROVIDER shall report to COUNTY the discovery of any Breach of or Security Incident involving PHI. PROVIDER shall make the report to COUNTY's Privacy Official not less than one (1) business day after PROVIDER learns of such Breach or Security Incident. PROVIDER's report of a Breach shall identify as applicable: (i) each individual protected by the Agreement whose PHI has been, or is reasonably believed by PROVIDER to have been breached, accessed, acquired or disclosed, (ii) the nature of the unauthorized use or disclosure, (iii) the PHI used or disclosed, (iv) who made the unauthorized use or received the unauthorized disclosure, (v) PROVIDER's risk analysis of financial, reputational or other harm that may result, (vi) what PROVIDER has done or shall do to mitigate any deleterious effect of unauthorized use or disclosure, (vii) what notifications PROVIDER has or shall make resulting from a Breach of Unsecured PHI, and (viii). what corrective action PROVIDER has taken or shall take to prevent future similar unauthorized use or disclosure. PROVIDER shall provide such other information, including a written report, as reasonably requested by COUNTY's Privacy Official.
10. Mitigating Effect of Unauthorized Disclosure or Misuse of PHI: PROVIDER agrees to mitigate, to the extent practicable, any harmful effect that is known to PROVIDER of a Breach, including, if necessary, payment of the cost of credit monitoring. PROVIDER will cooperate with COUNTY's efforts to seek corrective and mitigation actions.
11. Notification Requirements In Event of Unauthorized Disclosure or Misuse of PHI received, maintained or transmitted on behalf of COUNTY: PROVIDER agrees, at its own cost and after obtaining consultation and agreement from COUNTY, to no later than 60 days following a Breach to:
  - a. Provide written notice to the Individual or next of kin if the Individual is deceased, as required by law.
  - b. If contact information is insufficient to provide notice to an individual, provide a substitute form of notice; and, where there are 10 or more Individuals with insufficient contact information, make a conspicuous posting as required by the Secretary as provided on the Secretary's official web site.
  - c. If breach involves the PHI of more than 500 Individual residents of the state, notify prominent media outlets.
  - d. Include in notice to Individuals: (i) a brief description of what happened; (ii) a description of the type of information involved; (iii) steps Individuals should take to protect themselves from potential harm resulting from the Breach; a description of what is being done to investigate the Breach, mitigate losses and protect against further breaches; and (iv) contact procedures for Individuals to obtain further information.
  - e. Comply with any other notice requirements of the Security and Privacy Rules, or guidance statements of the Secretary, as from time to time amended.
  - f. Reporting all actions taken to COUNTY.

12. Log of Unauthorized Disclosure or Misuse of PHI: PROVIDER shall maintain a log of any Breach of PHI covered by this Addendum and shall annually submit such log to the Secretary and to COUNTY. PROVIDER shall provide immediate notice to the Secretary and COUNTY of any breach of the PHI of 500 or more Individuals.
13. Tracking and Accounting of Disclosures: So that COUNTY may meet its accounting obligations under the Security and Privacy Rules,
  - a. Disclosure Tracking. Unless excepted under subsection (b) below, PROVIDER will record for each disclosure of PHI it makes that PROVIDER creates or receives for or from COUNTY (i) the disclosure date, (ii) the name and (if known) address of the person or entity to whom PROVIDER made the disclosure, (iii) a brief description of the PHI disclosed, and (iv) a brief statement of the purpose of the disclosure. For repetitive disclosures which PROVIDER makes to the same person or entity, including the COUNTY, for a single purpose, PROVIDER may provide (i) the disclosure information for the first of these repetitive disclosures, (ii) the frequency, periodicity or number of these repetitive disclosures, and (iii) the date of the last of these repetitive disclosures. PROVIDER will make this log of disclosure information available to the COUNTY within five (5) business days of the COUNTY's request.
  - b. Disclosure Tracking Time Periods. PROVIDER must have available for the Individual and COUNTY the disclosure information required by this section for the six-year period preceding the request for the three-year period preceding a request for the disclosures of Electronic Health Records made for purpose of Treatment, Payment and Health Care Operations.
14. Accounting to COUNTY and to Government Agencies: PROVIDER shall make its internal practices, books, and records relating to the use and disclosure of PHI received from or on behalf of or created for COUNTY available to COUNTY, or at the request of COUNTY, to the Secretary or his/her designee, in a time and manner designated by COUNTY or the Secretary or his/her designee, for the purpose of determining COUNTY's compliance with the Security and Privacy Rules. PROVIDER shall promptly notify COUNTY of communications with the Secretary regarding PHI provided by or created by COUNTY and shall provide COUNTY with copies of any information PROVIDER has made available to the Secretary under this provision.
15. Prohibition on Sale of Protected Health Information: PROVIDER shall not receive remuneration in exchange for any PHI of an Individual received from or on behalf of COUNTY.
16. Response to Subpoena: In the event that PROVIDER receives a subpoena or similar requirement for the production of PHI received from, or created on behalf of COUNTY, PROVIDER shall promptly forward a copy of such subpoena to the Director of the Dane County Department of Human Services to afford COUNTY the opportunity to timely respond to the demand for its PHI as COUNTY determines appropriate.
17. Termination:

