

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 82929 A	
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS		Contract <input type="checkbox"/> Addendum <input checked="" type="checkbox"/>	
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		POS <input type="checkbox"/> Grant <input type="checkbox"/> Lease <input type="checkbox"/> Other <input type="checkbox"/>	
3. Term of Contract or Addendum: 11/15 - 12/31/15			
4. Amount of Contract or Addendum: \$ 70,000			
5. Purpose: NA - Not required when Human Services signs.			
6. Vendor or Funding Source: Journey mental Health Ctr. Vendor #: 5152-8			
7. If grant: Funds Positions? <input type="checkbox"/> Yes <input type="checkbox"/> No Will require on-going or matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Are funds included in the budget? <input type="checkbox"/> Yes <input checked="" 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 Res 020			
10. Does Domestic Partner Equal Benefits requirement apply? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Director's Approval: <i>[Signature]</i>			

Human Services Only	a. Dane County Res. #	Approvals	Initials	Date
	b. HSD Res. ID#	g. Accountant	<i>[Signature]</i>	3/26/15
	c. Program Manager Name	h. Supervisor	<i>[Signature]</i>	9/13/15
	d. Current Contract Amount	i. To Provider	<i>[Signature]</i>	4-14-15
	e. Adjustment Amount	j. From Provider	<i>[Signature]</i>	4-20-15
	f. Revised Contract Amount	k. Corporation Counsel	<i>[Signature]</i>	4/24/15

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	Contact Person
<i>[Signature]</i>	Received	4/27/15			
<i>[Signature]</i>	Controller		4/28/15		
NA	Corporation Counsel	See "k" above			
<i>[Signature]</i>	Risk Management	4/28/15	4/28/15		
<i>[Signature]</i>	ADA Coordinator	4/28/15	4/28/15		
<i>[Signature]</i>	Purchasing Agent		4/28/15		
	County Executive				


Footnotes: 1. *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: 4-23-15 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).

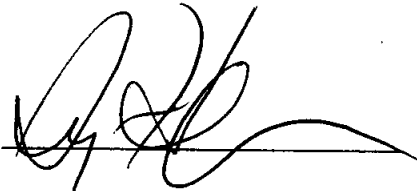
1. Department Head Contract is in the best interest of the County.
 Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: 4-23-15 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: 4-21-15 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).

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and Journey Mental Health Center, Inc. (hereinafter "PROVIDER") as of the date representatives of both parties have affixed their respective signatures.

WHEREAS the COUNTY and PROVIDER have previously entered into a Purchase of Service Agreement No. 82929 (hereinafter the "Master Agreement"), pursuant to which PROVIDER has agreed to provide the COUNTY certain services more fully described in the Master Agreement; and

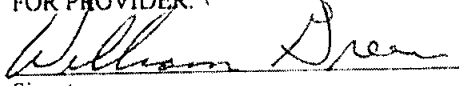
WHEREAS COUNTY and PROVIDER now wish to amend said Master Agreement,

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 three (3) pages.

Current Cost <u>for 2015</u> \$11,242,753	<u>Addendum Amount</u> \$70,000	Revised Maximum <u>Cost for 2015</u> \$11,312,753
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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: 04/17/15

FOR PROVIDER:

Signature
William Geer CEO
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)


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

Date Signed: 4-23-15

JOURNEY MENTAL HEALTH CENTER, INC.
2015 SCHEDULE B - FISCAL
PROGRAM # 10798 – COMMUNITY SUPPORT PROGRAM (CSP) CRS

1. Regarding funding for CSP CRS program # 10798:

Revenue Type	Non-Contingent Amount	Contingent Amount	Total Amount
MA CRS		\$ 80,000	\$ 80,000
Total	\$ -	\$ 80,000	\$ 80,000

2. Regarding method of payment for CSP CRS program # 10798:

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 CRS 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 CRS 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 CRS 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 2014

Revised March 2015

Created: 10/8/14 Revised: 03/24/15	Contract #: 82929	Division: Adult Community Services	Provider: Journey Mental Health Center Funding Period: January 1, 2015 through December 31, 2015										
Contract Maximum Service Costs: Subject to the provisions specified elsewhere in this contract, the following summarizes and sets forth the rates and maximum payments available for services under this contract.													
Program Number	Program Group	Org. #	Obj. #	Program Name	SPC	# of Clients	# of Slots	Unit Cost	Unit Quantity	County Cost	Other Revenue*	Total Cost	Reporting
a. 4563	6116	ACFCSMHC	CSCPAA	Gateway/Forward Solutions (Fordem)	509	258	0	71.87	36,157	2,598,641	\$ 27,000	\$ 2,625,641	600/610
b. 10798	6116	ACFCSMHC	CSCPAA	CSP CRS	511	40	0	71.87	1,113	80,000	\$	\$ 80,000	600/610
c. 3659	3659	ACICSMHC	CSCATA	Community Treatment Alternativ	509	69	0	94.48	6,245	590,033	\$ 8,640	\$ 598,673	600/610
d. 4564	4564	ACFCSMHC	CSCPAA	JMHC-CSP (waitlist)	509	30	0	70.93	4,939	350,309	\$	\$ 350,309	600/610
e.													
f.													
g.													
h.													
i.													
Total										\$ 3,618,983	\$ 35,640	\$ 3,654,623	

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

a.	Service hour is to be used to further define the information above.	Individual and insurance collections
b.	Service hour is a client hour. Includes both Gateway and Forward Solutions. (Fordem Connections' name, which included Cornerstone and Blacksmith House, was changed in October 2014 to Forward Solutions.)	Individual and insurance collections
c.	Service hour is a client hour. 3-24-15 - \$70,000 of CRS earned revenue added. Provider will be paid the amount it earns up to what is budgeted. MG	Individual and insurance collections
d.	Service hour is a client hour.	Individual and insurance collections
e.	Service hour is a client hour.	Individual and insurance collections
f.		
g.		
h.		
i.		
j.		

Standard Program Category (SPC) Code Description:

a. 509=Community Support	e.
b. 511 = CRS	f.
c. 508=Community Support	g.
d. 509=Community Support	h.
	i.
	j.
	k.

Contract Manager(s)/Programs: Grabot
 Accountant(s)/Programs: Laura Yundt