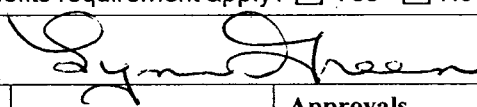
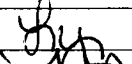
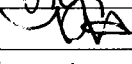







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Contract Cover Sheet

Res 100
Significant

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 83324 E																					
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input checked="" type="checkbox"/> ACCEPTS		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Contract</th> <th style="width:50%;">Addendum</th> </tr> <tr> <td colspan="2" style="text-align:center;">If Addendum, please include original contract number</td> </tr> <tr> <td><input type="checkbox"/> POS</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Grant</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Co Lease</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Co Lessor</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Intergovernmental</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Purchase of Property</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Property Sale</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/></td> </tr> </table>		Contract	Addendum	If Addendum, please include original contract number		<input type="checkbox"/> POS	<input checked="" type="checkbox"/>	<input type="checkbox"/> Grant	<input type="checkbox"/>	<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"/>
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<input type="checkbox"/> Purchase of Property	<input type="checkbox"/>																						
<input type="checkbox"/> Property Sale	<input type="checkbox"/>																						
<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: 1/1/16 - 12/31/16																							
4. Amount of Contract or Addendum: \$100,000																							
5. Purpose: NA – Not required when Human Services signs.																							
6. Vendor or Funding Source: Journey mental Health CTR																							
7. MUNIS Vendor Code: 5152																							
8. Bid/RFP Number:																							
9. Requisition Number:																							
10. 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																							
11. Are funds included in the budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
12. Account No. & Amount, Org & Obj. ACFCLMHC AMKAAA Amount \$ 100,000		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the Resolution. Res 100 attached If Resolution has already been approved by the County Board, Resolution No. & date of adoption _____																							
15. Does Domestic Partner equal benefits requirement apply? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
16. Director's Approval: 																							
Human Services Only	a. Dane County Res. #		Approvals	Initials	Date																		
	b. HSD Res. ID#		g. Accountant		6/6/16																		
	c. Program Manager Name	GRABOT	h. Supervisor		6/7/16																		
	d. Current Contract Amount	11,314,219	i. To Provider	in	6-8-16																		
	e. Adjustment Amount	100,000	j. From Provider	SL	6-15-16																		
	f. Revised Contract Amount	11,414,219	k. Corporation Counsel		6-15-16																		
Contract Review/Approvals			Vendor																				
Initials	Ftnt	Date In	Date Out	Vendor Name/Address																			
 Received		6-28-16		Contact Person																			
 Controller			6/29/16																				
N/A Corporation Counsel	See "k" above			Phone No.																			
 Risk Management		6/28/16	6/30/16																				
 Purchasing		7/1/16	7/1/16	E-mail Address																			
County Executive																							

Footnotes:
1. Budget - YES
2.

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: 6-17-16

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: 6-17-16

Signature: 

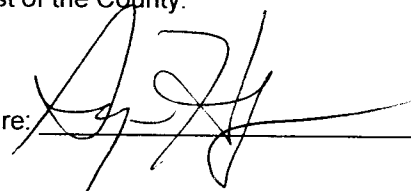
2. Director of Administration Contract is in the best interest of the County.
Comments:

Date: 7/5/16

Signature: 

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

Date: 6-15-16

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

6/15/16

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. **83324** (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,

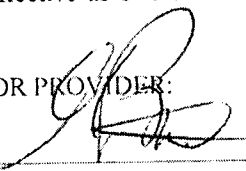
NOW, THEREFORE, in consideration of the above premise and the mutual covenants of the parties the receipt and sufficiency of which is hereby acknowledged by each party for itself, the COUNTY and PROVIDER do agree that the Master Agreement shall continue in full force and effect unchanged in any matter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

<u>Current Cost</u> <u>for 2016</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2016</u>
\$11,314,219	\$100,000	\$11,414,219

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: 6-13-2016

FOR PROVIDER:



Signature _____
 Print Name and Title of Signer Gerry Brew, CFO/CAO

Date Signed: _____


Signature _____
 Print Name and Title of Signer _____

Date Signed: _____

FOR COUNTY:

 JOE PARISI, County Executive
 (when applicable)

