

Dane County Contract Addendum Cover Sheet

Revised 06/2021

Res 379
significant

Contract # Admin will assign		14871A	
Dept./Division	Sheriff's Office Security Services Division	Vendor Name	Wellpath LLC
Brief Addendum Title/Description	Contract addendum to add .5 FTE, Nurse Practitioner for Medication Assisted Treatment (MAT) services for jail residents at a cost to the County of \$10,321 per month.	Vendor MUNIS #	10622
		Addendum Term	5/5/2025 - 12/31/2027
		Amount (\$)	\$ 345,332.40

Department Contact Information		Vendor Contact Information	
Contact	Lillian Radivojevich	Contact	Cindy Watson
Phone #	(608) 284-4801	Phone #	1-800-592-2974
Email	radivojevich@danesherriff.com	Email	wellpathcare.com
Purchasing Officer	Megan Rogan		



Purchase Order – Maintenance or New PO					
<input checked="" type="checkbox"/>	PO Maintenance Needed PO#	Org: SHRFSEC EXP	Obj: NEW	Proj: for 2025	\$ 82,568.00
		Org: SHRFSEC REV	Obj: NEW	Proj: for 2025	\$ 82,568.00
<input type="checkbox"/>	No PO Maintenance Needed – this addendum does not change the dollar amount of the contract.				
<input type="checkbox"/>	New PO / Req. Submitted Req#	Org:	Obj:	Proj:	
		Org:	Obj:	Proj:	

Budget Amendment	
<input checked="" type="checkbox"/>	A Budget Amendment has been requested via a Funds Transfer or Resolution. Upon addendum approval and budget amendment completion, the department shall update the requisition in MUNIS accordingly.

Total Contracted Amount – List the Original contract info, then subsequent addenda including this new addendum					
<p>A resolution is required when the total contracted amount first exceeds \$100,000.</p> <p>Additional resolutions are then required whenever the sum(s) of any additional addenda exceed(s) \$100,000</p>	Addendum #	Term	Amount	Resolution	
	Original	1/1/2023 - 12/31/2027	\$ 38,732,469.00	<input type="checkbox"/> None	Res# 2022 RES-227
	14871A	5/5/2025 - 12/31/2027	\$ 345,332.00	<input type="checkbox"/> None	Res# 2025 RES-379
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
Total Contracted Amount			\$ 39,077,801.00		

Contract Language Pre-Approval – prior to internal routing, this contract has been reviewed/approved by:		
<input type="checkbox"/> Corporation Counsel:	<input type="checkbox"/> Risk Management:	<input checked="" type="checkbox"/> No Pre-Approval

APPROVAL	
Dept. Head / Authorized Designee	
Nygaard, Christopher	Digitally signed by Nygaard, Christopher Date: 2025.03.20 15:46:41 -05'00'

APPROVAL – Contracts Exceeding \$100,000	
Director of Administration	Corporation Counsel
	

APPROVAL – Internal Contract Review – Routed Electronically – Approvals Will Be Attached		
DOA:	Date In: 3/21/25 Date Out: _____	<input checked="" type="checkbox"/> Controller, Purchasing, Corp Counsel, Risk Management

Goldade, Michelle

From: Goldade, Michelle
Sent: Tuesday, March 25, 2025 2:25 PM
To: Hicklin, Charles; Rogan, Megan; Gault, David; Cotillier, Joshua
Cc: Stavn, Stephanie; Oby, Joe
Subject: Contract #14871A
Attachments: 14871A.pdf

Tracking:	Recipient	Read	Response
	Hicklin, Charles	Read: 3/25/2025 3:05 PM	Approve: 3/25/2025 4:50 PM
	Rogan, Megan	Read: 3/25/2025 2:36 PM	Approve: 3/25/2025 2:36 PM
	Gault, David	Read: 3/26/2025 9:59 AM	Approve: 3/26/2025 10:03 AM
	Cotillier, Joshua		Approve: 3/25/2025 3:23 PM
	Stavn, Stephanie	Read: 3/25/2025 3:38 PM	
	Oby, Joe		

Please review the contract and indicate using the vote button above if you approve or disapprove of this contract.

Contract #14871A
Department: Sheriff
Vendor: Wellpath LLC
Contract Description: Provide additional staff for medication assisted treatment services to residents of the Dane County Jail (Res 379)
Contract Term: 5/5/25 – 12/31/27
Contract Amount: \$345,332.40

Thanks much,
Michelle

Michelle Goldade

Administrative Manager
Dane County Department of Administration
Room 425, City-County Building
210 Martin Luther King, Jr. Boulevard
Madison, WI 53703
PH: 608/266-4941
Fax: 608/266-4425
TDD: Call WI Relay 711

Please note: I am currently working a modified schedule. I work in office Mondays and Wednesdays and work remotely Tuesday, Thursdays and Fridays.

