

Dane County Contract Addendum Cover Sheet

Revised 06/2021

Res 124

BAF # 24176
 Acct: MJ
 Mgr: EPF
 Budget Y/N: N

Contract # Admin will assign	15601 / 87376C
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Dept./Division	Human Services / BH	Vendor Name	The Mooring Programs, Inc
Brief Addendum Title/Description	Increasing room and board program due to utilization	Vendor MUNIS #	32979
		Addendum Term	1/1/24-12/31/24
		Amount (\$)	\$ 83,862.00

Department Contact Information		Vendor Contact Information	
Contact	Spring Larson, Contract Coordination Assistant	Contact	Jolie VerVoort
Phone #	608-242-6391	Phone #	(920) 731-3981
Email	dcdhscontracts@countyofdane.com	Email	jvervoort@apricityservices.com
Purchasing Officer			


Purchase Order – Maintenance or New PO					
<input type="checkbox"/>	PO Maintenance Needed	Org:	Obj:	Proj:	
	PO# 20240645	Org:	Obj:	Proj:	
<input type="checkbox"/>	No PO Maintenance Needed – <i>this addendum does not change the dollar amount of the contract.</i>				
<input type="checkbox"/>	New PO / Req. Submitted	Org:	Obj:	Proj:	
	Req#	Org:	Obj:	Proj:	

Budget Amendment	
<input 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					
A resolution is required when the total contracted amount first exceeds \$100,000. Additional resolutions are then required whenever the sum(s) of any additional addenda exceed(s) \$100,000	Addendum #	Term	Amount	Resolution	
	Original	1/1/24-12/31/24	\$ 30,000.00	<input type="checkbox"/> None	Res#
	1	1/1/24-12/31/24	\$ 0.00	<input checked="" type="checkbox"/> None	Res#
	2	1/1/24-12/31/24	\$ 45,000.00	<input checked="" type="checkbox"/> None	Res#
	3	1/1/24-12/31/24	\$ 83,862.00	<input type="checkbox"/> None	Res# 2024 RES-124
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
Total Contracted Amount			\$ 158,862.00		

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 type="checkbox"/> No Pre-Approval

APPROVAL	
Dept. Head / Authorized Designee	
Iheukumere, Astra	Digitally signed by Iheukumere, Astra Date: 2024.09.23 19:44:41 -05'00'

APPROVAL – Contracts Exceeding \$100,000	
Director of Administration	Corporation Counsel
	SHR 9.13.24

APPROVAL – Internal Contract Review – Routed Electronically – Approvals Will Be Attached			
DOA:	Date In: 9/24/24	Date Out: _____	<input checked="" type="checkbox"/> Controller, Purchasing, Corp Counsel, Risk Management

Goldade, Michelle

From: Goldade, Michelle
Sent: Tuesday, September 24, 2024 8:41 AM
To: Hicklin, Charles; Rogan, Megan; Cotillier, Joshua
Cc: Oby, Joe
Subject: Contract #15601
Attachments: 15601.pdf

Tracking:	Recipient	Read	Response
	Hicklin, Charles	Read: 9/24/2024 10:56 AM	Approve: 9/24/2024 10:56 AM
	Rogan, Megan	Read: 9/24/2024 9:19 AM	Approve: 9/24/2024 9:20 AM
	Cotillier, Joshua		Approve: 9/24/2024 9:15 AM
	Oby, Joe		

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

Contract #15601
Department: Human Services
Vendor: The Mooring Programs, Inc.
Contract Description: Addendum to increase room and board program due to utilization (Res 124)
Contract Term: 1/1/24 – 12/31/24
Contract Amount: \$83,862.00

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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2024 RES-124

AMENDING POS CONTRACT TO THE MOORING PROGRAMS FOR ROOM AND BOARD EXPENSES

DCDHS – BEHAVIORAL HEALTH DIVISION

Wisconsin Medicaid funds residential treatment for substance use disorder for its members, however, the benefit only extends to the treatment activities. The room and board costs associated with residential treatment are not Medicaid reimbursable. Federal policy governing Medicaid does not allow for the reimbursement of anything other than what are classified as treatment expenses. The cost of the room and board at these providers is often a barrier to treatment for Medicaid members. Therefore, Dane County Department of Human Services has a number of contracts in place with Medicaid-approved residential treatment providers to pay for the room and board costs for Medicaid members and are Dane County residents. Due to the rate of utilization to date, the department must increase the contract with The Mooring Programs to an amount that is more than \$100,000. The room and board rate at The Mooring Programs is \$87.00 per day.

NOW, THEREFORE, BE IT RESOLVED that The Mooring Programs POS contract be amended by \$83,862 to \$158,862, and that the County Executive and County Clerk are hereby authorized and directed to sign the amendment on behalf of Dane County, and that the Controller is authorized to issue payments related to the execution of the contract.

APPROVED
CORPORATION COUNSEL
SHR 9.13.24

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and The Mooring Programs, Incorporated (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. 87376 (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 shall control only to the extent of any conflict between the terms of the Master Agreement and this addendum. This addendum consists of two (2) pages.

<u>Current Cost</u> <u>for 2024</u>	<u>Addendum Amount</u>	<u>Revised Maximum</u> <u>Cost for 2024</u>
\$ 75,000	\$ 83,862	\$ 158,862

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: 9/23/24

FOR PROVIDER:

John K. Verhulst

Signature

John Verhulst President Residential Treatment
Print Name and Title of Signer

Date Signed: _____

Signature

Print Name and Title of Signer

Date Signed: 9/23/2024

FOR COUNTY:

Astra M. Iheukumere

ASTRA IHEUKUMERE, Interim Director,
Department of Human Services

Date Signed: _____

JAMIE KUHN, County Executive

(when applicable)

Date Signed: _____

SCOTT MCDONELL, County Clerk

(when applicable)

Created: 10/19/2023
 Revised: 4/29/2024; 7/30/2024
 Contract #: 87376
 Division: Behavioral Health
 Provider: The Mooring Programs, Incorporated
 Funding Period: January 1, 2024 to December 31, 2024

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.	14415	98470	36506	Apricity Room and Board	205	20	N/A	87.00	1,826	\$ 158,862		\$ 158,862	600/610
b.													
c.													
d.													
e.													
f.													
g.													
h.													
i.													
j.													
Total										\$ 158,862.00	\$ -	\$ 158,862.00	

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 day of care. Final Cost, Unit Quantity, Number of Clients, Number of Slots to be determined by actual utilization, paid on a unit by unit rate basis. Amended 01/05/24 to reflect correct 2024 R&B Rate CM 4/29/2024. Added \$45,000 to program to reflect UR 7/30/2024. Added \$83,862 to total based on utilization EPF

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

Standard Program Category (SPC) Code Description:

a. 205 - Shelter
 b.
 c.
 d.
 e.
 f.
 g.
 h.
 i.
 j.
 k.

Contract Manager(s)/Programs: Elizabeth Park-Floyd
 Accountant(s)/Programs: Mary Jacobson