Date Signed: 6-17-16



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

Program Summary Form

Created: 10/16/15 Revised: 12/8/2015; 6-6-16	Contract #: 83324 Division: Adult Community Services	Provider: Journey Mental Health Center Funding Period: January 1, 2016 through December 31, 2016											
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.	3979	6124	ACFCLMHC	AMKAAA	Kajsiab House-MA rev.	507.03	80	na	68.52	\$ 7,298	\$ 500,056	\$ 500,056	600/610
b.	10927	6124	ACFCLMHC	AMKAAA	Kajsiab House-MA rev.	604	80	na	68.52	\$ 1,605	\$ 110,000	\$ 110,000	600/610
c.	1290	6057	ACFACMHC	AMAPAA	SEA-C/TR	507.03	100	0	34.61	\$ 2,924	\$ 101,201	\$ 101,201	600/610
d.	1291	6057	ACFACMHC	AMAPAA	SEA-Case Mgmt.	604	30	0	14.92	\$ 700	\$ 10,443	\$ 10,443	600/610
e.												\$ -	
f.												\$ -	
g.												\$ -	
h.												\$ -	
i.												\$ -	
j.												\$ -	
Total										\$ 721,700		\$ 721,700	

*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. Service hour is a client hour
b.	Service hour is a client hour. 6-6-16 - contract increased by \$100,000 to be earned Medicaid for crisis stabilization services. MG
c.	Service hour is a client hour. 12/8/15 Added .2% cola.
d.	Service hour is a client hour. 12/8/15 Added .2% cola.
e.	
f.	
g.	
h.	
i.	
j.	

Standard Program Category (SPC) Code Description:

- a 507 03 = counseling and therapeutic re
- b 604 = Case Management
- c 507 03 = counseling and therapeutic re
- d 604 = Case Management
- e
- f
- g
- h
- j
- k

Contract Manager(s)/Programs: Grabol@countyofdane.com Accountant(s)/Programs: Laura Yundt

JOURNEY MENTAL HEALTH CENTER, INC.

SCHEDULE B - FISCAL

PROGRAM GROUP # 6124 – KAJSIAB HOUSE

1. Regarding funding for Kajsia House program group # 6124:

Revenue Type	Non-Contingent Amount	Contingent Amount	Total Amount
MA Case Mgmt		\$ 10,000	\$ 10,000
MA Crisis		\$ 600,056	\$ 600,056
Total	\$ -	\$ 610,056	\$ 610,056

2. Regarding method of payment for Kajsia House program group # 6124:

- 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 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 2015
Revised June 2016

JOURNEY MENTAL HEALTH CENTER, INC.
SCHEDULE B - FISCAL

1. Regarding funding for this contract:

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

	<u>MA Crisis</u>
Program # 1303 – Emergency Services Unit	\$ 407,291
Program # 6098 – Crisis Home / Stab Programs	996,235
Program # 10591 – Bayside Place	567,872
Program # 10804 – Resource Bridge	105,033
Program # 10070 – Recovery House	146,448
Program # 6124 – Kajsaib House	600,056
Program # 6057 – Southeast Asian	30,000
Program # 6055 – MOST	50,000
Program # 6059 – Yahara House	<u>60,000</u>
Total	\$2,962,935

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

	<u>MA CSP</u>
Programs # 6116/4564 – CSP	\$1,611,934
Program # 3659 – CTA	<u>259,527</u>
Total	\$1,871,461

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

	<u>MA IHT</u>
Program # 6057 – Southeast Asian	\$ 50,507

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

	<u>MA CM</u>
Program # 6055 – MOST	\$ 7,500
Program # 6124 – Kajsaib House	10,000
Program # 6059 – Yahara House	29,800
Program # 11964 – Outpatient Services	<u>52,000</u>
Total	\$ 99,300

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

	<u>MA CRS</u>
Program # 6059 – Yahara House	\$ 30,000
Programs # 6116/4564 – CSP	<u>80,000</u>
Total	\$110,000

*The Medicaid Crisis and Medicaid CSP revenues receipted during calendar year 2016 from the Conditional Release Program are intended to be omitted from this feature.

2. It is understood that the Provider must earn the Medicaid revenues listed above in order to fully fund the contract award as outlined in the Program Summary Forms of this contract. The COUNTY reserves the right to withhold payments for unearned Medicaid revenues or to require the PROVIDER to reimburse the COUNTY for overpayment of Medicaid revenues.
3. Regarding ForwardHealth Audits: Any cost resulting from audit findings by ForwardHealth or other entity that adversely affect 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.
4. Regarding Treatment Alternative Program (TAP) Funding: PROVIDER has been awarded \$350,962 of TAP funding on behalf of COUNTY by the State Department of Health Services for contract year 2016. PROVIDER shall be paid directly by the State according to the terms of the 2016 Grant Agreement for the Treatment Alternative Program. The COUNTY will submit claims for this funding using the Community Aids Reporting System (CARS) in accordance with the 2016 Grant Agreement for the Treatment Alternative Program. COUNTY shall reduce PROVIDER'S monthly advance payment by \$29,246.80 each month.

October 2015
Revised June 2016