In addition to the rights of the parties established by the underlying Agreement, if COUNTY reasonably determines in good faith that PROVIDER has materially

breached any of its obligations under this Addendum, COUNTY, in its sole discretion, shall have the right to:

- a. Exercise any of its rights to reports, access and inspection under this Addendum; and/or
- b. Require PROVIDER to submit to a plan of monitoring and reporting, as COUNTY may determine necessary to maintain compliance with this Addendum, and/or
- c. Provide PROVIDER with a reasonable period to cure the breach; or
- d. Terminate the Agreement immediately.

17. Return or Destruction of PHI: Upon termination, cancellation, expiration or other conclusion of PROVIDER's contractual relationship with COUNTY, PROVIDER shall:

- a. Return to COUNTY or, if return is not feasible, destroy all PHI and all Health Information in whatever form or medium that PROVIDER received from or created on behalf of COUNTY. This provision shall also apply to all PHI that is in the possession of subcontractors or agents of PROVIDER. In such case, PROVIDER shall retain no copies of such information, including any compilations derived from and allowing identification of PHI. PROVIDER shall complete such return or destruction as promptly as possible, but not less than thirty (30) days after the effective date of the conclusion of PROVIDER's contractual relationship with COUNTY. Within such thirty- (30) day period, PROVIDER shall certify on oath in writing to COUNTY that such return or destruction has been completed.
- b. If PROVIDER destroys PHI, it shall render the PHI completely unusable, unreadable, and undecipherable to unauthorized persons using approved methods. Electronic redaction is an insufficient method of destruction.
- c. If PROVIDER believes that the return or destruction of PHI is not feasible, upon mutual agreement of the Parties, PROVIDER shall extend the protections of this Addendum to PHI received from or created on behalf of COUNTY, and limit further uses and disclosures of such PHI, for so long as PROVIDER maintains the PHI.

18. Miscellaneous:

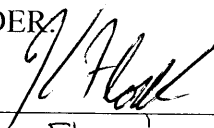
- a. Automatic Amendment. Upon the effective date of any amendment to the regulations promulgated by the Secretary with regard to PHI, this Addendum shall automatically amend so that the obligations imposed on PROVIDER remain in compliance with such regulations.
- b. Interpretation. Any ambiguity in this Addendum shall be resolved in favor of a meaning that permits COUNTY to comply with the Security and Privacy Rules.
- c. Indemnification. PROVIDER shall defend and hold COUNTY harmless from all costs, including attorney fees, resulting from PROVIDER's failure to meet any of its obligations under this Addendum.
- d. Independent Contractor Status. Nothing in this Agreement shall be interpreted to alter PROVIDER's independent contractor status with COUNTY.



IN WITNESS WHEREOF, the undersigned has caused this Addendum to be duly executed in its name and on its behalf.

For PROVIDER:

By: \_\_\_\_\_

  
Kevin Florek

(Print or type name)

Title: President & CEO

Date: 11/11/2016