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Dane County currently contracts with Wellpath to provide correctional health and mental health care services to jail residents in the two County detention facilities; the City County Building, and the Public Safety Building, Contract # 14871, contract term expires December 31, 2027.

In addition to current authorized staffing levels in Contract #14871, Wellpath shall provide a .5 FTE Nurse Practitioner for Medication Assisted Treatment (MAT) services to jail residents at a cost in 2025 to the County of \$10,321 per month starting no later than April 31, 2025. Cost for 2025 will be \$82,568. Wellpath will be subcontracting with an Opioid Treatment Program for delivery of Methadone and Methadone treatment assessments. The County has received grant funding in 2025 to cover the cost of the additional nurse practitioner hours and the cost of methadone reference Resolution #2024 RES-378. There will be cost increase for this position not exceed 4% per year for 2026 and 2027. Total increase for the contract through 2027 will be \$345,332.40 plus any cost for Methadone medication and assessments as necessary.

The MAT .5 FTE Nurse Practitioner will work exclusively with jail residents who are eligible for, or enrolled in, MAT services and will be responsible for substance use assessments, provider/chronic care visits, crisis planning, education, inductions, diagnostics, treatment and lab work.

NOW, THEREFORE, BE IT RESOLVED that the County Executive and the Dane County Clerk are hereby authorized to execute, on behalf of the County of Dane, an addendum A to increase Contract # 14871 by total amount of \$345,332.40 for 3 years.



DANE COUNTY CONTRACT
ADDENDUM # 14871A
Revised 02/2025

THIS ADDENDUM, made and entered into, effective as of the date by which both parties hereto have executed this document, by and between the County of Dane (hereinafter referred to as “County”) and **Wellpath, LLC** (hereinafter, “Provider”).

WITNESSETH:

WHEREAS Provider and County, by a separate document (hereinafter, the “Master Agreement”), Dane County Contract # **14871**, have previously entered into a contractual relationship; and

WHEREAS County and Provider wish to amend the Master Agreement in order to enhance the Medication Assisted Treatment (MAT) programming available to jail residents; and

WHEREAS Dane County will be receiving grant funding to allow for additional nurse practitioner hours for jail medical services:

NOW THEREFORE, in consideration of the above premises and the mutual covenants of the parties hereinafter set forth, the receipt and sufficiency of which is hereby acknowledged by each party for itself, the parties do agree to amend the Master Agreement as follows:

1. The following modifications will be made to “Schedule A. Scope of Services”:

A. Section 1 “Staffing” adds a new position as follows:

In addition to the current required staffing, Wellpath will provide a .5 FTE Nurse Practitioner for MAT services. This position is in addition to the authorized positions in the Master Agreement and as such will be at a cost to the COUNTY.

The first table of Section 1 shall be deleted in its entirety and replaced with the attached Table 1.1.

B. Section 28 “Medication Assisted Treatment” adds the following terms:


- c. Effective upon execution of this addendum and no later than May 5, 2025 this program shall also be staffed with a .5 FTE Nurse Practitioner. The MAT .5 NP will work exclusively with jail residents who are eligible for or enrolled in MAT services. The .5 MAT NP will be responsible for substance use assessments, provider/chronic care visits, crisis planning, education, inductions, diagnostics, treatment and lab work.

- d. All jail residents who are on MAT treatment in the community and compliant with the medication use will be continued in jail. Methadone will be available as a continuation for anyone booked into jail with verified compliance of methadone treatment or those who are eligible for buprenorphine but who do not respond to this type of medication.
 - e. Provider will partner with a community OTP to provide methadone services in the jail and limit the number of transports required for jail residents to receive methadone. The OTP will coordinate with the jail medical team to deliver methadone to the jail for those residents approved for the medication. In addition, the OTP will be utilized for clinical assessments of jail residents who need to be prescribed methadone or residents who are restarting their prescription after a lapse. PROVIDER will provide COUNTY with copies of partnering agreements and costs for services. PROVIDER and COUNTY must agree to any increase in costs.
2. The following modifications will be made to "Schedule B Pricing Structure and Payment"
- A. Section 1 "Billing and Payment Process" adds the following terms:
 - c. The .5 MAT NP is an addition to the previously agreed upon staffing plan and will be included in the staffing table. For this position, the PROVIDER will invoice COUNTY monthly for the actual salary and benefits costs of the position. The initial rate shall be .5 MAT NP shall be \$10,321.00 per month, \$123,852.00 annually Annual increases shall not exceed 4% per year. Upon the position start date, the .5 MAT NP shall also be included in the time reports submitted with the monthly invoice.
 - d. Costs for methadone services (medication, delivery and clinical assessments billed to PROVIDER by the OTP) shall also be billed to the COUNTY from PROVIDER. Invoice shall be for total monthly methadone costs and total Assessment costs provided by OTP. The current rate for Methadone is \$17/dose. Clinical Assessments are \$150 per person.
 - e. At a minimum detailed reports related to methadone services shall be provided with the monthly invoice to include number of patients, number of doses for each patient, total doses and number of assessments.
3. The Master Agreement shall remain in full force and effect unchanged in any manner by this addendum except as changes are expressly set forth herein. This addendum shall control only to the extent of any conflict between the terms of the Master Agreement and this addendum.

