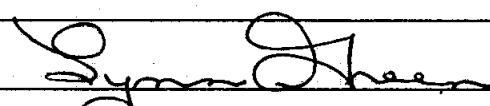


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Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 82602A		
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input checked="" 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: 11/1/14-12/31/14				
4. Amount of Contract or Addendum: \$ 59,374				
5. Purpose: NA - Not required when Human Services signs.				
6. Vendor or Funding Source: Tellurian Vendor #: 7721-9				
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				
10. Does Domestic Partner Equal Benefits requirement apply? <input checked="" 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	<i>SL</i>	7/23/14
	c. Program Manager Name	h. Supervisor	<i>ED</i>	7/28/14
	d. Current Contract Amount	i. To Provider	<i>SL</i>	7-29-14
	e. Adjustment Amount	j. From Provider	<i>SL</i>	8-11-14
	f. Revised Contract Amount	k. Corporation Counsel	<i>SL</i>	8-12-14

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
<i>MG</i>	Received	<u>8-21-14</u>		Contact Person	
<i>ca</i>	Controller		<u>8/25/14</u>		
<i>NA</i>	Corporation Counsel	See "k" above		Phone No.	
<i>VA</i>	Risk Management	<u>8/25/14</u>	<u>8/27/14</u>		
<i>CA</i>	ADA Coordinator	<u>8/25/14</u>	<u>8/27/14</u>	E-mail Address	
<i>ca</i>	Purchasing Agent	<u>8/28/14</u>	<u>8/28/14</u>		
	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: 8-17-14

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: 8-17-14

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: 8/12-14

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 Tellurian UCAN, 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. 82622 (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,

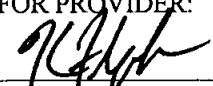
NOW, THEREFORE, in consideration of the above premise and the mutual covenants of the parties the receipt and sufficiency of which is hereby acknowledged by each party for itself, the COUNTY and PROVIDER do agree that the Master Agreement shall continue in full force and effect unchanged in any matter by this addendum, except as specifically set forth herein. This addendum consists of five (5) pages.

<u>Current Cost for 2014</u>	<u>Addendum Amount</u>	<u>Revised Maximum Cost for 2014</u>
\$2,396,531	\$59,374	\$2,455,905

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: 8/7/14

FOR PROVIDER:



 Signature
Kevin Flordick, CEO
 Print Name and Title of Signer

Date Signed: _____

 Signature

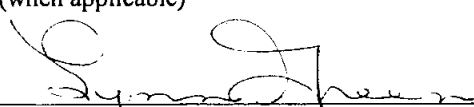
 Print Name and Title of Signer

Date Signed: _____

FOR COUNTY:

 JOE PARISI, County Executive
 (when applicable)

Date Signed: 8-17-14



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

Program Summary Form

Created: 10/11/2013 Revised: 10/22/2013; 12-18-13; 7-16-14	Contract #: 82622 Division: Adult Community Services	Provider: Tellurian UCAN, Inc. 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.	6985	6126	ACFCRTEL	BZCRAA	Crawford	506.61	4	123.37	1,387	\$ 171,114	\$	\$ 171,114	600/610
b.	6985	6126	ACFCRSDN	AZIPAA	Crawford - WAIVER	506.61	0	123.37	0	\$	\$	\$	600/610
c.	10939	6126	ACFCRTEL	BZCRAA	Crawford - CRS	511	3	123.37	1,040	\$ 128,305	\$	\$ 128,305	600/610
d.	1342	1342	ACFCRTEL	BZAWAA	Acewood	508	15	165.87	2,427	\$ 402,577	\$	\$ 402,577	600/610
e.	1343	1343	ACFCRTEL	CZPCAA	Psychiatrist C/IR	507.03	70	96.60	490	\$ 30,658	\$ 16,677	\$ 47,335	600/610
f.	1344	1344	ACFCSTEL	BZAPAA	Transitional Housing	506	100	91.65	5,876	\$ 300,251	\$ 238,269	\$ 538,520	600/610
g.	1616	1616	ACFCSTEL	CMCTAA	Community Intervention Team	604	100	28.30	15,000	\$ 424,440	\$	\$ 424,440	600/610
h.	4608	4608	ACFCSTEL	IZCTAA	CIT - Adults at Risk	603	288	53.56	11,595	\$ 62,103	\$	\$ 62,103	600/610
i.	10531	10531	ACFCRTEL	BCTEAA	Dane County Care Center	506.61	40	322.26	2,555	\$ 823,366	\$	\$ 823,366	600/610
j.	1746	6042	ACFACTEL	AMRXAA	CHARM-Hsg	106	12	25.00	800	\$ 20,000	\$	\$ 20,000	600/610
k.	10618	6042	ACFACTEL	AMRXAA	CHARM Unconnected Housing	601	75	25.00	800	\$ 20,000	\$	\$ 20,000	711
Total										\$ 2,382,814	\$ 254,946	\$ 2,637,760	

