

176

Res 463

# Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 82953A	
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		Contract Addendum POS <input type="checkbox"/> <input checked="" type="checkbox"/> Grant <input type="checkbox"/> <input type="checkbox"/> Lease <input type="checkbox"/> Other <input type="checkbox"/>	
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. Term of Contract or Addendum: 1/1/15 - 12/31/15			
4. Amount of Contract or Addendum: \$ 11,500			
5. Purpose: NA - Not required when Human Services signs.			
6. Vendor or Funding Source: St. Mary's Hospital - Adult Daycare Vendor #:			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Prof. Serv. Please attach a copy of the Resolution			
10. Does Domestic Partner Equal Benefits requirement apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
11. Director's Approval: <i>[Signature]</i>			

Human Services Only	a. Dane County Res. #	463	Approvals	Initials	Date
	b. HSD Res. ID#		g. Accountant	<i>[Signature]</i>	12/14/15
	c. Program Manager Name	Freeman	h. Supervisor	<i>[Signature]</i>	11/26/16
	d. Current Contract Amount	263,724	i. To Provider	SL	1-26-16
	e. Adjustment Amount	11,500	j. From Provider	SL	3-1-16
	f. Revised Contract Amount	275,224	k. Corporation Counsel	<i>[Signature]</i>	2-1-16

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
<i>[Signature]</i> Received		3-3-16		Contact Person  Phone No.  E-mail Address	
<i>[Signature]</i> Controller			3/3/16		
NA Corporation Counsel	See "k" above				
<i>[Signature]</i> Risk Management		3/3/16	3/3/16		
ADA Coordinator					
<i>[Signature]</i> Purchasing Agent			3/3/16		
County Executive					

Footnotes:

1. \_\_\_\_\_

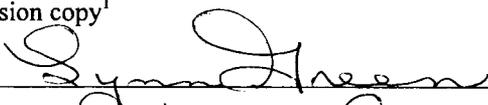
Return to:	Name/Title: Spring Larson, CCA Phone: (608) 242-6391 E-mail Address: Larson.spring@countyofdane.com	Dept.: Human Services Mail Address: 1202 Northport Drive

## Certification

The attached contract: *[check as many as apply]*

- conforms to Dane County's standard Purchase of Services Agreement form in all respects
- conforms to Dane County's standard Purchase of Services Agreement form with modifications and is accompanied by a revision 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: 3-2-16

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: 3-2-16

Signature: 

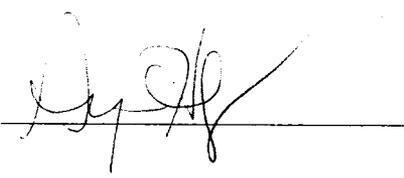
2. Director of Administration  Contract is in the best interest of the County.  
*Comments:*

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

Signature: \_\_\_\_\_

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

Date: March 1, 2016

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).

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and SSM Health Care of Wisconsin, Inc., Owning & Operating St. Mary's Hospital (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. 82953 (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.

Current Cost  
for 2015  
\$263,724

Addendum Amount  
\$11,500

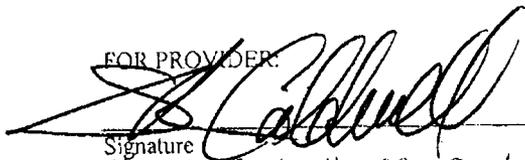
Revised Maximum  
Cost for 2015  
\$275,224

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

Date Signed:

2/18/2016

FOR PROVIDER:



Signature

Steven R. Caldwell, CPA System Vice President  
Print Name and Title of Signer Finance - WI Region

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

Signature

Print Name and Title of Signer

FOR COUNTY:

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

JOE PARISI, County Executive  
(when applicable)



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

Date Signed: 3-2-16

# Program Summary Form

Created: 10/20/2014 Revised: 12/10/2015	Contract #: 82953 Division: Adult Community Services	Provider: SSM Health Care of Wisconsin, Inc. Owning & Operating St. Marys Hospital Funding Period: January 1, 2015 through December 31, 2015
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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 Sbls	Unit Cost	Unit	Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a	4454	ACCWRSMH	ATDCAA	Adult Day Care	102	19		\$11.55		18,201	\$ 210,224	\$ -	\$ 210,224	600/610
b.											\$ -	\$ -	\$ -	
c.											\$ -	\$ -	\$ -	
d.											\$ -	\$ -	\$ -	
e.											\$ -	\$ -	\$ -	
f.											\$ -	\$ -	\$ -	
<b>Total</b>											\$ 210,224	\$ -	\$ 210,224	

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

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

a. Unit quantity defined as client hour. Restricted revenue: CIP2 \$101,625, COP-W \$35,203, COP \$73,396 1.5% unit rate increase.  
12.10.15 \$11.500 add to CIP1 from CIP1 Individual Payment Line to better match program utilization.

b.

c.

d.

e.

f.

g.

h.

i.

j.

Standard Program Category (SPC) Code Description:

a 102= Adult Day Care      c      e      g      i      k

b      d      f      h      j

Contract Manager(s)/Programs: Freeman      Accountant(s)/Programs: Yundt