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Res 383

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 83350B	
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS		Contract Addendum	
2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Addendum, please include original contract number	
3. Term of Contract or Addendum: <u>1-1-16 to 12-31-16</u>		<input type="checkbox"/> POS <input checked="" type="checkbox"/>	
4. Amount of Contract or Addendum: <u>25,000</u>		<input type="checkbox"/> Grant <input type="checkbox"/>	
5. Purpose: NA – Not required when Human Services signs.		<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"/>	

6. Vendor or Funding Source: Tellurian

7. MUNIS Vendor Code: 7721

8. Bid/RFP Number:

9. Requisition Number:

10. If grant: Funds Positions? Yes No Will require on-going or matching funds? Yes No

11. Are funds included in the budget? Yes 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? Yes No If yes, please attach a copy of the Resolution.
 If Resolution has already been approved by the County Board, Resolution No. & date of adoption 383

15. Does Domestic Partner equal benefits requirement apply? Yes No

16. Director's Approval: [Signature]

Human Services Only	a. Dane County Res. #		Approvals		Initials	Date
		b. HSD Res. ID#		g. Accountant	<u>kc</u>	<u>11-8-16</u>
	c. Program Manager Name	<u>Campbell</u>	h. Supervisor	<u>[Signature]</u>	<u>11/10/16</u>	
	d. Current Contract Amount	<u>1,032,296.</u>	i. To Provider	<u>sl</u>	<u>11-10-16</u>	
	e. Adjustment Amount	<u>25,000.</u>	j. From Provider	<u>sl</u>	<u>11-16-16</u>	
	f. Revised Contract Amount	<u>1,057,296.</u>	k. Corporation Counsel	<u>[Signature]</u>	<u>11-17-16</u>	

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name/Address	
<u>mg</u> Received		<u>11-28-16</u>		<u>Tellurian UCAN Inc</u>	
<u>sl</u> Controller			<u>11/24/16</u>	Contact Person	
<u>N/A</u> Corporation Counsel		<u>See "k" above</u>		Phone No.	
<u>[Signature]</u> Risk Management		<u>11-29-16</u>	<u>11-29-16</u>	E-mail Address	
<u>[Signature]</u> Purchasing		<u>11/30/16</u>	<u>11/30/16</u>		
County Executive					

Footnotes: Transfer \$25,000 to contract for residential treatment.
 1. NO BUDGET REQUESTED

Return to: Name/Title: <u>Spring Larson, CCA</u> Phone: <u>608-242-6391</u> E-mail Address: <u>Larson.spring@countyofdane.com</u>	Dept.: <u>Human Services</u> Mail Address: <u>1202 Northport Drive</u>
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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: 11-22-16

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: 11-22-16

Signature: 

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

Date: _____

Signature: _____

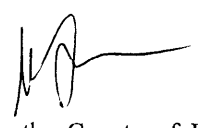
3. **Corporation Counsel** Contract is in the best interest of the County.
Comments:

Date: _____

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, Inc. fka Tellurian U.C.A.N. 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. **83350** (hereinafter the "Master Agreement"), pursuant to which PROVIDER has agreed to provide the COUNTY certain services more fully described in the Master Agreement; and

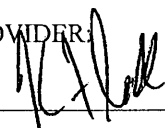
WHEREAS COUNTY and PROVIDER now wish to amend said Master Agreement,

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 2016</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2016</u>
\$1,032,296	\$25,000	\$1,057,296

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: 11/16/16

FOR PROVIDER:


Signature
Kevin Florck, President & CEO
Print Name and Title of Signer

Date Signed: _____

Signature

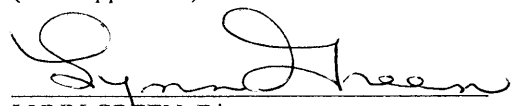
Print Name and Title of Signer

Date Signed: _____

FOR COUNTY:

JOE PARISI, County Executive
(when applicable)

Date Signed: 11-22-16



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

Program Summary Form

Created: 10/15/2015 Revised: 12/7/2015; 1/17/2016	Contract #: 83350 Division: Children, Youth, and Families	Provider: Tellurian UCAN, Inc. Funding Period: January 1, 2016 through December 31, 2016											
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. 1566	CYFCRTEL	DYDEAA	Detox	703.20	1,220	11	226.68	3,585	\$ 812,552	\$	812,552	600/610	
b. 1567	CYFCLTEL	CMAOAA	Case Management/CIT AODA	604	19	12	48.36	917	\$ 44,323	\$	44,323	600/610	
c. 10360	CYFCLTEL	CMAOAA	Dual Response Coordination	604	19	7	48.89	1,174	\$ 57,386	\$	57,386	600/610	
d. 4547	CYFCRTEL	CZIDAA	Outpatient IDP	507.00	39	10	82.92	237	\$ 19,632	\$	19,632	600/610	
e. 6944	CYFCRTEL	BZATAA	Adult Residential Program	503.70	15	1	250.00	262	\$ 65,500	\$	65,500	600/610	
f. 10739	CYFCRTEL	DTDYAA	Synergy	704.10	18	8	15.47	3,742	\$ 57,903	\$	57,903	600/610	
Total \$ 1,057,296 \$ - \$ 1,057,296													

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

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.													
b.													
c.													
d.													
e.													
f.													
g.													
h.													
i.													
j.													

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

Unit Quantity based on available funds divided by the approved unit costs; Unit of Service = client days of care. **12/7/2015 Revision:** Addition of 0.2% COLA.

Unit Quantity based on available funds divided by the approved unit costs; Unit of Service = direct client service hour. **12/7/2015 Revision:** Addition of 0.2% COLA.

Unit Quantity based on available funds divided by the approved unit costs; Unit of Service = direct client service hour. This program previously used Program # 6877 from 2007-2009. **OTHER REVENUE to be generated by provider includes: \$1,000 Medical Assistance - Case Management and \$39,413 in Medical Assistance - Crisis Intervention. 12/7/2015 Revision:** Addition of 0.2% COLA.

Unit Quantity based on available funds divided by the approved unit costs; Unit of Service = direct client service hour.

Unit Quantity based on available funds divided by the approved unit costs; Unit of Service = client days of care. Final Cost, Unit Quantity, Number of Clients, Number of Slots to be determined by actual utilization. **1/17/2016 Revision:** Addition of \$25,000 to fund higher utilization.

Unit Quantity based on available funds divided by the approved unit costs; Unit of Service = direct client service hour. **12/7/2015 Revision:** Addition of 0.2% COLA.

Standard Program Category (SPC) Code Description:

- a. Medically monitored residential detox
- b. Case Management
- c. Case Management
- d. Outpatient - regular
- e. Medically monitored CBRF
- f. Day Treatment
- g.
- h.
- i.
- j.

Contract Manager(s)/Programs: Todd Campbell

Accountant(s)/Programs: Patty Hillebrand