4. The Master Agreement, and any amendment or addendum to it, may be executed and transmitted to any other party by legible facsimile reproduction or by scanned legible electronic PDF copy, and utilized in all respects as, an original, wet-inked manually executed document. Further, the Master Agreement and any amendment or addendum thereto, may be stored and reproduced by each party electronically, photographically, by photocopy or other similar process, and each party may at its option destroy any original document so reproduced. All parties hereto stipulate that any such legible reproduction shall be admissible in evidence as the original itself in any judicial, arbitration or administrative proceeding whether or not the original is in existence and whether or not such reproduction was made by each party in the regular course of business. This term does not apply to the service of notices under the Master Agreement, or any subsequent amendment or addendum.

IN WITNESS WHEREOF, the parties, by their respective authorized representatives, have set their hands and seals as of the dates set forth below.

FOR PROVIDER:

DocuSigned by:

8BA0FD966BB14B4...
Cindy Watson
COO

3/22/2025

Date

* * *

FOR COUNTY:

Melissa Agard
Dane County Executive

Date

Scott McDonell
Dane County Clerk

Date

Table 1.1

Table 1.1 Dane County, WI ADP 718									
Day Shift									
POSITION	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTE
Health Services Administrator	8	8	8	8	8			40	1.00
Director of Nursing	8	8	8	8	8			40	1.00
Medical Director	4	4	4	4	4			20	0.50
Mid-Level Provider NP/PA	8	8	8	8	8			40	1.00
Administrative Assistant	8	8	8	8	8			40	1.00
Medical Records Clerk	20	4	4	4	8			40	1.00
Registered Nurse	41	24	29	24	32	24	24	198	4.95
Licensed Practical Nurse/Certified Medical Assistant	8	8	8	8	8	8	8	56	1.40
Licensed Practical Nurse		12	12	12	12	12	12	72	1.80
Psychiatric NP	8	8	8	8				32	0.80
Psychiatric RN	8	8	8	8	8			40	1.00
Mental Health Director	8	8	8	8	8			40	1.00
Certified Medical Assistant	8	8	8	8	8			40	1.00
Assistant Mental Health Director (PSW)	8	8	8	8	8			40	1.00
Mental Health Professional (PSW)	8	8	8	8	8	16	16	72	1.80
Discharge Planner	8	8	8	8	8			40	1.00
Dentist			8	8				16	0.40
Dental Assistant			8	8	8			24	0.60
Registered Nurse (Infection Control/CQI)	8	8	8	8	8			40	1.00
Registered Nurse (MAT)	8	8	8	8	8			40	1.00
Social Worker (MAT)	8	8	8	8	8			40	1.00
MAT - Nurse Practitioner	4	4	4	4	4			20	0.50
TOTAL HOURS/FTE - Day								1030	25.75
Evening Shift									
POSITION	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTE
Registered Nurse	16	16	16	16	16	16	16	112	2.80
Licensed Practical Nurse	8	8	8	8	8	8	8	56	1.40
Mental Health Professional (PSW)	16	16	16	16	16	16	16	112	2.80
Licensed Practical Nurse/Certified Medical Assistant	8	8	8	8	8	8	8	56	1.40
Medical Records Clerk	8	8	8	8	4			36	0.90
TOTAL HOURS/FTE - Evening								372	9.30
Night Shift									
POSITION	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Hrs/WK	FTE
Registered Nurse	20	20	20	20	20	20	20	140	3.50
Licensed Practical Nurse	8	8	8	8	8	8	8	56	1.40
Mental Health Professional (PSW)	8	8	8	8	8	8	8	56	1.40
TOTAL HOURS/FTE - Evening								252	6.30
Weekly Total									
TOTAL HOURS/FTE - Weekly								1654	41.35