Res 545

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department: HUMAN SERVICES		Contract/Addendum #: 82594 D
1. This contract, grant or addendum: AWARDS AC	CCEPTS	
2. This contract is discretionary Yes No		Contract Addendum POS POS
3. Term of Contract or Addendum:	-12/31/14	Grant
	1517	Other
5. Purpose: NA - Not required when Human Services sig		
6. Vendor or Funding Source: Journey Me	ntal Heo	uth Center
Vendor #: 5152 - 8		
7. If grant: Funds Positions? Yes No Will requ	uire on-going or m	atching funds? Yes No
8. Are funds included in the budget? Yes No.	Please give accoun	nt codes and related \$ amounts.
Code:\$; Code:	\$
9. Is a resolution needed? Yes No If yes, ha		n prepared/submitted?
10. Does Domestic Partner Equal Benefits requirement apply?	<u></u>	
11. Director's Approval:	رمععب	
a. Dane County Res. #	Approvals	Initials Date
	g. Account	
b. HSD Res. ID# c. Program Manager Name GPABOT d. Current Contract Amount 11,494,849 e. Adjustment Amount 79,517 f. Revised Contract Amount 11,504,314	h. Supervi	sor 12 2/19/15
d. Current Contract Amount 11,494,849	i. To Prov	ider 219.15
e. Adjustment Amount 79,517	j. From Pr	ovider 32.15
f. Revised Contract Amount 11,504, 366	k. Corpora	tion Counsel)64 3-3-15
Contract Review/Approvals		Vendor
Initials Fint Date In	Date Out	Vendor Name
NO Received 3-6-15		
	3/6/15	Contact Person
NA Corporation Counsel See "k" above		Diama Na
Risk Management 3/1//5	3/4/15	Phone No.
ADA Coordinator $\frac{3/u/\sqrt{5}}{2}$	<u> 4/1/17</u>	E-mail Address
Purchasing Agent 3 9 2015 County Executive	3 9 2015	
Footnaton		
1. no budget requested		
Return to: Name/Title: Spring Larson, CCA	Dept.: Huma	
Phone: (608) 242-6391 E-mail Address: Larson.spring@countyofdane.c		s: 1202 Northport Drive
2 man radicess. Eurom.spring@counysdance		
	ras	

Certif	fication	
The atta	ached contract: [check as many as apply]	
abla	conforms to Dane County's standard Purchase of Se	vices Agreement form in all respects
	conforms to Dane County's standard Purchase of Sea accompanied by a revision copy ¹	vices Agreement form with modifications and is
	is a non-standard contract which has been reviewed of been changed since that review/development	or developed by corporation counsel and which has not
	is a non-standard contract previously review or deve- since that review/development; it is accompanied by	oped by corporation counsel which has been changed a revision copy ¹
	is a non-standard contract not previously reviewed by copy	y corporation counsel; it is accompanied by a revision
	contains non-standard/indemnification language whimanagement and which has not been changed since to	
	contains non-standard insurance/indemnification langreview/development or which has not been previously revision copy	
	contains non-standard affirmative action/equal oppor by contract compliance and which has not been chan	tunity language which has been reviewed or developed ged since that review/development
	contains non-standard affirmative action/equal oppor earlier review/development by contract compliance of compliance; it is accompanied by a revision copy ¹	
Date:'	3~4-15 Signed:	moran.
Telepho	ne Number <u>ネイネーレイト</u> Print Name:	Lynn (Treen
Major exceed	Contracts Review (DCO Sect. 25.20) \$100,000 in disbursements or receipts and whice	This review applies only to contracts which both h require county board review and approval.
Execu	tive Summary (attach additional pages, if ne	eeded).
1.	Department Head	interest of the County. g process and any changes to the standard Purchase of
	Date: 3-4-15	Signature:
2.	Director of Administration Comments:	the best interest of the County.
	Data	Signature:
	Date:	Signature.
3.	Contract is in the best Comments:	
	Date: 3-3-15	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).

825960

Approved Corp. Counsel

Page 1

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. 82596 (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 <u>for 2014</u> \$11,424,849 Addendum Amount

\$79,517

Revised Maximum
Cost for 2014

\$11,504,366

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: <u>62/23</u> 15	Signature GREEK C.E.D.
	Print Name and Title of Signer
Date Signed:	Signature
·	Print Name and Title of Signer
Data Signad	FOR COUNTY:
Date Signed:	JOE PARISI, County Executive
	(when applicable)
Date Signed: 3.4.4.15	LYNN GREEN, Director, Department of Human Services (when applicable)

Program Summary Form

						00200				D. C. C.	Control County C	though Cont	9			
	Created: 10/11/13 Revised: 2/12/2015	13 015			Division:	Adult Co	Division: Adult Community Services	rices	Ą	Inding Period:	Funding Period January 1, 2014 through December 31, 2014	4 through De	cember 31	1, 2014		
	Contract Maximum Se	rvice Cost	s: Subject to the	provisions s	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	e following	ı summarizes ar	nd sets forth	the rates and m	aximum paymer	its available for se	ervices under the	his contract.			
	Program Pro	Program Group	#. Org. #	# <u>'</u> qo	Program Name	SPC	# of Clients # of Slots	# of Slots	Unit Cost	Unit Quantify	County Cost	t Other Revenue*	evenue*	Total Cost	st Reporting	ting
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نم	10927	6124	6124 ACFCLMHC	AMKAAA		8	10	na	68.52	146	\$ 10,000	8	-7	\$ 10,	10,000 600/610	
	1290	6057	6057 ACFACMHC	AMAPAA	AMAPAA SEA-C/TR	507.03	100	0	34.57	2,924	\$ 101,091	91 \$	13,980	\$ 115,	115,071 600/610	
ö	1291	6057	6057 ACFACMHC	AMAPAA	AMAPAA SEA-Case Mgnt.	å	30	0	9.11	1,073	222'6 \$	77	-/	6	9,777 600/610	
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	5. 604 # C	Sase Manag	Jement		1. 604 = Case Management	<u>.</u> :			É				ż			
	Contract Manager(s)/Programs.	s)/Progra	ms:	Grabot					Accountant(s)/Programs:	/Programs:	Laura Yundt					