*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.
Units based on 95% of available beds (7x365x95%=2427). A unit is a day of service. 10-22-13 - \$2400 added for living wage. MG 12-18-13 - waiver funding reduced, causing an increase in contract of \$42,809. MG
- b. A unit is a day of service. Waiver funding applies only when the bed is occupied. 12-18-13 - \$42,809 waiver funding removed. MG
- c. A unit is a day of service. CRS funding applies only when the bed is occupied.
- d. Units based on 95% of available beds. (7x365x95% = 2427). A unit is a day of service. 10-22-13 - \$1300 added for living wage. MG
- 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. 7-16-14 - HUD grant supplemented with \$59,374. MG
- g. A unit is a staff face-to-face hour with a consumer.
- h. Units are based on 40 hours/wk staff time x 60% billable hours x 48 weeks. Units are an hour or service.
- i. Units are based on 100% of seven (7) beds (7x365=2555). A unit is a day of service.
- j. A unit is a staff hour.
- k. A unit is a staff hour.

Standard Program Category (SPC) Code Description:	Accountant(s)/Programs:
a. 506.61=CBRF b. 506.61=CBRF c. 511=CRS	Grabot
d. 506=CBRF e. 507.03=Counseling and Therapeutic Res g.	506=CBRF 604=Case Management
f. 506=CBRF g. 506.61=CBRF h. 803=Intake Assessment i. 506.61=CBRF	h. 803=Intake Assessment i. 506.61=CBRF
j. 106 = Housing Assistance k. 601 = Outreach	Laura Yundt

TELLURIAN UCAN, INC.
2014 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	206,744	-	-
Prog # 6042 – CHARM Housing	30,000	-	-
Prog # 1616 – CIT Case Mgmt	223,467	26,800	-
Prog # 10531 – Care Center	<u>606,872</u>	-	-
Total	\$ 1,525,580	<u>\$ 26,800</u>	<u>\$ 60,000</u>

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

	<u>COP</u>
Prog # 6126 – Crawford Group Home	\$30,000
Prog # 1616 – CIT Case Mgmt	<u>0</u>
Total	\$30,000

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. PROVIDER understands that COP funding is built into the contract to be accessed by longer term consumers who meet eligibility criteria.
4. PROVIDER bills and retains Medicaid revenues for program # 1343 – Psychiatrist.
5. 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 2013
 Revised May 2014
 Revised July 2014

TELLURIAN UCAN, INC.
2014 SCHEDULE B - FISCAL
PROGRAM # 1616 – COMMUNITY INTERVENTION TEAM (CIT)

1. Regarding funding for CIT program # 1616:

Revenue Type	^{Non-Contingent} Guaranteed Amount	^{Contingent} Must Earn to Receive Amount	Total Amount
Co GPR	\$ 142,173		\$ 142,173
COP	\$ -		\$ -
CSDRB	\$ 32,000		\$ 32,000
MA CM		\$ 26,800	\$ 26,800
MA Crisis		\$ 223,467	\$ 223,467
Total	\$ 174,173	\$ 250,267	\$ 424,440

2. Regarding method of payment for CIT program # 1616:

Handwritten initials and marks:
 [Initials] (CIT)
 [Initials] (CIT)

- A. The ^{Non-Contingent} "Guaranteed" funding for this program shall be vouchered using the method of payment in Section C, XXVIII, B, 3 of this contract.
- B. The ^{Contingent} "Must Earn to Receive" 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 be advanced equal monthly payments consisting of the annual Agreement amount divided by the number of months covered under this Agreement for the months of **January through March only**.

For the month of **April only**, PROVIDER shall adjust to actuals for January through April; meaning PROVIDER will voucher 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), for all four months. In addition, PROVIDER will reduce the voucher by the January through March advanced amounts.

For **May forward**, 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.

October 2013

Revised May 2014

Revised July 2014