

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 82695A		
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		Contract Addendum POS <input type="checkbox"/> <input checked="" type="checkbox"/> Grant <input type="checkbox"/> <input type="checkbox"/> Lease <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Term of Contract or Addendum: 1/1/14 - 12/31/14				
4. Amount of Contract or Addendum: \$100,000				
5. Purpose: NA - Not required when Human Services signs.				
6. Vendor or Funding Source: Dodge County Clearview Vendor #: 18883-1				
7. If grant: Funds Positions? <input type="checkbox"/> Yes <input type="checkbox"/> No Will require on-going or matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Are funds included in the budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Please give account codes and related \$ amounts. Code: _____ \$ _____; Code: _____ \$ _____				
9. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, has a resolution been prepared/submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of the Resolution				
10. Does Domestic Partner Equal Benefits requirement apply? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Director's Approval:				

Human Services Only	a. Dane County Res. #	Approvals	Initials	Date
	b. HSD Res. ID#	g. Accountant		5/12/14
	c. Program Manager Name	h. Supervisor		5/20/14
	d. Current Contract Amount	i. To Provider		5-21-14
	e. Adjustment Amount	j. From Provider		6-12-14
	f. Revised Contract Amount	k. Corporation Counsel		6-12-14

Contract Review/Approvals				Vendor	
Initials	Fnnt	Date In	Date Out	Vendor Name	
Received		<u>6-17-14</u>		Contact Person	
Controller			<u>6-19-14</u>		
NA Corporation Counsel		See "k" above		Phone No.	
Risk Management		<u>6/19/14</u>	<u>6/23/14</u>		
ADA Coordinator		<u>6/19/14</u>	<u>6/23/14</u>	E-mail Address	
Purchasing Agent			<u>6-19-14</u>		
County Executive					

Footnotes: **1. no budget requested**

Return to: Name/Title: Spring Larson, CCA Phone: (608) 242-6391 E-mail Address: Larson.spring@countyofdane.com	Dept.: Human Services Mail Address: 1202 Northport Drive
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Certification

The attached contract: [check as many as apply]

- conforms to Dane County's standard Purchase of Services Agreement form in all respects
- conforms to Dane County's standard Purchase of Services Agreement form with modifications and is accompanied by a revision copy¹
- is a non-standard contract which has been reviewed or developed by corporation counsel and which has not been changed since that review/development
- is a non-standard contract previously review or developed by corporation counsel which has been changed since that review/development; it is accompanied by a revision copy¹
- is a non-standard contract not previously reviewed by corporation counsel; it is accompanied by a revision copy
- contains non-standard/indemnification language which has been reviewed or developed by risk management and which has not been changed since that review/development
- contains non-standard insurance/indemnification language which has been changed since review/development or which has not been previously seen by risk management; it is accompanied by a revision copy
- contains non-standard affirmative action/equal opportunity language which has been reviewed or developed by contract compliance and which has not been changed since that review/development
- contains non-standard affirmative action/equal opportunity language which has been changed since the earlier review/development by contract compliance or which has not been previously seen by contract compliance; it is accompanied by a revision copy¹

Date: 6-15-14

Signed: _____

[Handwritten Signature]

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: 6-15-14

Signature: _____

[Handwritten Signature]

2. Director of Administration
Comments:

Contract is in the best interest of the County.

Date: 6/24/14

Signature: _____

[Handwritten Signature]

3. Corporation Counsel
Comments:

Contract is in the best interest of the County.

Date: 6-12-14

Signature: _____

[Handwritten Signature]

¹ A revision copy is a copy of the contract which shows the changes from the standard contract or previously revised/developed contract by means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).



**Dane County
Department of Human Services**

Lynn Green, Director
1202 Northport Drive, Madison, WI 53704-2092

**JOE PARISI
DANE COUNTY EXECUTIVE**

Date: May 12, 2014

To: Joe Parisi
County Executive

From: Laura Yundt
Accountant

Re: Contract # 82695

Description:

This addendum amends the professional service contract with Dodge County Clearview to adjust the Inpatient Program for actual spending.

Amount: \$100,000

Funding Source: Levy

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and Clearview Nursing Home owned and operated by Dodge County, Wisconsin (hereinafter "PROVIDER") as of the date representatives of both parties have affixed their respective signatures.

WHEREAS the COUNTY and PROVIDER have previously entered into a Purchase of Service Agreement No. 82695 (hereinafter the "Master Agreement"), pursuant to which PROVIDER has agreed to provide the COUNTY certain services more fully described in the Master Agreement; and

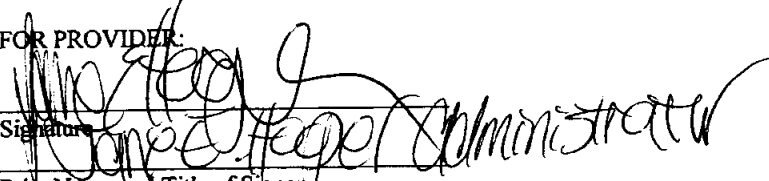
WHEREAS COUNTY and PROVIDER now wish to amend said Master Agreement,

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

<u>Current Cost</u> <u>for 2014</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2014</u>
\$53,700	\$100,000	\$153,700

IN WITNESS WHEREOF, COUNTY and PROVIDER, by their respective authorized agents, have caused this addendum and its attachments, if any, to be executed, effective as of the date by which all parties hereto have affixed their respective signatures, as indicated below.

Date Signed: 6-11-14

FOR PROVIDER:


 Signature

 Print Name and Title of Signer

Date Signed: _____

 Signature


 Print Name and Title of Signer

Date Signed: _____

FOR COUNTY:

 JOE PARISI, County Executive
 (when applicable)

Date Signed: 6-15-14



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

Program Summary Form

Created: 10/11/13	Contract #: 82895	Provider: Dodge County Medical/Clearview Long Term Care & Rehabilitation
Revised: 5/8/2014	Division: Adult Community Services	Funding Period: January 1, 2014 through December 31, 2014

Contract Maximum Service Costs: Subject to the provisions specified elsewhere in this contract, the following summarizes and sets forth the rates and maximum payments available for services under this contract.

Program Number	Program Group	Org. #	Obj. #	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Unit Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a.	10320	ACFIDCO	INMDAA	Behavioral Health Unit	503	2	2	✓ \$315.00	✓ 488	\$ 153,700	\$ -	\$ 153,700	610 Form
b.										\$ -	\$ -	\$ -	
c.										\$ -	\$ -	\$ -	
d.										\$ -	\$ -	\$ -	
e.										\$ -	\$ -	\$ -	
f.										\$ -	\$ -	\$ -	
g.										\$ -	\$ -	\$ -	
h.										\$ -	\$ -	\$ -	
i.										\$ -	\$ -	\$ -	
j.										\$ -	\$ -	\$ -	
Total										\$ 153,700	\$ -	\$ 153,700	

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

a.	Units of service will be contracted on a case by case basis. Base rate is \$315 per day. If 1:1 staffing is needed, an additional \$240 per day will be charged. 5-8-14 - contract increased by \$100,000 due to actual use. MG ✓
b.	
c.	
d.	
e.	
f.	
g.	
h.	
i.	
j.	

Standard Program Category (SPC) Code Description:

a. SPC 503 = Inpatient

Contract Manager(s)/Programs: Mary Grabot

Accountant(e)/Programs: Laura Yundt