

# Dane County Contract Addendum Cover Sheet

Res 139

BAF # 24184  
 Acct: Yundt  
 Mgr: Park-Floyd  
 Budget Y/N: N

Revised 06/2021

<b>Contract #</b> Admin will assign	15604 / 87394C
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<b>Dept./Division</b>	Human Services / BH	<b>Vendor Name</b>	Anesis Center for Marriage & Family Therapy
<b>Brief Addendum Title/Description</b>	Increases outpatient contract as a result of increased utilization.	<b>Vendor MUNIS #</b>	27037
		<b>Addendum Term</b>	1/1/2024-12/31/2024
		<b>Amount (\$)</b>	\$ 80,000.00

Department Contact Information		Vendor Contact Information	
<b>Contact</b>	Spring Larson, Contract Coordination Assistant	<b>Contact</b>	Myra McNair
<b>Phone #</b>	608-242-6391	<b>Phone #</b>	608-268-6530
<b>Email</b>	dcdhscontracts@countyofdane.com	<b>Email</b>	myra@anesistherapy.com
<b>Purchasing Officer</b>			

Purchase Order – Maintenance or New PO					
<input type="checkbox"/>	<b>PO Maintenance Needed PO#</b>	<b>Org:</b> 98000	<b>Obj:</b> 36508	<b>Proj:</b>	
<input type="checkbox"/>	<b>No PO Maintenance Needed – this addendum does not change the dollar amount of the contract.</b>				
<input type="checkbox"/>	<b>New PO / Req. Submitted Req#</b>	<b>Org:</b>	<b>Obj:</b>	<b>Proj:</b>	
		<b>Org:</b>	<b>Obj:</b>	<b>Proj:</b>	

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	<b>Addendum #</b>	<b>Term</b>	<b>Amount</b>	<b>Resolution</b>	
	Original	1/1/2024-12/31/2024	\$ 12,000.00	<input type="checkbox"/> None	Res#
	1	1/1/2024-12/31/2024	\$ 0.00	<input type="checkbox"/> None	Res#
	2	1/1/2024-12/31/2024	\$ 63,000.00	<input type="checkbox"/> None	Res#
	3	1/1/2024-12/31/2024	\$ 80,000.00	<input type="checkbox"/> None	Res# 2024 RES-139
				<input type="checkbox"/> None	Res#
				<input type="checkbox"/> None	Res#
<b>Total Contracted Amount</b>			<b>\$ 155,000.00</b>		

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


APPROVAL – Contracts Exceeding \$100,000	
Director of Administration	Corporation Counsel
	SHR 9.20.24

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

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**2024 RES-139**

**AMENDING A CONTRACT WITH ANESIS CENTER FOR MARRIAGE AND FAMILY  
THERAPY FOR OUTPATIENT COUNSELING  
DCDHS – BEHAVIORAL HEALTH DIVISION**

The Department of Human Services (DCDHS) has a contract with Anesis Center for Marriage and Family Therapy to provide outpatient counseling. Anesis is part of a network of qualified providers that are contracted for outpatient counseling for uninsured Dane County adult residents who are looking for assistance with a diagnosable mental health disorder. Referrals for counseling come from the county-operated Behavioral Health Resource Center (BHRC) or by any eligible individual who presents themselves to the provider. Eligible individuals may receive up to ten outpatient counseling sessions. DCDHS must provide authorization for individuals to receive more than ten counseling sessions. Under the current contract, Anesis has enough funding to provide 583 hours of counseling, but is expected to exceed that amount before the end of the contract year. As a result of that utilization rate, the department must increase the current contract to an amount that is more than \$100,000.

**NOW, THEREFORE, BE IT RESOLVED** that the Anesis Center for Marriage and Family Therapy POS contract be amended by \$80,000 to \$155,000, 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.

ADDENDUM

THIS ADDENDUM is made and entered into by and between the County of Dane (hereinafter referred to as "COUNTY") and Anesis Center for Marriage and Family Therapy LLC (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. 87394 (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.

Current Cost  
for 2024  
\$ \$ 75,000

Addendum Amount  
\$ \$ 80,000

Revised Maximum  
Cost for 2024  
\$ \$ 155,000

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: 09/24/2024

FOR PROVIDER:

  
\_\_\_\_\_  
Signature  
Myra McNair, CEO  
\_\_\_\_\_  
Print Name and Title of Signer

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Name and Title of Signer

Date Signed: 9/24/2024

FOR COUNTY:  
  
\_\_\_\_\_  
ASTRA IHEUKUMERE, Interim Director,  
Department of Human Services

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
JAMIE KUHN, County Executive  
(when applicable)

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
SCOTT MCDONELL, County Clerk  
(when applicable)

## Goldade, Michelle

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**From:** Goldade, Michelle  
**Sent:** Wednesday, September 25, 2024 5:23 PM  
**To:** Hicklin, Charles; Rogan, Megan; Cotillier, Joshua  
**Cc:** Oby, Joe  
**Subject:** Contract #15604  
**Attachments:** 15604.pdf

<b>Tracking:</b>	<b>Recipient</b>	<b>Read</b>	<b>Response</b>
	Hicklin, Charles	Read: 9/26/2024 8:32 AM	Approve: 9/26/2024 8:32 AM
	Rogan, Megan	Read: 9/26/2024 8:12 AM	Approve: 9/26/2024 8:13 AM
	Cotillier, Joshua		Approve: 9/26/2024 8:16 AM
	Oby, Joe		

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

Contract #15604  
Department: Human Services  
Vendor: Anesis Center for Marriage & Family Therapy  
Contract Description: Addendum to increase outpatient contract as a result of increased utilization (Res 136)  
Contract Term: 1/1/24 – 12/31/24  
Contract Amount: \$80,000.00

### *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 currently have a modified work schedule...I am in the office Mondays and Wednesdays and working remotely Tuesdays, Thursdays and Fridays.

Created: 1/31/2024	Contract #: 87394	Provider: Anesis Center for Marriage and Family Therapy
Revised: 4/26/24; 5/31/24; 9/6/24	Division: Behavioral Health	Funding Period: January 1, 2024 through 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. 14473	14473	98000	36508	Therapy Services - Individual		507	N/A	N/A	\$ 128.56	1,206	\$ 155,000	\$ 155,000	600/610
b.													
c.													
d.													
e.													
f.													
g.													
h.													
i.													
Total										\$ 155,000	\$ -	\$ 155,000	

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

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

a.	Service unit is a staff hour of individual service. Unit Quantity is estimated, contract will be paid on a unit by unit rate basis. Unit = direct client hour of services. 4/26/24 - amended to correct rate error. Former rate was \$116.85, but should have been \$128.56. Increased rate applies to entire contract period. CM 5/31/24 - Increased contract amount by \$63,000 based on utilization. EPF 9/6/24 - Increased contract amount by \$80,000 based on utilization. EPF
b.	
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Standard Program Category (SPC) Code Description:

a. 507=Counseling/Therapeutic Resi  
b.

c.  
d.

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g.  
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k.

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

Accountant(s)/Programs: Laura Yundt